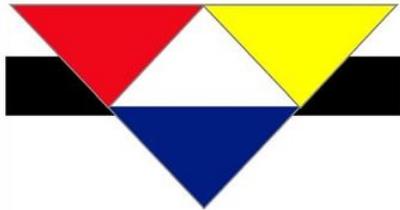


MISSOURI DEPARTMENT OF

**MENTAL
HEALTH**



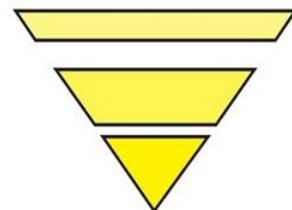
**DD SYSTEM
TRANSFORMATION
WORKGROUP
REPORT**

Prepared for the

**House Appropriations Committee for Health,
Mental Health and Social Services**

Representative Sue Allen, Chair

**DIVISION OF
DEVELOPMENTAL
DISABILITIES**



March 31, 2014

Background

Beginning in 1967, and continuing through 1975, the state of Missouri established 11 Regional Diagnostic Centers for people with developmental disabilities. The centers were located throughout the state and designated in statute to provide, directly or indirectly, for comprehensive developmental disability services to each geographic region of the state.

Originally, the centers were called Diagnostic Clinics until 1975 when the designation was changed to MRDD Regional Centers. Missouri established these facilities to provide families and individuals with developmental disabilities a local resource to access medical professionals and develop other necessary diagnostic services without requiring them to travel many hours and hundreds of miles for services and assistance. The original facilities:

- Provided diagnostic and eligibility determination, intake and educational services for individuals with severe disabilities.
- Operated 24/7 residential beds to perform assessments which could take up to two weeks. When residential beds were no longer needed for the assessments, the facility used the beds to provide respite to assist families.
- Employed occupational therapists, registered nurses, speech therapists, physical therapists and social workers to support Infant Stimulation Teams or Assessment Teams.

Regional Offices have continued to evolve over the last 45 years as local community resources have developed. Over time, the Regional Offices discontinued delivering direct services, ultimately even transferring case management responsibilities, as other local resources were developed to meet the needs of families and individuals with developmental disabilities. Local county-based service coordination (Targeted Case Management) now serves over 58% of the individuals served by the Division of Developmental Disabilities (DD).

The Department, in partnership with the Regional Offices continues to move the DD service delivery system to the local level when feasible, where entities closest to the people served can make the best decisions to improve services to meet the needs of their community.

Overview of the Current Developmental Disabilities System Transformation Process

The Developmental Disabilities System Transformation Workgroup was established in 2013 to explore opportunities where local entities, including Senate Bill 40 Boards, could play a larger role in the DD service delivery system as the Regional Offices' role continues to evolve. The workgroup (see Attachment A for a list of members) includes representatives from various organizations including:

- People First (a DD client advocacy organization);
- Missouri Developmental Disabilities Council;
- Missouri Association of Rehabilitation Facilities (MARF);
- Missouri Association of County Developmental Disabilities Services (MACDDS);
- MO HealthNet Division; and
- Department of Mental Health.

The workgroup meets at least monthly to explore strategies to improve the current service delivery system used by the Division of Developmental Disabilities from intake/eligibility through person centered planning and actual delivery of necessary support services. Any new proposed enhancements to the current service delivery system must:

- Be more responsive to meet an individual's needs;
- Provide high consumer satisfaction;
- Promote effective person centered planning;
- Provide conflict-free services; and
- Be fiscally responsible and financially stable.

Through their collaboration, the workgroup has identified four key core functions currently performed by a Regional Office that could be delegated by contract to a local entity. The contract would require each entity to perform those functions for specific counties identified in their proposal. The functions include:

- Determining **Intake and Eligibility** for individuals with developmental disabilities requesting Division services;
- Establishing **Priority of Need (PON)** for individuals waiting for Division services. PON scores establish the level of need of an eligible individual base on their acuity level;
- Assisting individuals and families in developing person-centered, individualized service plans and providing **Service Coordination (TCM)** to individuals eligible for Division services; and
- Managing the **Budget Authority and Allocation of Resources** for all in-home services provided within their geographic region.

Some members of the workgroup representing MACDDS have also identified other functions currently performed by the Regional Office they would ask be considered for transition to local entities only if the local entity is interested in, and capable of, handling these functions. They include:

- Family Support Coordinator;
- Advocacy Specialist;
- Employment Resource/Youth Transition Coordinator; and
- Autism Navigator.

The workgroup also agreed that certain functions must remain with the State and continue to be performed by the Regional Offices or other current Department of Mental Health staff. Specifically, oversight functions should be handled separately from services delivery, and include:

- Utilization Review of eligibility determination, PON scoring, appropriateness of person centered plans, case management and budget management, and utilization;
- Provider Quality Enhancement;

- Home and Community Based Waiver Assurances;
- Abuse and Neglect Investigations;
- Provider Contracting/Provider Relations;
- Statewide Training and Certification;
- Regional Transfers;
- Mortality Reviews; and
- Habilitation Center Transitions.

Workgroup Update

The workgroup continues to meet and discuss ways to improve the system. On March 14, a meeting was held to discuss significant issues that will need additional work to keep the project moving:

- 1) **Establishing Co-ops.** The Missouri Association of County Developmental Disabilities Services (MACDDS) representatives presented a document called “The Local Option” with seven different entities interested in developing Co-ops to serve multiple counties. The report identified the four core functions that the Co-ops are interested in providing locally and indicated interest in providing some of the other functions currently performed by the Regional Offices (*a copy of the report is included as Attachment B*). For the proposal to proceed additional issues still need to be addressed including the following:
 - Consumers and families will need to be informed of the decisions to move eligibility determination and services management and have opportunity to ask questions and express any concerns about the change.
 - DMH will need to confirm with the state Division of Purchasing whether a Co-op can be a legal entity that DMH may contract with directly without competitive bidding. While such a Co-op would be comprised of Senate Bill 40 Boards and/or Not-for-Profit entities, the Co-op itself may not be considered a governmental entity, and could require competitive bid.
 - The Department and MO HealthNet will need to request revision of the State’s Medicaid Waiver authority to delegate these services to local entities as opposed to performing them directly through its DD Regional Offices, as currently authorized in the authority granted by the Centers for Medicaid and Medicare (CMS). This can be a lengthy process, sometimes taking months. DMH will need to show that there is no potential conflict of interest by a Co-op or Local Senate Bill 40 Board in situations in which the Co-op or Board also delivers services.
 - The Department is considering two proposals to pilot this process in Fiscal Year 2015. Seven entities are currently interested in being considered. The selection process and the amount of time the pilots will need to operate to work out problems prior to expansion to other areas are still to be determined.

- DMH will need budget authority to allow Regional Office funds to be used to fund local entities to provide these functions. The House Budget Committee has included 50% flex language in the six Regional Offices in which the seven the proposed Co-ops reside. To date, no single urban SB 40 Board has shown interest in participating in the expansion.

Dr. Schafer highlighted some of the above issues through an e-mail memorandum to the Chair of the Workgroup in March. That memorandum is included as Attachment C.

2) More Information on Revising the DD Medicaid Waivers Needed. MO HealthNet Division staff presented a document called “Waiver Considerations” to the workgroup (Attachment D). The state will be required to amend the DD Waivers and must provide CMS with specifics about state oversight of delegated waiver functions, including:

- Methods of assuring consistency statewide, whether the function is performed by the state agency, the local county authority, or the local non-profit.
- Statewide consistency will be required for eligibility determination, selection of participants for waiver enrollment, service plan development, prior authorization of services, and assurance of choice among all qualified providers.
- Process to provide fair hearings of decisions to deny waiver enrollment, or deny, reduce or terminate waiver services.
- CMS requires contracts when delegating waiver operational authority beyond the state Medicaid agency. When delegation is to a non-governmental entity, the contract must be a three-party agreement between the Medicaid agency, the operating agency and the local entity.
- The waiver amendments must describe the State’s method of obtaining public input on the proposed changes.

