

Kansas Department of
Social and Rehabilitation Services
Don Jordan, Secretary



Home and Community Based Services Waivers

House Social Services Budget Committee

Don Jordan, Secretary

January 31, 2008

For Additional Information Contact:
Dustin Hardison, Director of Public Policy
Docking State Office Building, 6th Floor North
(785) 296-3271

Home and Community Based Services Waivers

Social Services Budget Committee January 31, 2008

Chairman Bethell and members of the Committee, I am Don Jordan, Secretary of SRS. Thank you for the opportunity to appear before you today to discuss the Home and Community Based Services Waivers that are administered by SRS. I will present information today regarding six Home and Community Based Service Waivers that provide services to persons with disabilities including the number of individuals served and funding for each of the programs. I will also provide information regarding the Money Follows the Person Federal grant which impacts the HCBS waivers.

Background

Medicaid waivers are Federally approved requests to waive certain specified Medicaid rules. For instance, Federal Medicaid rules generally allow states to draw down Federal Medicaid funds for services provided in institutions for persons with severe disabilities. Many of the community supports and services provided to persons with disabilities such as respite care, attendant care services, and oral health care, are not covered by the regular Federal Medicaid program. Home and Community Based Services (HCBS) waivers give the state Federal approval to draw down Federal Medicaid matching funds for community supports and services provided to persons who are eligible for institutional placement, but who choose to receive services that allow them to continue to live in the community. The Center for Medicare and Medicaid Services (CMS) requires that the cost of services paid through HCBS waivers be, on the average, less than or equal to the cost of serving people in comparable institutions.

Developmental Disability Waiver

The MR/DD Home and Community Based Waiver is designed to serve individuals who would otherwise require institutionalization in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). This waiver allows eligible individuals opportunities to access community services and to make choices that increase their

independence, productivity, and community integration. Examples of services provided through this program include:

- *Residential Services*: Supports provided in the individual's residential setting (outside the individual's family home) providing assistance, acquisition, retention and/or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting;
- *Day Services*: This service usually, but not necessarily always, is provided during "normal working hours". Day services are regularly occurring activities that provide a sense of participation, accomplishment, personal reward, and personal contribution which serve as vehicles to maintain or increase adaptive capabilities, independence or integration and participation in the community;
- *Family/Individual Supports*: Support available to individuals who live in the family home. This service provides necessary support for individuals to meet their daily living needs and/or to insure the individual may stay in the family home;
- *Oral Health Services*: Accepted dental procedures that include diagnostic, prophylactic, and restorative care;
- *Assistive Services*: Services which meet an individual's assessed needs by modifying or improving an individual's home through the provision of adaptive equipment; and
- *Respite Care* – Temporary care provided to individuals designed to provide relief for the individual's primary care givers.

Individuals served by this waiver include those who are determined financially eligible for Medicaid, those who are determined mentally retarded or developmentally disabled, and those who are in need of long term care services.

- In FY2007, 7,250 individuals were served through the MR/DD Waiver at a cost of about \$247 million. This represents an increase of 424 persons over FY 2006.
- There are currently 1,300 persons waiting for services on the MR/DD Waiver.
- The Governor's Budget recommends an increase in funding of \$4.5 million SGF in FY 2009 to serve an additional 288 individuals from the waiting list.

Physical Disability (PD) Waiver

The PD Home and Community Based Waiver is designed to serve individuals who would otherwise require institutionalization in a nursing facility. This waiver allows eligible individuals opportunities to access community services and to make choices that increase their independence. Individuals served by this waiver

include those who are determined financially eligible for Medicaid, those who are determined disabled by Social Security disability standards, and those who are in need of long term care services to meet the normal activities of the day, i.e. bathing, dressing, and mobility.

- In FY 2007 an average of 6,102 individuals were served monthly with \$94,315,081 in expenditures.
- There are currently no persons waiting for PD Waiver Services.
- The Governor's Budget recommends an additional \$1,151,652 SGF to maintain no waiting list for FY 2009.

Specific services available through the waiver include:

- *Personal Services*: Services that provide one or more persons assisting an individual with a disability with tasks which that individual would typically do for themselves in the absence of his/her disability. Such services may include assisting the individual in accomplishing the Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs). ADLs include bathing, grooming, toileting, transferring, feeding, and mobility. IADLs include shopping, housecleaning, meal preparation, laundry, and financial management;
- *Personal Emergency Response System (PERS) and Installation*: PERS are electronic devices which enable certain individuals at high risk of institutionalization to secure help in an emergency;
- *Sleep Cycle Support*: Provides non-nursing physical assistance and/or supervision during the individual's normal sleeping hours in the individual's place of residence;
- *Oral Health Services*; and
- *Assistive Services*.

