

PARTNERSHIP FOR HOPE WAIVER

Revised October, 2012

WAIVER HISTORY

- The Omnibus Budget Reconciliation Act of 1981 added a new section to the Social Security Act, section 1915(c) authorizing state Medicaid agencies to apply for home and community based waivers.
- Missouri's first waiver was implemented in 1982 targeting individuals over 65.
- Missouri's first waiver for individuals with developmental disabilities was implemented in 1988.

WHAT IS “WAIVED”

- 1915(c) authorized Center for Medicare and Medicaid Services to waive certain requirements for state Medicaid programs, such as requirement to offer services statewide and to all individuals.
- States may offer services targeting specific geographic areas.
- States may offer services not covered under Medicaid state plan.
- States may apply institutional Medicaid eligibility criteria for individuals in communities, such as disregard of parent income, spousal division of assets, or disregard of some of individual’s income.

FEDERAL REQUIREMENTS

- Waiver participants must have needs that would otherwise require care in a Medicaid facility
- Missouri Partnership for Hope waiver eligibility is based on ICF-DD level of care
- Costs for individuals served in the waiver cannot exceed costs for individuals receiving ICF-DD, on an average per capita basis
- Individuals are given a choice between waiver and facility based care
- State must meet other assurances

MO WAIVERS ADMINISTERED BY DMH DD

- Comprehensive Waiver
- Community Support Waiver
- Missouri Children with Developmental Disabilities (“Lopez”) Waiver
- Waiver for Children with Autism Spectrum Disorders
- Partnership for Hope Waiver