Each of the waiver amendments submitted to CMS must include a transition plan describing how the waiver will comply with the requirements of the new Home and Community Based Services (HCBS) rule.

- Transition plans require a 30-day public notice and input. The transition plan must include a summary of comments from the public, and whether the plan was modified in response to comments, and if not, explanation why not.
- A complicating factor: CMS is requiring that a transition plan for the remainder of the state’s system of long-term supports and services is due 120 days following the submission of any DD waiver amendments or transition plan that addresses CMS’ new rule definition of a community setting. The full plan must describe how all waivers operated by DHSS and state plan HCB services operated by DHSS and DMH will transition to compliance with all aspects of the new HCBS rule.

Summary

Changing a state's long-established services management system is a complex process that should be done carefully and with continuing education for and input from Missourians affected by the changes. While the limited transition of Developmental Disability services management from DD Regional Offices to Senate Bill 40 Boards to date has proven successful in programs like the Partnership for Hope and services such as Targeted Case Management, the scope of change currently being proposed is much larger and needs to be done thoughtfully to assure successful systems evolution.

The Mental Health Commission has requested the DD System Transformation Workgroup attend their June 2014 meeting. The workgroup will present their findings, discuss how the new system will work, and outline the benefits to individuals served by the Division of Developmental Disabilities.

As always, the Department of Mental Health appreciates the House Appropriations Committee for Health, Mental Health and Social Services support and interest in this project. The Department will provide routine updates to keep the committee informed of the workgroup's progress as we continue to improve the service delivery system to help individuals with developmental disabilities.

Should you have additional questions regarding the above report, please contact any of the following individuals:

Keith Schafer, Ed.D.
Director
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Keith.Schafer@dmh.mo.gov

Jeff Grosvenor
Interim Director
Division of Developmental Disabilities
Department of Mental Health
(573) 751-8676
Jeff.Grosvenor@dmh.mo.gov

Dan Haug,
Director
Division of Administrative Services
Department of Mental Health
(573)751-8144
Dan.Haug@dmh.mo.gov

Attachment A

DD System Transformation Workgroup Members

MACDDS

1. Ann Graff (co-chair)
2. Les Wagner
3. Andrea Purdome
4. Lynn Smith
5. Jake Jacobs
6. Cathy Arrowsmith
7. Jeff Richard
8. Mary Sullivan-Thomas
9. Peg Capo
10. Alecia Archer

MARF

1. Greg Kramer (co-chair)
2. Wendy Sullivan
3. Wendy Witcig
4. Jhan Hurn
5. Terry Combs
6. Cindy Clark
7. Scott Shepard
8. Marilyn Nolan
9. Dave Kramer
10. Erika Leonard

DD Council

1. Stephanie Briscoe
2. Vickie Davidson
3. Doug Riggs

Dept. of Mental Health

1. Keith Schafer
2. Dan Haug (co-chair)
3. Jeff Grosvenor
4. Rikki Wright
5. Vicki McCarrell
6. Marcy Volner

Advocates

1. Cory McMahon
2. Roger Crome

The Local Option:
Missouri
Developmental Disabilities
System Redesign

March 13, 2014

LOCAL COOPERATIVES

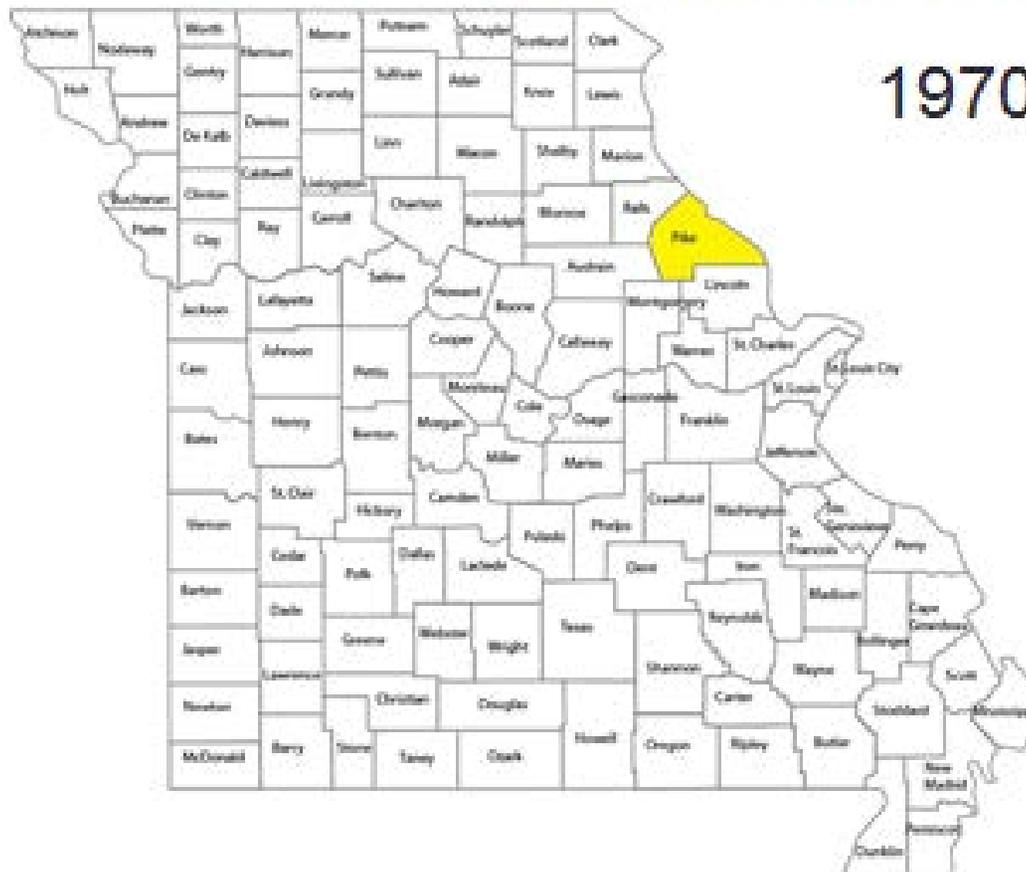
BUILDING ON SUCCESS

March 13, 2014

Our Future: An efficient, flexible, locally-based system so people with developmental disabilities receive the supports they need when they need them.