Traumatic Brain Injury (TBI) Waiver

The TBI Home and Community Based Waiver is designed to serve individuals who would otherwise require institutionalization in a Head Injury Rehabilitation Hospital. The HCBS Waiver services are provided at a significant cost savings over institutional care and provide an opportunity for each person to live and work in their home communities. Each of these individuals is provided an opportunity to rebuild their lives through the provision of a combination of supports, therapies and services designed to build independence.

- In FY 2007 the average monthly number of persons served was 184 with expenditures over \$8 million . This represents an average monthly increase of 16 persons per month receiving services over FY 2006.
- There are currently no persons waiting for TBI Waiver services.
- The Governor's Budget recommends an additional \$400,800 SGF to maintain no waiting list in FY 2009.

A significant difference in this program is that it is not considered a long term care program. It is considered a rehabilitation program and consumers are expected to transition to another program upon completion of rehabilitation. Individuals currently receive four years of therapy and, if at that time progress in rehabilitation is not seen, the individual is transitioned to another program. In FY 2007 the average length of stay in this program was 1.64 years. This number relates to the consumers who transitioned from services during FY 2007. Services provided through this waiver include:

- *Rehabilitation Therapies:* Physical therapy, speech-language therapy, cognitive therapy, behavioral therapy, and drug and alcohol treatment;
- *Transitional Living Skills Training:* Services that help the individual to learn the skills necessary to be independent. Training in daily living skills such as cooking, bathing, grooming, social skills, and managing medical needs is provided;
- *Personal Services;*
- *Sleep Cycle Support;*
- *Personal Emergency Response Systems (PERS);* and
- *Oral Health Services.*

Technology Assisted (TA) Waiver

The TA Home and Community Based Waiver is designed to serve children ages 0 to 18 years who are medically fragile and technology dependent requiring intense medical care comparable to the level of care provided in a hospital setting, for example, skilled nursing services. This program provides services to medically fragile children who would not be Medicaid eligible without the waiver and the waiver's ability to disregard parental income. Each child served through this waiver gains access to attendant care for independent living (ACIL) services under the Medicaid State Plan. These services are designed to ensure that the child's medical needs are addressed effectively in the child's family home, thereby eliminating the need for long term and or frequent hospitalization for acute care reasons.

- In FY2007 the average monthly number of persons served by the TA Waiver was 42 with total expenditures of \$179,730. The majority of costs incurred by this population are a result of the services provided through the State Medicaid State Plan and the ACIL program which provides for the in-home nursing care.
- There are currently no children waiting for TA Waiver services.

The services provided through the TA Waiver include:

- *Case Management*
- *Respite Care*

During the next year, SRS/Disability and Behavioral Health Services (DBHS) will be requesting an amendment to this waiver. CMS has determined that the nursing services being provided through the ACIL program may not be provided through the Medicaid State Plan. We will be requesting this service be added as a waiver service. The funds will transfer from the state plan service to the waiver. SRS anticipates this to be a cost neutral change. DBHS is currently working with families and providers regarding this change.

Serious Emotional Disturbance (SED) Waiver

The Home and Community Based Services Waiver for Youth with a Serious Emotional Disturbance allows Federal Medicaid funding for community based mental health services for youth who are SED and who are at risk of being placed in a state mental health hospital. The SED Waiver determines the youth's Medicaid eligibility based on his/her own income separate from that of the family's. Once the youth becomes a Medicaid beneficiary he/she may receive the full range of all Medicaid covered services including the full range of community mental health services. In addition, the youth is eligible for specific services only available to youth on the SED Waiver which include:

- *Parent Support and Training*: Training and support necessary to engage the active participation of the family in the treatment planning process and the reinforcement of skills learned in the treatment process;
- *Independent Living Skills Building*: Services to assist the youth in transitioning into adulthood including self-help, socialization, and adaptive skills;
- *Short Term Respite*: Supports designed to give the parents or other caregivers relief;
- *Wrap Around Facilitation*: Involvement of the youth's family and friends in designing a person centered, self-determined treatment plan that "wraps" all needed services around the youth;
- *Professional Resource Family*: A surrogate family who has special skills and expertise to treat and care for the youth in a family setting should the birth family, for whatever reason, be unable to; and
- *Attendant Care*: Direct support and supervision for the youth in their daily activities.