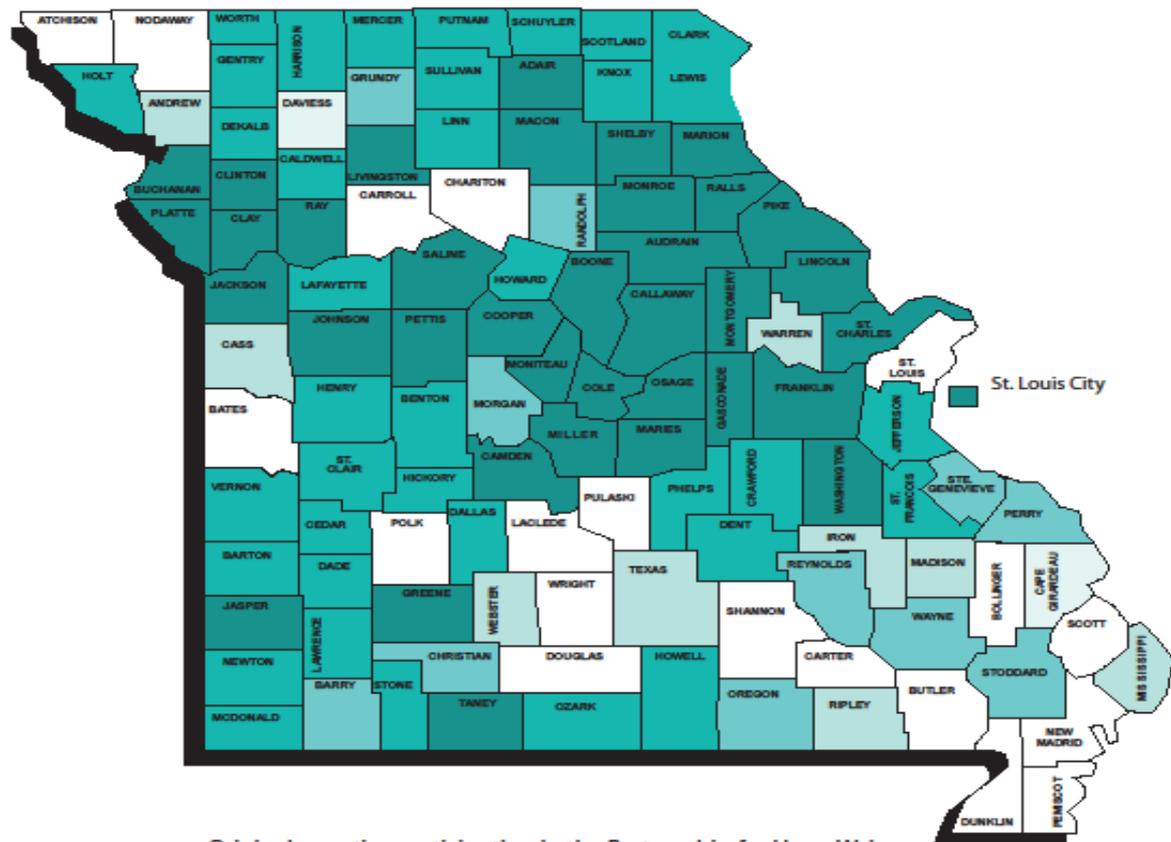
MO WAIVERS ADMINISTERED BY DHSS

- Waiver for Elderly and Disabled People
- Independent Living Waiver
- Waiver for People Living with AIDS/HIV
- Disability Waiver
- Adult Daycare Waiver (Pending)
- Important to remember that a person can only be enrolled in one waiver at a time. If enrolled in a DHSS waiver then can't be enrolled in a DD waiver.

PARTNERSHIP FOR HOPE WAIVER

- Implementation: October 1, 2010
- 95 counties across the state
- Includes 20 services; available in the 95 counties participating, plus City of St. Louis
- Annual Cost Cap of \$12,000
- Maximum participants annually 2870
- An amendment was recently approved by CMS to increase the number of participants to 2870 and to add 2 additional counties for participation

Partnership for Hope Waiver Counties



- Original counties participating in the Partnership for Hope Waiver
- Counties added to the Partnership for Hope Waiver February 2011
- Counties added to the Partnership for Hope Waiver September 2011
- Counties added to the Partnership for Hope Waiver February 2012
- Counties added to the Partnership for Hope Waiver August 2012

ELIGIBILITY FOR DD SERVICES; RSMo 630.005

- "Developmental disability", a disability:
- Which is attributable to:
 - Mental retardation, cerebral palsy, epilepsy, head injury or autism, or a learning disability related to a brain dysfunction; or
 - Any other mental or physical impairment or combination of mental or physical impairments; and
 - Is manifested before the person attains age twenty-two; and
 - Is likely to continue indefinitely; and
- Results in substantial functional limitations in two or more of the following areas of major life activities:
- Self-care; Receptive and expressive language development and use; Learning; Self-direction; Capacity for independent living or economic self-sufficiency; Mobility; and
- Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, habilitation or other services which may be of lifelong or extended duration and are individually planned and coordinated;

DETERMINING WAIVER ELIGIBILITY

- Key Support Coordinator functions to support waiver eligibility determination:
 - Individual Support Plan Development
 - ICF/DD Level of Care determination completed
 - Waiver, Provider and Services Choice statement

STATE PLAN MO HEALTHNET SERVICES

- Before waiver services are authorized ***must*** first ensure that state plan MO HealthNet services are accessed when those services can meet the individual's need.
- Examples of state plan services:
 - Durable Medical Equipment
 - Personal Care
 - Home Health Care
 - PT, OT and Speech Therapy for participants under age 21
 - Dental care for participants under age 21

PRIORITIZATION OF NEED CATEGORIES

Crisis

- Health and Safety conditions pose a serious risk of immediate harm or death to the individual or others;
 - Loss of Primary Caregiver support or change in caregiver's status to the extent the caregiver can't meet needs of the individual; or
 - Abuse, Neglect or Exploitation of the individual.
- Each bullet point has equal weight in the category.

PRIORITIZATION OF NEED CATEGORIES

Priority

- Individual's circumstances or conditions necessitate substantial accommodation that cannot be reasonably provided by the individual's primary caregiver;
- Person has exhausted both educational and VR benefits or not eligible for VR benefits and have a need for pre-employment or employment services;

PRIORITIZATION OF NEED CATEGORIES, CONT.

Priority

- Individual has been receiving supports from local funding for 3 months or more and services are still needed and the service can be covered by the waiver. Refinancing; or
- Person living in a non-Medicaid funded RCF chooses to transition to the community and determined capable of residing in a less restrictive environment with access to the PfH.
- Each bullet point has equal weight in the category.