March 13, 2014

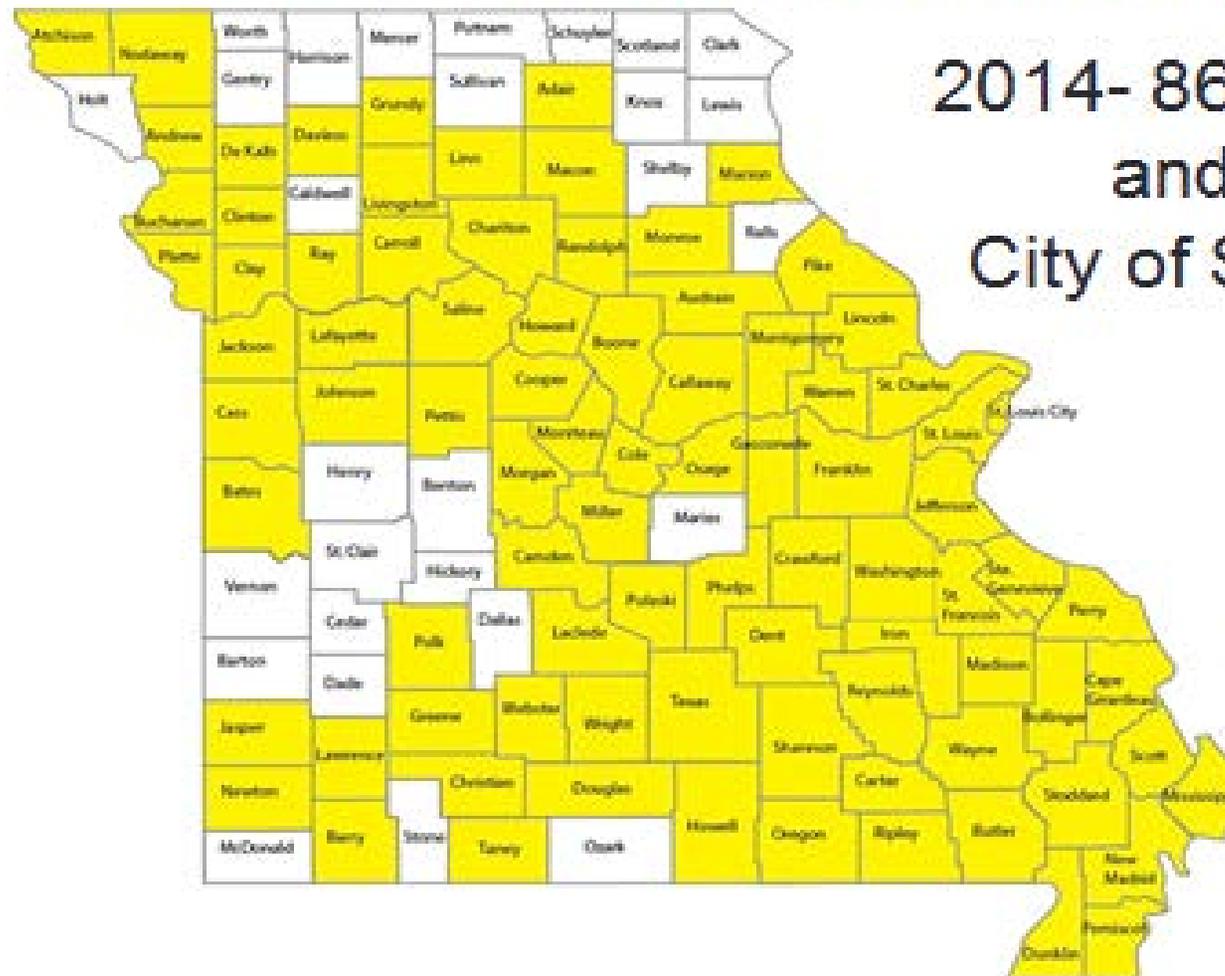
Local County Board Capacity



1970- Pike County

March 13, 2014

Local County Board Capacity



2014- 86 counties
and the
City of St. Louis

March 13, 2014

Local Cooperative Initiatives

Local Co-op Committed



Local Co-op Curious



March 13, 2014

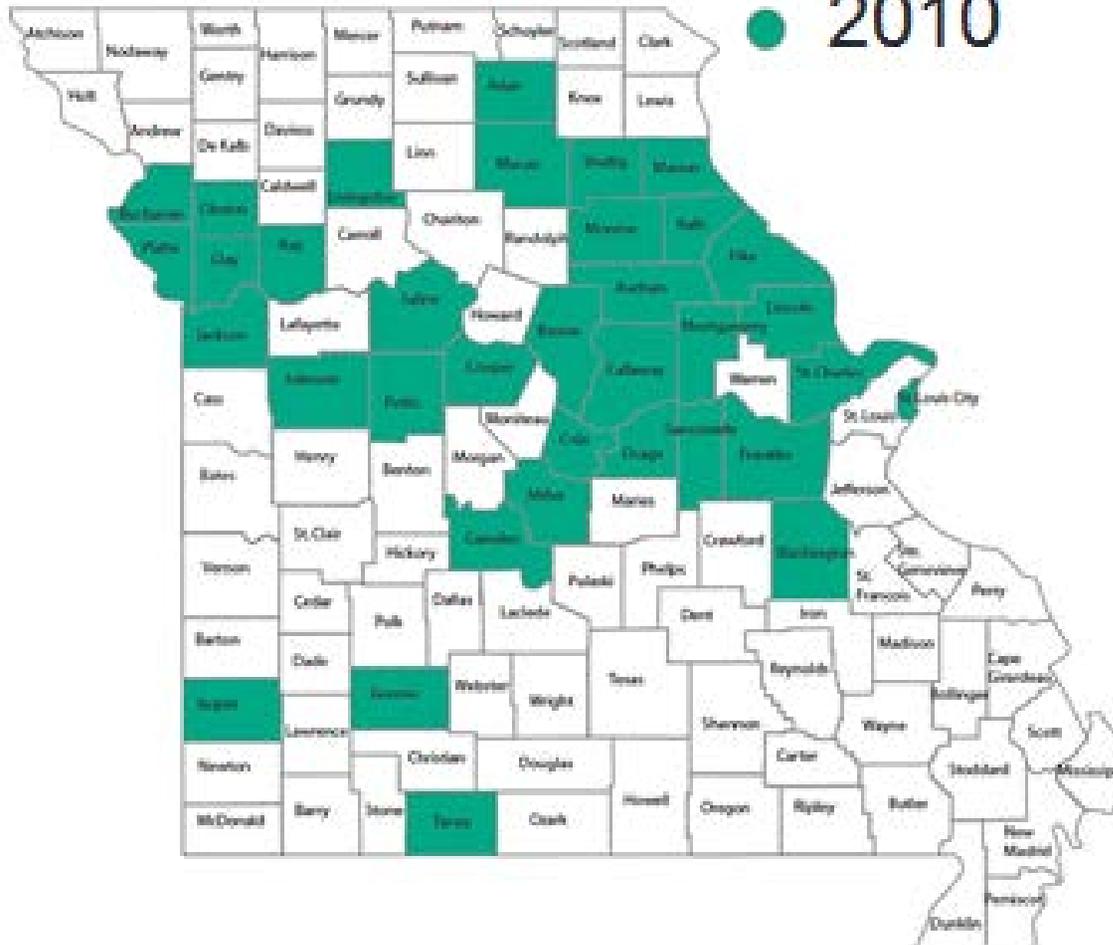
Partnership for Hope



March 13, 2014

Partnership for Hope Counties

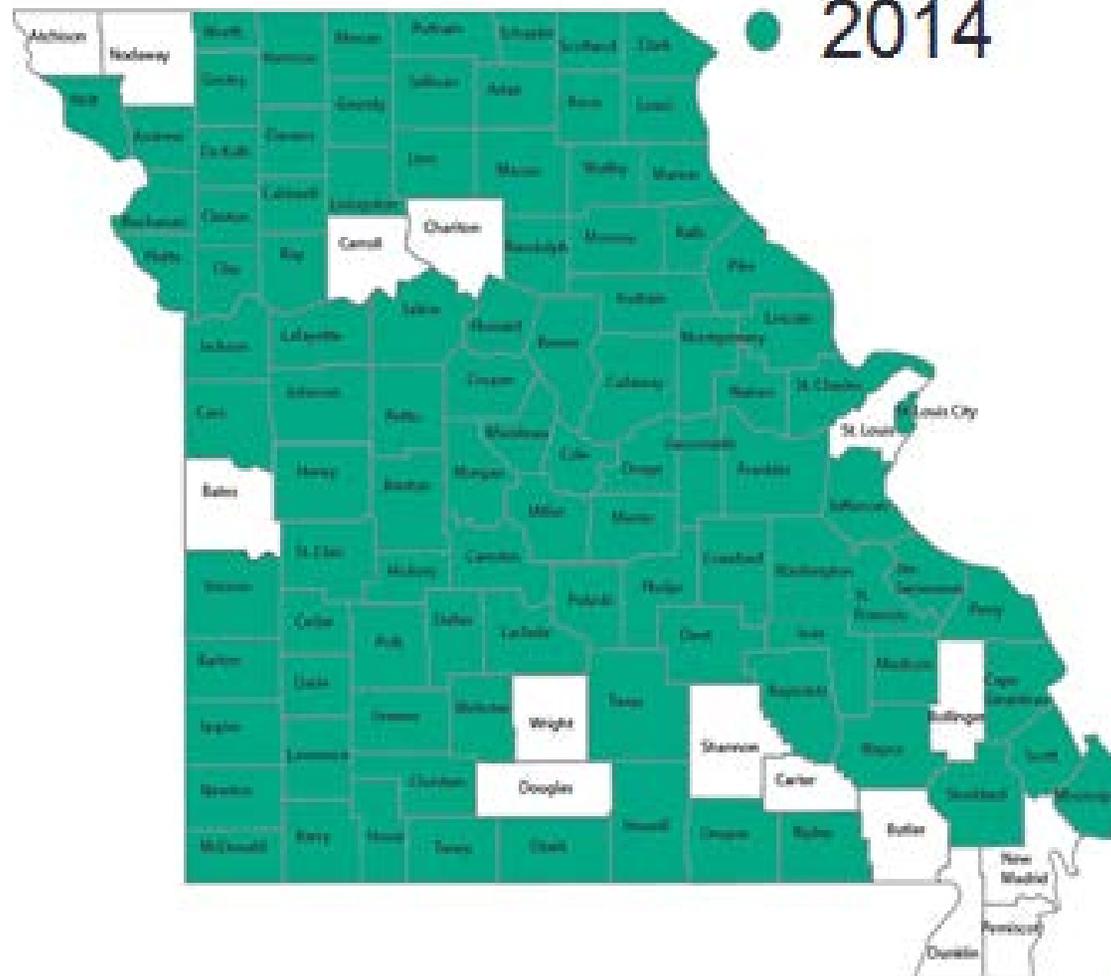
● 2010



March 13, 2014

Partnership for Hope Counties

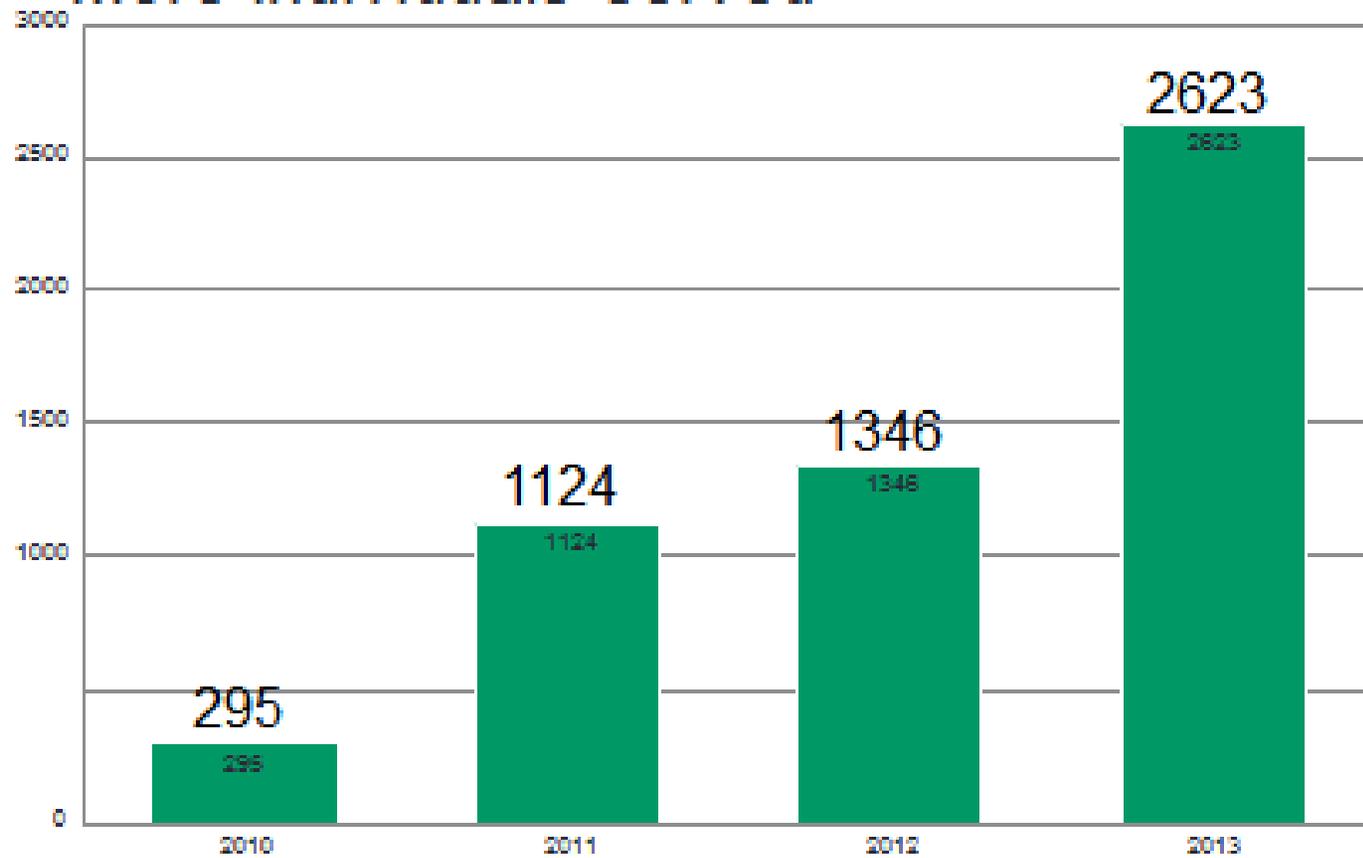
● 2014



March 13, 2014

Partnership for Hope

More individuals served



March 13, 2014

Tradition of Excellence

- Fiscal responsibility
- Financial stability
- Effective person centered plans
- High consumer satisfaction ratings

March 13, 2014

A Ground Swell of Local Commitment

**48 Counties Committed
To Form 7 Cooperatives**

March 13, 2014

THE LOCAL OPTION

NO NEW LAWS NEEDED;
ADMINISTRATIVELY ACHIEVABLE

March 13, 2014

...all forms of contractual and cooperative services that promote the economy and efficiency of operations of local government should be encouraged.

Source: Chapter 67.330 RSMo

March 13, 2014

1. The department [of Mental Health] may recognize providers as administrative entities under the following circumstances..
 - (2) Vendors operated or funded pursuant to sections 205.968 to 205.973 [County Boards]

Source: Chapter 630.407 RSMo

March 13, 2014

2. ...the department [of Mental Health] **may contract directly** with vendors recognized as administrative entities **without competitive bids.**

Source: Chapter 630.407 RSMo

March 13, 2014

The regional centers shall be the entry and exit points in each region responsible for securing comprehensive mental retardation and developmental disability services for clients of the department.

Source: Chapter 633.105 RSMo

March 13, 2014

The center shall carry out this responsibility either through contracts purchasing the required services or through the direct provision of the services **if community-based services are not available, economical or as effective** for the provision of the services.