These SED Waiver services and other community mental health services and supports are critical in assisting the youth to remain successfully in his/her family home and community.

In FY 2007 3,741 youth were served through the SED Waiver at a total cost of about \$28 million. There is no waiting list for the SED Waiver.

Autism Waiver

The Autism Waiver is the newest of our HCBS waivers with the first funding approved for FY 2008. The target population for the Autism Waiver is children with Autism Spectrum Disorders (ASD), including Autism, Aspergers' Syndrome, and other pervasive developmental disorders – not otherwise specified. The diagnosis must be made by a licensed Medical Doctor or Ph.D Psychologist using an approved Autism specific screening tool. Children are able to enter the program from the age of diagnosis through the age of five. Children receiving services through this waiver would be eligible for placement in a state mental health hospital if services were not provided through the waiver. A child will be eligible to receive waiver services for a time period of three years with an exception process in place to allow children who demonstrate continued improvement to continue services beyond the three year limit.

This waiver has funding to serve 25 children and currently has a waiting list of 129. The budgeted amount for this program is \$744,417 AF. Services for this waiver include:

- *Consultative Clinical and Therapeutic Services (Autism Specialist):* Consultative and therapeutic services are provided by the Autism Specialist and include assessment of the child and family's strengths and needs, development of the plan of care, training and technical assistance to the family and paid support staff in order to carry out the program, and monitoring of the child's progress;
- *Intensive Individual Supports:* Services designed to assist in acquiring, retaining, improving, and generalization of the self-help, socialization, and adaptive skills necessary to reside and function successfully in the home and community based settings. Services are provided through evidence based and data driven methodologies;
- *Parent Support and Training:* Services designed to provide the training and support necessary to ensure engagement and active participation of the family in the treatment process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Support and Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child;
- *Family Adjustment Counseling:* Provides counseling to the family members of the child with ASD in order to guide and help them to cope with the child's illness and the related stress that accompanies the initial understanding of the diagnosis and the ongoing continuous, daily care required by the child. This will enable the family to manage stress and improve the likelihood that the child will continue to be cared for at home; and
- *Respite Care.*

Agency Directed Care vs. Self-Directed Care

During the 1989 Legislative Session, H.B. 2012 was passed (K.S.A. 36-7,100), which requires that consumers age 16 years of age and older be allowed to self-direct their attendant care services funded under the HCBS waivers. This allows consumers the choice of self-directing their services or utilizing a home health agency (Agency Directed) to provide their attendant care services.

Individuals who choose to direct their services are responsible for recruiting, training, and managing their attendants. Approximately 85% of individuals who receive services through the HCBS/PD and HCBS/TBI waivers choose to self-direct their services. For the HCMS/MR/DD waiver, 30% of consumers have chosen to self-direct their attendant care services. Consumers who choose to use agency directed services rely on the Home Health Agency to hire and train attendants.

CMS does not allow the state to reimburse a consumer directly through the HCBS waivers for services that they receive. Therefore, to allow individuals to maintain control of the recruiting, training and managing of attendants, payroll agents are utilized and enrolled as Medicaid providers. Payroll agents complete tasks such as processing payroll by taking time sheets and paying attendants, billing Medicaid, education of consumers, and providing reports as requested.

Money Follows the Person (MFP) Grant

The Money Follows the Person Grant is a program that will impact the HCBS waivers.

The Kansas Money Follows the Person Project, “Community Choice”, is a demonstration project that is designed to provide opportunities for individuals that are currently residing in qualified institutional settings to move into their home communities.

The primary features of the demonstration project are:

- Funded at an enhanced 80% Federal match for the first 365 days the individual receives services in their home community;
- Provides for an estimated 934 individuals to leave institutional settings (i.e. ICF/MRs, and NFs);
- Provides an opportunity for Kansas to utilize the state savings created by the enhanced Federal match to build capacity in local communities; and
- Will benefit Kansas through the addition of approximately \$37 million additional Federal dollars over the next 5 years.

The impact of the MFP demonstration on the current HCBS Waivers is:

Kansas Department of Social and Rehabilitation Services
Don Jordan, Secretary

- Each person leaving the institutional setting must be eligible for the corresponding HCBS Waiver service;
- Each person must move directly from the demonstration project into the HCBS Waiver program without interruption / waiting for services; and
- Each person will have “money follow the person” from the institutional setting into the corresponding qualified waiver. Therefore there will be no drain on current waiver dollars but an increase in the base budget by the addition of funds from the institutions.

This concludes my overview of the Home and Community Based Services Waivers that are administered by SRS. I will now stand for any questions.