EXPLANATIONS OF CATEGORIES

- People who fall into 'Crisis' category will be served first.
- If multiple people fall into 'Crisis' category the person waiting the longest will be served first.
- If no one is in 'Crisis' category then the person waiting the longest under 'Priority' category will be served first.

CRISIS AND PRIORITY CATEGORY EXAMPLES

- Crisis and Priority Category examples document

PRIORITIZATION OF NEED FORM

- Please refer to Prioritization of Need form which is located on the website
- PON form serves as the basis for the waiver slot request

PARTNERSHIP FOR HOPE WAIVER

- Waiver slot request process
 - The support coordinator completes Partnership for Hope PON form for eligible individual
 - PON form then sent to the county board/TCM entity for approval
 - PON form then sent to regional office for director approval and entered in CIMOR for a slot approval request
 - Slot request routes to Division of DD Central Office to approve and assign a slot for the individual

PARTNERSHIP FOR HOPE WAIVER SERVICES

- Assistive Technology
- Behavior Analysis Service
- Community Employment
- Community Specialist
- Day Services
- Dental
- Employer Provided Job Supports (Co-Worker Supports)
- Environmental Accessibility Adaptations
- Job Preparation
- Job Discovery
- Occupational Therapy
- Person Centered Strategies Consultation
- Personal Assistant
- Physical Therapy
- Professional Assessment and Monitoring
- Specialized Equipment and Supplies
- Speech Therapy
- Support Broker
- Temporary Residential Service
- Transportation

ASSISTIVE TECHNOLOGY

- Includes AT devices and services designed to promote independence and protect the individual's health and welfare. Items/services such as:
 - Personal Emergency Response Systems (PERS)
 - Medication Reminder Systems (MRS)
- AT shall not include household appliances or items that are intended for purely diversional or recreational purposes
- AT should be evidenced based, and shall not be experimental
- Not duplicate devices/services available in state plan
- Costs are limited to \$3,000 per fiscal year (Oct. 1-Sept 30), per individual

BEHAVIOR ANALYSIS SERVICES

- Designed to help individuals who have behavior, social, and communication challenges to acquire functional skills to prevent hospitalizations or out-of-home placements.
- Three components: Senior Behavior Consultant, Behavior Intervention Specialist, and Functional Behavioral Assessment (FBA).

PERSON CENTERED STRATEGIES CONSULTATION (PCSC)

- PCSC is a consultation to the individual's support team to improve the quality of life.
- PCSC may be provided in conjunction with Behavior Analysis Services to develop and establish a support system that can implement positive strategies.
- PCSC differs from the Behavior Analysis Service because the scope of the service is on identifying barriers to a good quality of life and requires providers with a less involved level of training

This is a short term service, to be twelve months or less

COMMUNITY EMPLOYMENT

- Ongoing support services for competitive work in an integrated work setting (includes self-employment)
- Outcome is sustained paid employment
- Individual and group supports
- Services may includes:
 - Individualized job development and placement
 - On-the-job training
 - Ongoing supervision and monitoring of performance on the job
 - Training in related skills needed to obtain and retain employment (e.g., use of community resources)

DAY SERVICE

- Assist with acquisition, retention, or improvement in self-help, socialization, and adaptive skills identified as outcomes in the ISP
- May include Activities of Daily Living and Instrumental Activities of Daily Living at a day service site or in the community
- Provided on an individual basis or in groups of person with no greater than 6

DENTAL SERVICES

- Procedures necessary to control bleeding, relieve pain, and eliminate acute infection; operative procedures that are required to prevent the imminent loss of teeth.
- Preventive dental treatment
- Therapeutic dental treatment

Does not Include Dental services (due to being covered by State Plan):

- For individuals under the age of 21
- Trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury or for treatment of a medical condition without health of the individual would be adversely affected.

MO HEALTHNET DENTAL MANUAL

- http://manuals.momed.com/collections/collection_den/Dental_Section13.pdf

EMPLOYER PROVIDED JOB SUPPORTS

- Service allows the Division of DD, designated provider agencies to contract with a business to provide employer provided job supports as a part of the natural workplace.
- The supports to assist the individual in:
 - The development of positive work-related habits, attitudes, skills and work etiquette directly related to their specific employment
 - Becoming a part of the informal culture of the workplace
 - Becoming familiar with health and safety aspects/requirements of their particular job.