Source: Chapter 633.105 RSMo

March 13, 2014

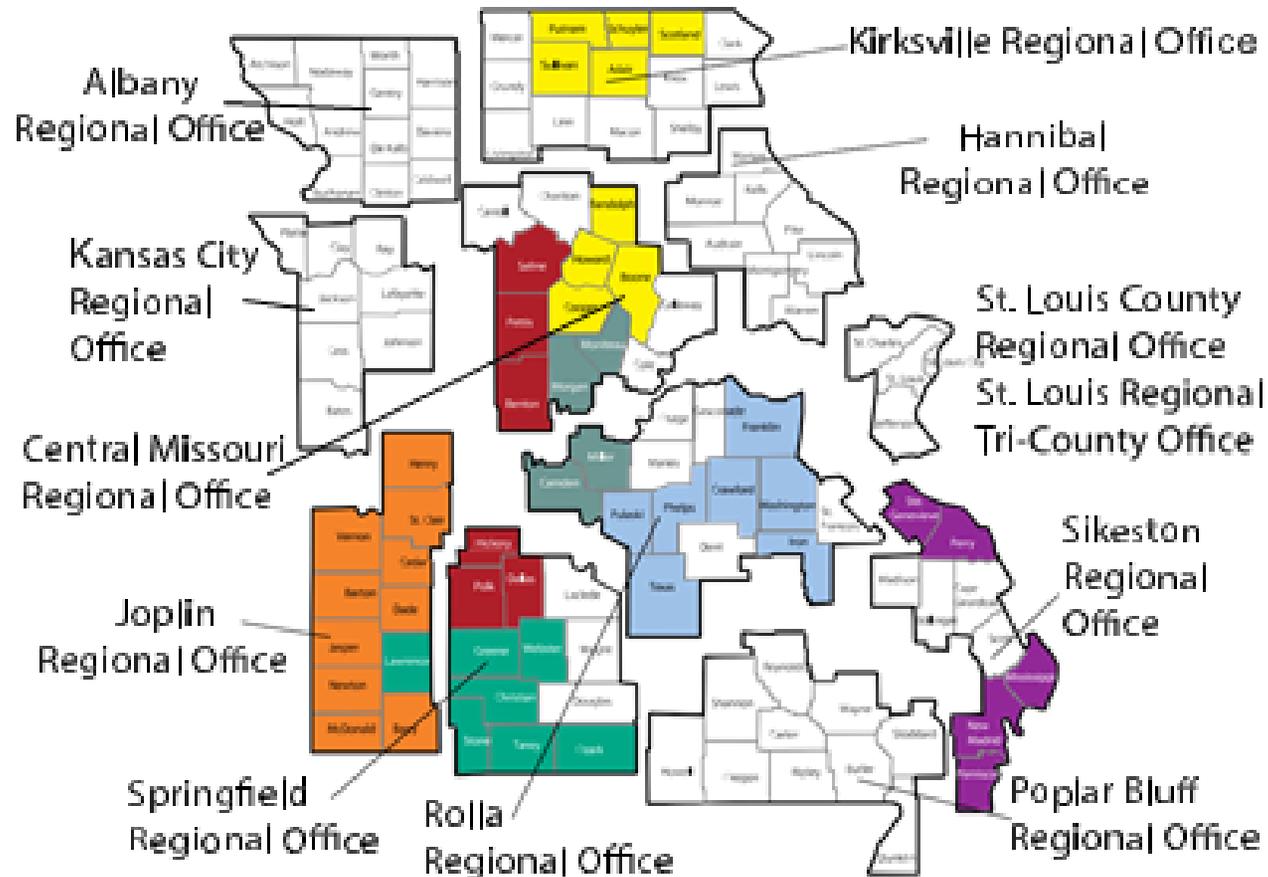
County Cooperatives Authorized

Political subdivisions may cooperate with each other, with other states, the United States or private persons

Source: Chapter 70.220 RSMo

March 13, 2014

Co-ops by Regional Office Service Area Boundaries



March 13, 2014

THE LOCAL OPTION

COOPERATIVES' ROLES STARTING
JULY 1, 2014

March 13, 2014

Department of Mental Health Proposed

- Intake and eligibility
- In-home Waiver management-
including waitlist enrollment, client
assessment and service plan
authorizations
- Financial allocation management
(budget authority)
- Utilization management

March 13, 2014

Co-ops Proposed Additional Roles

- Family Support Coordinator
- Advocacy Specialist
- Employment Resource/Youth
Transition Coordinator
- Autism Navigator

March 13, 2014

Requirements For Transfer

- Adequate funding
- Co-op funding taken from Regional Offices the Co-op serves

March 13, 2014

Requirements For Transfer

- Counties electing to do partial case management may continue
- After community resources transfer, the State will only perform those services for persons outside the Co-ops

March 13, 2014

Requirements For Transfer

- Co-ops have reasonable discretion to locally purchase or provide community services
- Compliance with Federal and State laws, regulations and Medicaid assurances
- Resources gained from efficiency stay in the system

March 13, 2014

REDESIGN BENEFITS

NOT SO BIG GOVERNMENT

March 13, 2014

More Right Doors

- Local intake and eligibility
- Greater access to services
- Rural counties too

March 13, 2014

Accountable Local Governance

- Publicly appointed boards
- County level and cooperatives
- Statutory accountability
- Ethics Commission/conflict of interest protections

March 13, 2014

Accountable Local Governance

- Sunshine laws
- Open meetings
- Financial transparency
- Independent audits

March 13, 2014

Manageable Budgeting

- Informed planning
- Decision makers know the folks served
- Local savings improve local services

March 13, 2014

Manageable Budgeting

- Reduce or eliminate waitlists for in-home services
- County allocated service dollars
- Responsive to fluctuations of need

March 13, 2014

REDESIGN BENEFITS

PROVIDERS

March 13, 2014

Redesign Benefits for Providers

- To the individualized plan table quicker
- Access to decision makers
- Additional conflict of interest protections
- Direct service authorization entry

March 13, 2014

Redesign Benefits for Providers

- Local, public meetings
- Transparency
- See and know the support team members
- Individualized plan and service continuity

March 13, 2014

REDESIGN BENEFITS

PERSONS SERVED & THEIR FAMILIES

March 13, 2014

Redesign Benefits for Persons Served & Their Families

- Greater voice
- Local, public meetings
- Governing board appointments
- Published satisfaction surveys
- Individualized plan and service continuity

March 13, 2014

Redesign Benefits for Persons Served & Their Families

- Informed choices
- Hometown person centered planning
- See and know your support team
- Local appeals/grievance process

March 13, 2014

Our Future: An efficient, flexible, locally-based system so people with developmental disabilities receive the supports they need when they need them.

March 13, 2014

GOVERNMENT WORKING BETTER FOR MISSOURIANS

March 13, 2014

Co-op Committed Contacts

Contact Alecia Archer at
Jasper County Sheltered
Facilities Board
Email: aarcher@ccmjc.org
Phone: 417.206.7373

Contact Ann Graff at the Center
for Human Services
Email: agraff@chs-mo.org
Phone: 660.826.4400

Contact Nancy Hayes at
Miller County Board for
Services for the
Developmentally Disabled
Email: nancy@mcbsdd.com
Phone: 573.348.3751

Contact Jan Jones at Abilities First
Email: jan@abilitiesfirst.net
Phone: 417.886.0404

Contact Robyn Kaufman at
Boone County Family Resources
Email: rkaufman@bcfr.org
Phone: 573.874.1995

Contact Ron Kruse at Developmental
Services of Franklin County
Email: rkruse@dsfranklin.org
Phone: 573.581.8210

Contact Boone Wagner at County
Disability Resources
Email: boonewagner@countydisabilityresources.org
Phone: 573.547.6639

March 13, 2014

Attachment C

From: Schafer, Keith

Sent: Thursday, March 06, 2014 11:38 AM

To: Haug, Dan

Cc: Simons, Bernard; Grosvenor, Jeff; Siebeneck, Donna; Wright, Rikki; Luebbering, Linda; Thurston, Neva - MHC; DMH.CO Senior Management – Assistants

Subject: Issues to be addressed in the June Commission Presentation on SB 40 Board In-Home Services management Pilots

Dan, the following questions may need to be addressed by the DD In-Home Services Management Committee's presenters in the June Commission meeting:

1. What additional consumer and family benefits will a Regional SB 40 Board Coop bring that do not now exist in a DD Regional Center Structure covering the same geographic area?
2. Recently CMS required written assurances from all states in situations in which case management for groups of consumer was being performed by entities who also managed those services, that the state explain how it will avoid a conflict of interest in which the consumer is steered to the services of the case management agency. Our responses were very carefully constructed by a joint committee led by Mo HealthNet and including DMH, DSS, and the Governor's Budget Office. Will that response need to be revised and resubmitted to CMS to accommodate any pilot project transferring eligibility determination, case management, treatment planning (including PON determination), and in-home services budget management responsibilities? (*Existing Response to CMS attached above*).
3. Specifically, for a SB 40 Board, or a Coop consisting of multiple SB 40 Boards and/or providers of services, how will this issue be addressed to assure that conflict of interest does not occur and that consumers still have choice?
4. What impact will the transfer of responsibilities described above have on Self Directed Services? Will they be included or exempted from the proposed transfer?
5. What is the strategy and timeframe through which any S B 40 Board or Board Coop assuming the above responsibilities will ultimately take full case management responsibility for all individuals with DD served in their area.
6. In reviewing FY 2014 data regarding individuals who received a PON score of 12 (elevation of needs to crisis levels precluding the individual remaining at home and requiring residential care), a significant anomaly seems to have occurred in the Central Region of the state, where a high percentage of individuals receiving a PON score of 12 occurred even though the Central Region would seem to represent a significantly lower percentage of the Missouri population. Since SB 40 Boards or Board Coops would assume responsibility for determining the PON score, it is important to understand if the Central Region really is an anomaly, and if so, why it occurred, and what implications this will have if PON scoring responsibility is transferred. *The 2013 data is attached*. I have also asked the Division of DD to develop the following additional data:
 - Review the originating Region of the 12s for FYs 11 and 12.

- Break out the specific counties in the central region from which each of the 12s came.
- If reasonably possible, assess whether the PON score 12 determination was initially requested by a SB 40 Board, by Central Office, or by the Region itself.

The above additional information may be helpful to the Committee when collected.

7. A SB 40 Board has hired an attorney who has initiated formal correspondence with DMH requesting a meeting to propose that written directives now used by DMH to communicate requirements for the treatment of DD consumers are not appropriate and must be filed and enacted through administrative rule. The last four administrative rules (2 for CPS and 2 for DD) have taken an average of two years to finalize. What is the position of the SB 40 Boards on this proposal?
8. DMH will require written contracts with any SB 40 Board or SB 40 Board Coop who assumes responsibility for management of the in-home functions described above. Is this acceptable to MACDDS and individual SB 40 Boards?
9. Changes as proposed above will likely require communication and approval by CMS. What will be the process for doing this and what is the anticipated timeframe?
10. Under what non-competitive contracting auspices may DMH contract with a proposed DD Coop? If one answer is for DMH to contract directly with an SB 40 Board, who is a leading member of the Coop, how will remaining Coop members be bound by that contract?
11. The new system being proposed will require clarification and implementation of two critical accountability functions: Utilization Management (UM) and Utilization Review (UR) responsibilities, both *within* a managing SB 40 Board and between the managing Board and the Division of DD. Since UM and UR are often mis-used as the same concept, the paragraphs below will clarify.
 - a. **Utilization Management:** An example of a UM function is the process by which a Board would make a *prospective* decision about what a PON score should be, and what resulting services should be available to a consumer. If a management Board is financially responsible for the services rendered, that Board should have full UM responsibility for those services. There is, however, a crossover issue to be addressed when the state delegates responsibility to a Board or Coop for prospective UM decisions *that result in services falling outside their financial management responsibilities*, i.e. when a person is determined to have a PON score of 12 and in need of residential services outside the managing Board's scope of financial responsibility. The Committee is wrestling with this issue and is considering the use of an Arbitration Panel when the managing Board and the state cannot agree on the PON score of 12. This is still a **prospective UM decision** because the level of services the consumer will need have not yet been determined. If an arbitration mechanism is used that binds both parties, it raises three critical questions: (1) who comprises the Arbitration Panel; (2) what are the arbitration protocols that will assure a timely decision, since the consumer is still awaiting that decision; and (3) who is responsible for the cost and management of the services to the consumer in the interim?
 - b. **Utilization Review:** UR is a "*look-behind*" *retrospective process* that the state will retain to determine if a managing Board/Coop is properly implementing the conditions of the contract. The state will retain full authority to review cases and financial records related to the contract, either on a routine periodic basis (annually or every two years) or on a special exception basis if concerns arise that there may be failure by the Board/Coop in contract compliance, mismanagement, fraud or abuse, etc. Again, the UR process is retrospective, not prospective. It results in possible actions related to the status of the contract between the state and the managing Board/Coop. If the UR process is done by entities beyond DMH (MMAC, Attorney General, etc.) it can also address recoupment of funds in cases of mismanagement, fraud or abuse. *What questions must be answered to assure clarification of the UR process?*

There may be other questions that I have missed that Rikki, Donna or Linda may want to suggest in addition to the above. Please pass the above memo and attachments on to all members of the Committee and regular attendees at your meeting.

Keith Schafer, Ed.D.

Director

Department of Mental Health

1706 East Elm, Jefferson City, MO 65102

Phone: 573-751-4970 or 573-751-3070

E-mail: keith.schafer@dmh.mo.gov

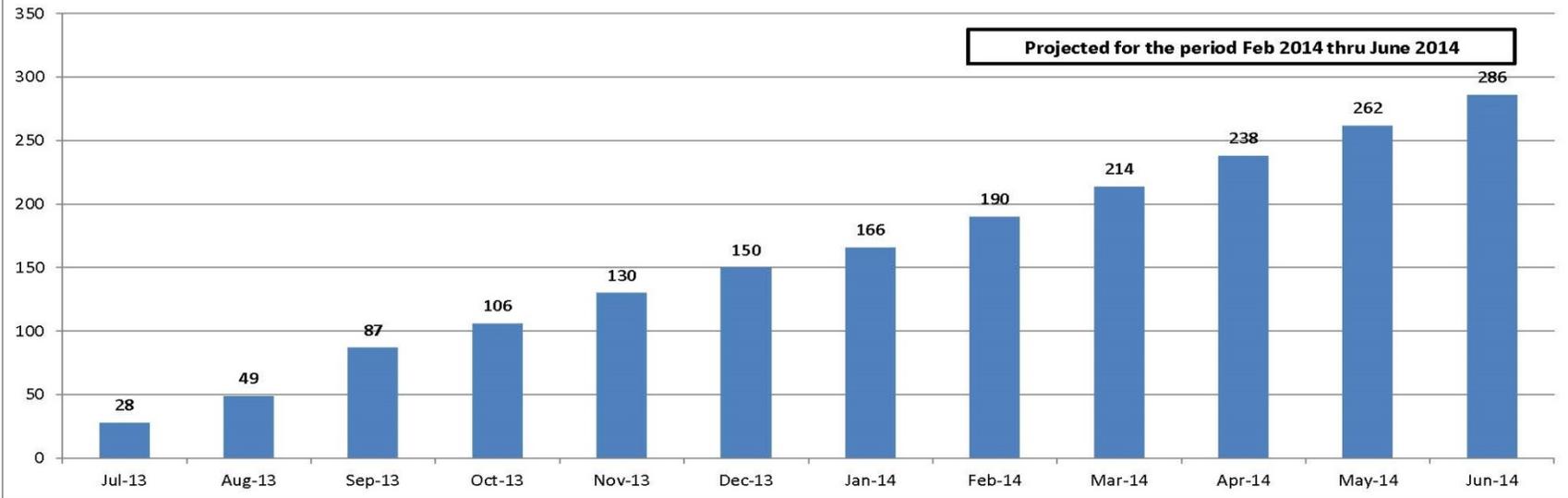
Website: www.dmh.mo.gov

Follow us on Facebook: [facebook.com\MentalHealthMO](https://www.facebook.com/MentalHealthMO)