EMPLOYER PROVIDED JOB SUPPORTS

- Individual is employed by a business
- Paid minimum wage or better
- Individuals receive Employer Provided Job Supports services during their first six months of employment, reimbursement may be extended up to 12 months on the job.
 - After the first six months, the contract is reduced to a lower stabilization rate based on job support intervention needed.

JOB PREPARATION

- Training and work experiences intended to teach an individual the skills necessary to succeed in paid community employment.
- Skill training may include volunteerism, following directions, focusing on tasks, completing tasks, achieving productivity standards and quality results, responding appropriately to supervisors/co-workers, attendance and punctuality, problem solving, safety, mobility, or short term work trials.

JOB PREPARATION

- Address workplace social skills necessary for successful community employment such as appropriate work place attire, hygiene, and interaction with co-workers and supervisors, acceptable work behaviors and other skills such as accessing transportation and connecting to community resources as it relates to obtaining employment.
- Should be a pathway towards individualized employment and is dependent on individuals demonstrating progress towards employment over time.
- Individual and group supports

JOB PREPARATION EXAMPLE:

- John wants to work. However, he has difficulty getting to places on time and he chooses inappropriate clothing for activities.
- He does not know how to use public transportation.
- Staff are working with John to teach him these skills in preparation to obtain employment.

JOB DISCOVERY

- Services include but are not limited to:
 - Volunteerism
 - Self-determination and self-advocacy (assisting an individual in identifying wants and needs for supports and in developing a plan for achieving integrated employment)
 - Job exploration
 - Job shadowing
 - Informational interviewing
 - Labor market research
 - Job and task analysis activities
 - Employment preparation (i.e. resume development, work procedures), and
 - Business plan development for self-employment

JOB DISCOVERY

- This service is time-limited
 - The initial discovery process should not exceed a three month period
 - Additional months can be pre-authorized through Division of DD
- Results in the development of a career profile and employment goal or career plan
- Services offered to an individual in a community workplace setting or at a licensed, certified or accredited facility of a qualified job discovery service provider

JOB DISCOVERY EXAMPLE:

- Sarah is transitioning from High School. She attends class on time, dresses nicely and has successfully learned to use a computer in school. Sarah wants to use these skills at work, but does not know where or how
- The provider helps Sarah look at ten possible employment locations where computer skills are used and she visits three of these locations observing others' workday
- This assists Sarah in choosing to apply at a Senior Center teaching members to use computer software

SELF-DIRECTED SUPPORT SERVICES

- Personal Assistant
- Support Broker
- Community Specialist

PERSONAL ASSISTANT

- Assist with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) in the home and community - to achieve increased independence, productivity and inclusion in one's community
 - ADLs: Bathing, toileting, dressing, transfer, ambulation, etc.
 - IADLs: Shopping, banking, budgeting, use of public transportation, social interaction, etc.
- Can be self-directed
 - Self-directed PAS can be provided by a family member but cannot be the individual's spouse, parent if the person is a minor (under age 18) or legal guardian

COMMUNITY SPECIALIST

- Professional observation and assessment, consultation, individualized program design and implementation (e.g., enhance self-direction, independent skills, community integration, social, leisure, recreation)
- Assisting and locating services in field of expertise
- May include advocating for person
- Can be self-directed

SUPPORT BROKER

- Provides assistance and information to a individual for purpose of directing and managing supports as identified in ISP
- Includes providing:
 - Practical skills training;
 - Information on recruiting and hiring personal assistants;
 - Managing employees;
 - Information on communication and problem solving
- Have training in such areas as:
 - Supporting the person as per the ISP;
 - DMH/DDD and FMSP policies and procedures; and support broker responsibilities.
- Can not be a parent, guardian or other family member
- Cannot serve as a personal assistant or perform any other waiver service for the person
- Can be self-directed

ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS

- Physical adaptations, as required in the ISP, that enables the person to function with greater independence in the their home and community while ensuring health, welfare and safety
- Examples: Widening doorways, install grab bars, ramps, bathroom modifications
- Modifications to home or vehicle
- Must be recommended by Physical or Occupational Therapist
- Annual \$7,500 limit per individual per fiscal year (Oct-Sept. for PfH waiver)
- Annual time period corresponds to waiver year July-June
- Not covered under State Plan

SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES

- Devices, appliances, and other equipment/supplies, specified in ISP, to increase ability to perform ADL's, or to perceive and communicate with one's environment
- Includes incontinent supplies
- Annual \$7,500 limit per individual per fiscal year (Oct-Sept. for PfH waiver and MOCDD waiver)
- Annual time period corresponds to waiver year (July-June for Autism, CS, and Comp waivers)
- Not covered under State Plan

TEMPORARY RESIDENTIAL SERVICE

- Care provided outside the home in a licensed, accredited or certified waiver residential facility, ICF/MR or State Habilitation Center by trained and qualified personnel for a period of no less than one day (24 hours), and no more than 60 days per year.
- Provide planned relief to the customary caregiver
- If needs can be met in the home with less than 24 hours then personal assistant services could be authorized.

PROFESSIONAL ASSESSMENT AND MONITORING

- Face to face visit to evaluate need and identify appropriate assistance including any special instructions for caregivers to reduce the need for routine health professional visits and prevent a higher level of care
- May include: limited physical assessments, medication set up, injections, limited diagnosis and treatment, nutritional care plans, etc.

OTHER PARTNERSHIP FOR HOPE WAIVER SERVICES

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Transportation
- Not covered under state plan or other entity (e.g., MO Dept. of Elementary and Secondary Education,)

ORGANIZED HEALTH CARE DELIVERY SYSTEM (OHCDS)

- Applies to all services in PFH Waiver, including dental
- Allows entities that provide at least one direct Medicaid service (using their own staff) to subcontract with a qualified provider for Division of DD waiver service(s)
- OHCDS contractor must have requested and been given designation on provider contract
- Contractor is responsible for verifying qualifications and performance of the subcontractor
- Contractor maintains a signed agreement with subcontractor to provide the service(s)

ORGANIZED HEALTH CARE DELIVERY SYSTEM (OHCDS)

- Subcontractor must meet all provider qualifications for the service(s)
- Allows direct service payment from the contractor to the subcontractor
 - Contractor bills MO HealthNet for reimbursement
- Cannot require individuals to receive services through OHCDS, but through any qualified provider – Freedom of Choice

6 ASSURANCES

- Level of Care
- Service (Support) Plan
- Provider qualifications
- Health & Welfare
- Financial Accountability
- Administrative Authority

LEVEL OF CARE

- An evaluation for LOC is provided to all applicants
- The LOC of enrolled participants are reevaluated at least annually or as specified in the approved waiver
- The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care

SERVICE (SUPPORT) PLAN

- Support plan addresses all participants' assessed needs (including health and safety risk factors)
- State monitors support plan development in accordance w/ policies and procedures
- Support plans are updated/revised at least annually or when warranted by changes in participant's needs
- Services are delivered according to the service plan including type, scope, amount, duration and frequency
- Individuals are afforded choice: waiver or ICF/DD; & between and among services and providers

PROVIDER QUALIFICATIONS

- State verifies providers, initially & continually meet qualifications
- State monitors non-licensed/non-certified providers to assure adherence to waiver requirements
- State implements its policies and procedures for verifying provider training is conducted in accordance w/ state requirements and the approved waiver

HEALTH & WELFARE

- State, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation

FINANCIAL ACCOUNTABILITY

- State financial oversight exists to assure claims are coded and paid in accordance with reimbursement methodology specified in the approved waiver

ADMINISTRATIVE AUTHORITY

- Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies and contracted entities.

INDIVIDUAL COST LIMIT

- Annual cap is \$12,000 per individual.
- SB40 and Division of DD will each pay 50% of match for each PFH waiver slot.

EXCEPTIONS

- If an individual has needs in excess of the cost limit of \$12,000, to ensure health and welfare of the individual an exception may be granted for additional services above the individual cost cap.
 - Process
 1. SC will revise the Service Plan after consultation with the individual and planning team
 2. The request for the exception is mutually approved by the County Board Director, The RO Director, and the DD Deputy/Assistant Director
- One-time expense or during crisis or transition not to exceed \$10,000 annually.
- Individual cost cap for on-going up to \$3,000 annually.

QUESTIONS??