Follow us on Twitter: [@MentalHealthMO](https://twitter.com/MentalHealthMO)

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**Division of Developmental Disabilities
Cumulative Number of 12's Served
For Fiscal Year 2014**

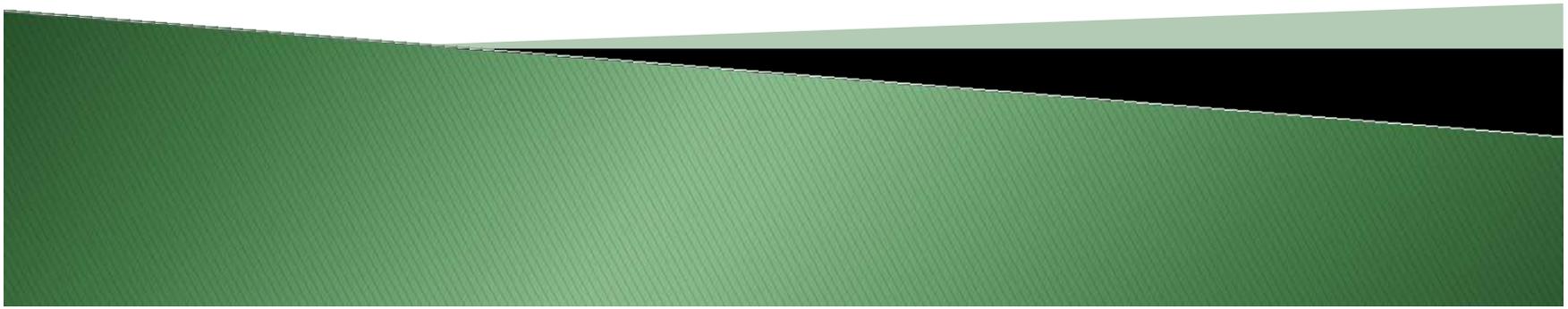


Month	Cumulative Number of 12's Served
Jul-13	28
Aug-13	49
Sep-13	87
Oct-13	106
Nov-13	130
Dec-13	150
Jan-14	166
Feb-14	190
Mar-14	214
Apr-14	238
May-14	262
Jun-14	286

Waiver Considerations

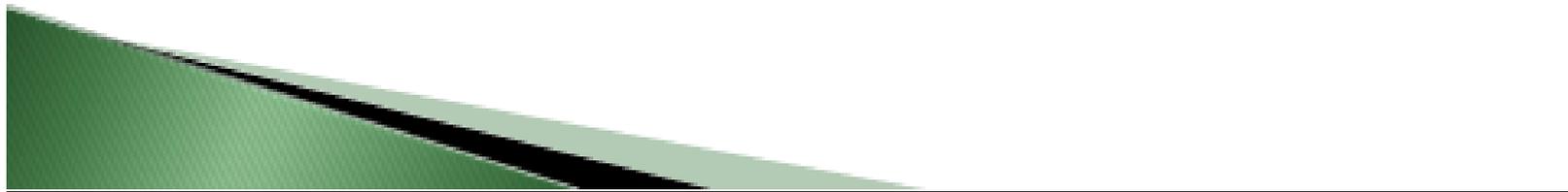
March 14, 2014

Kristen Edwards



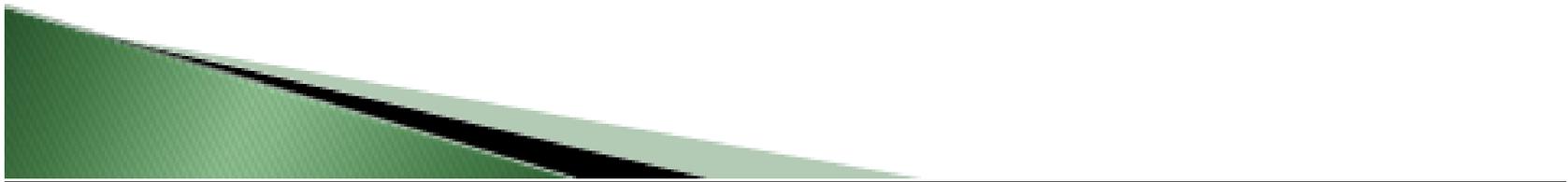
Waiver Authority

- ▶ CMS requires the Medicaid agency (DSS) to have the ultimate authority
 - Ensure operations are in accordance with:
 - Federal regulation
 - Waiver provisions
- ▶ Medicaid agency retains this authority if delegation of other operational and administrative functions



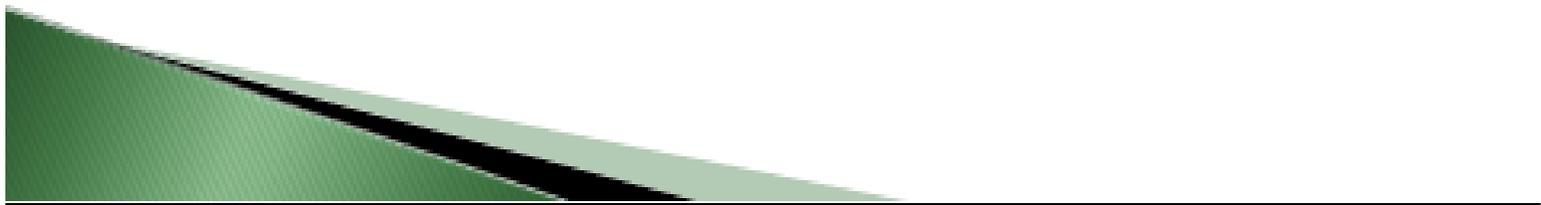
Amendments

- ▶ Prospective only
- ▶ For this redesign, four waivers will require amendments (PfH, MOCDD, Comm. Support, Autism)
 - Initial 'demonstration' sites
 - Future expansion of 'demonstration' sites



Timeframes

- ▶ Procedural steps prior to submission to CMS
 - Detailed requirements of delegation and oversight
 - DMH prepare amendments
 - MHD review and amend performance measures and oversight requirements accordingly



Timelines

- ▶ Upon submission to CMS
 - Date of receipt begins a 90 day clock for approval/questions
 - Informal questions (typically very small magnitude) do not stop the 90 day clock
 - Formal questions (RAI) stop the 90 day clock
 - Once CMS receives responses/changes, a new 90 day clock starts



HCBS Rule

- ▶ Keep in mind that any submission to CMS will trigger the HCBS transition plan requirement
- ▶ Transition plans will be required for all 10 waivers
 - 5 DMH
 - 5 DHSS
- ▶ Detailed plan on how and when each waiver will be in compliance with the new HCBS Rule

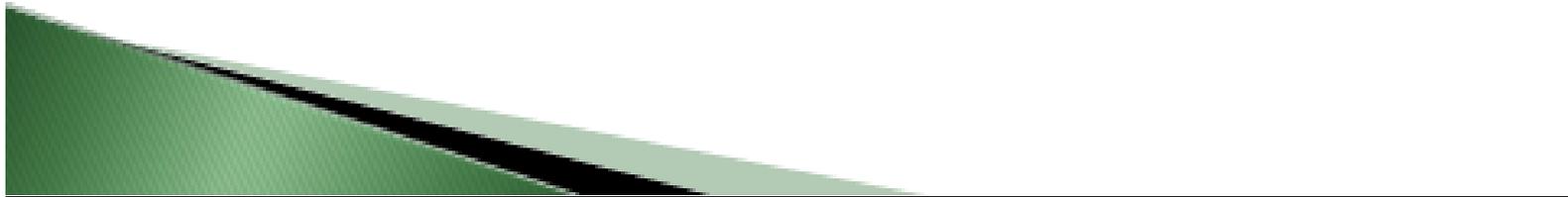


Delegation

- Appendix A allows for delegation to another state operating agency (DMH), contracted entity, or local non-state entity for some of the following functions:
 - Participant waiver enrollment
 - Waiver enrollment managed against approved limits
 - Waiver expenditures managed against approved levels (Operating Agency and Medicaid Agency)
 - Level of care evaluation
 - Review of participant service plans
 - Prior authorization of waiver services
 - Utilization management
 - Qualified provider enrollment (Medicaid Agency)
 - Execution of Medicaid provider agreements (Operating Agency and Medicaid Agency)
 - Establishment of Statewide Rate Methodology
 - Rules, policies, procedures and information development governing the waiver program (Medicaid Agency must maintain the authority)
 - Quality assurance and quality improvement activities

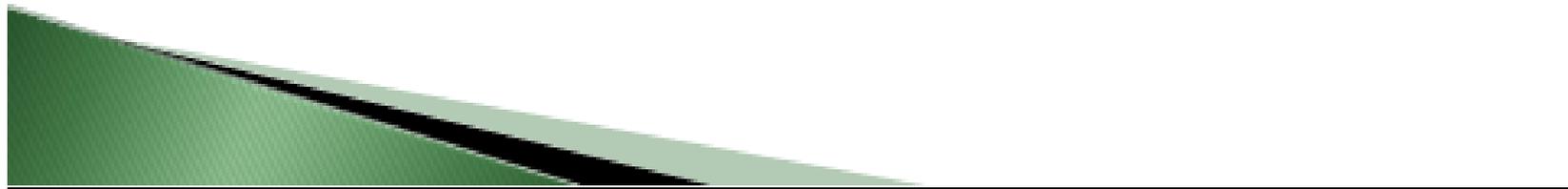
Contracting

- ▶ CMS requires contracts when delegating authority
- ▶ When delegation is to non-governmental entities, contract needs to be a three-party agreement with the Medicaid Agency, Operating Agency and entity.
- ▶ Must explicitly state the functions being delegated and to whom



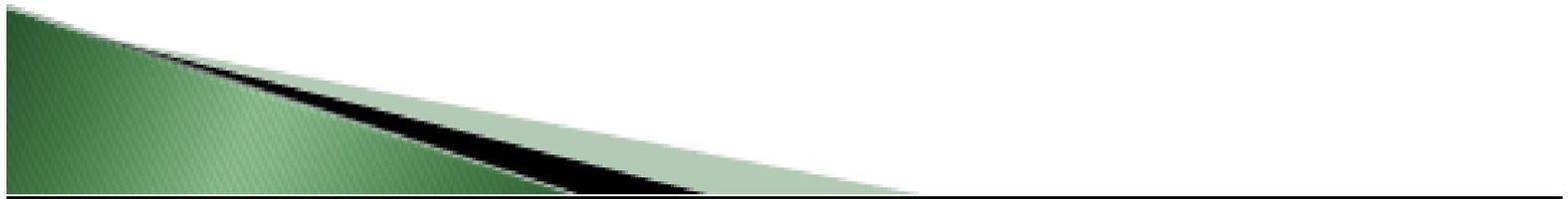
Conflict of Interest (441.730(b))

- ▶ What checks and balances are in place since one entity may be determining eligibility, PON, service authorizations, plan development, and service provider?
- ▶ New HCBS final rule: “The assessor must be independent; that is, free from conflict of interest with regard to providers, to the individual and related parties, and to budgetary concerns.”



Provider and Service Choice

- ▶ Providers: "...Medicaid beneficiaries must be allowed to obtain services from any willing and qualified provider of a service." (42 CFR 431.51)
- ▶ Services: "In short, waiver services must be available on a comparable basis to all waiver participants who have been assessed as needing the services."
- ▶ How will participants be assured choice of providers and choice of services? How will this be documented in the participant's record?



Statewide Services

- How will there be consistency across the state for areas where delegation to the local level exists and areas where the regional office still performs these functions?
 - "...where the waiver is in effect, the waiver must operate consistently in all the areas served by the waiver." "...a state must provide for the consistent, uniform administration and operation of the waiver across all geographic areas where the waiver is in operation."
Example, consistent decisions made re: authorization waiver services.
 - "Absent a waiver of statewideness, it is expected that the waiver will be administered and operated in a consistent fashion in all parts of the state and, thereby, ensure that waiver services are provided on a comparable basis to the entire target group of waiver participants in compliance with 42 CFR §440.240(b) (comparability of services for groups)."

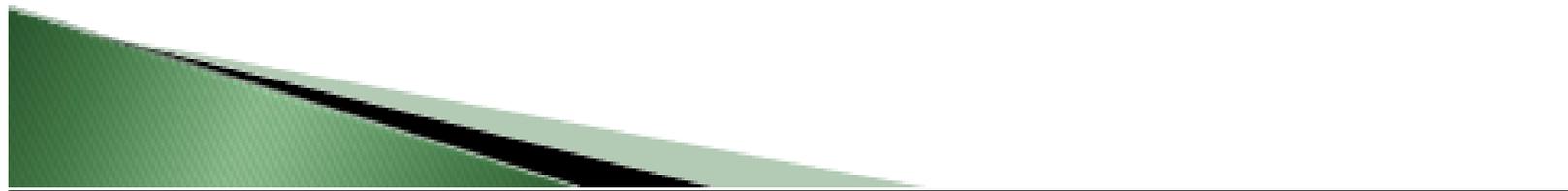
Participant Rights

- ▶ Hearings: “A state must provide that individuals have the opportunity to request a Medicaid Fair Hearing when they are not given the choice to receive waiver services, are denied the waiver services or providers of their choice, or their waiver services are denied, suspended, reduced or terminated.” (42 CFR 431, Subpart E)



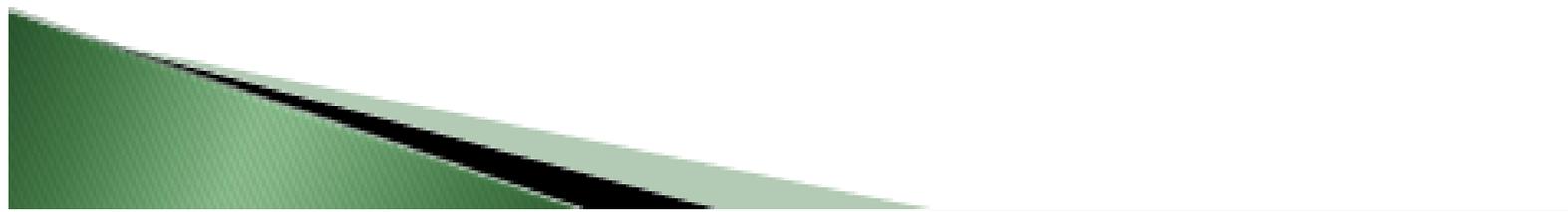
Oversight

- MHD is the state agency required to have oversight of all functions within the waiver and demonstrate such to CMS.
- MHDs expectation is that oversight with delegation to the regional office or local agencies be consistent across the two methods.



New HCBS Rule

- ▶ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>
 - Final Regulation
 - Fact sheets including a summary regarding HCBS settings
 - Webinar Presentation Download



Questions

- ▶ Any questions or comments?

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