



DEPARTMENT OF SOCIAL  
AND REHABILITATION SERVICES

Don Jordan, Secretary

**Aging & Long Term Care Committee  
& Social Services Budget Committee  
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**Home and Community Based Services Waivers**

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# Home & Community Based Services Waivers

## Aging & Long Term Care; Social Services Budget Committee January 27, 2009

Chairman Bethell and Chairwoman Mast and members of the Committees, 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 and the Money Follows the Person Grant. 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. In this update I will provide you with an update on the grant and projections of the number of individuals that will be assisted by the grant.

### **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 (MR/DD)**

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 FY 2008:

- The total expenditures were \$274,843,416 AF
- The average number of individuals served monthly was 6,822
- There was an increase in the average monthly number served from FY 2007 of 383

### **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.

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.*

In FY 2008:

- The total expenditures were \$109,353,112 AF
- The average number of individuals served monthly was 6,512
- There was an increase in the average monthly number served from FY 2007 of 410

### **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.

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.*

In FY 2008:

- The total expenditures were \$ 8,774,567

- The average number of individuals served monthly was 196
- There was an increase in the average monthly number served from FY 2007 of 13

### **Technology Assisted (TA) Waiver**

The TA Home and Community Based Waiver is designed to serve children ages 0 to 22 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. The services provided through this waiver 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.

The services provided through the TA Waiver include:

- *Case Management*
- *Respite Care*
- *Skilled Nursing Care*
- *Attendant Care Services*
- *Home Modifications*

In August 2008, the TA Wavier and the Attendant Care for Independent Living (ACIL) programs were combined. Before this merger, the ACIL program was a Medicaid State Plan program and provided the necessary nursing care for children receiving services through the TA Waiver. The reason for combining the programs was that CMS determined that the nursing services being provided through the ACIL program could not be provided through the Medicaid State Plan. At that time SRS requested that the TA Waiver be amended to include nursing care and the eligibility criteria were adjusted so the waiver could serve the children who were receiving state plan ACIL services.

These changes to the waiver increased the number of individuals served by the waiver. In FY 2008 the TA waiver served an average of 40 children per month. In FY 2009, this number will increase to over 300 due to the children being served by the Attendant Care for Independent Living Program (ACIL) will be served by the waiver.

- In FY 2008 the total expenditures for the TA Waiver were \$121,980
- In FY 2008 the total expenditures for the ACIL program were \$19,593,246

### **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. The expenditures listed below reflect the costs of both the specific SED Waiver services plus all other community mental health services provided on behalf of SED Waiver recipients.

In FY 2008, Kansas Health Solutions (KHS), the community mental health managed care organization, was paid \$39,270,613 to serve an average of 2,958 individuals per month. The actual amount paid to providers on behalf of the SED Waiver recipients will be reconciled to the amount paid to KHS. However, this reconciliation will not occur until after September 2008. Therefore, the actual costs of serving SED Waiver youth in FY 2008 will not be known until that reconciliation takes place.

## **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.

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;
- *Peer 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*

In FY 2008:

- The total expenditures were \$ 119,115 AF
- The average number of individuals served monthly was 25

The Autism Waiver was implemented on January 1, 2008. At that time 25 children were selected through a random process to receive services. The other applicants were placed on the waiting list. Service providers were selected by families and services began as soon as possible. Therefore individuals did not receive waiver services for a full six month period during FY 2008.

The 2008 Legislature approved funding for an additional 20 children to be served by the Autism Waiver in FY 2009. The waiver is now serving 45 children.

### **Money Follows the Person (MFP) Grant**

The Money Follows the Person Grant is a program that will impact the HCBS waivers by offering individuals in institutions an opportunity to move into the community if that is their choice.

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 963 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

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

- 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.

The first actual move dates were July 1, 2008. The individuals transitioning into the community are representing the mentally retarded/developmentally disabled (MR/DD), traumatic brain injury (TBI), physically disabled (PD) and elderly populations groups. Kansans who have chosen community living include 4 persons with physical disabilities, 1 person with a traumatic brain injury and 3 persons that are elderly. Additionally, Kansas has closed 78 private ICFs/MR beds through a voluntary closure process, as a direct result of the MFP demonstration grant project.

## **HCBS WAITING LISTS**

At this time there are three HCBS waivers that are maintaining waiting lists. The HCBS MR/DD waiver has approximately 1,609 individuals who have requested waiver services and are not receiving those services. There are an additional 864 individuals who have waiver services but have requested additional services and are waiting for those services. The Autism waiver also has a waiting list. There are currently 195 children waiting for services through this program. On December 1, 2008, SRS implemented a waiting list for the HCBS PD waiver. On December 31, 2008 there were 106 individuals waiting for services.

## **REVIEW OF FUNDING INCREASES FOR DIRECT CARE STAFF**

The 2008 Legislature allocated funding for a 2% rate increase for the MR/DD, PD, and TBI Waivers. This rate increase has been implemented. SRS met with stakeholders to discuss the use of the funding allocated for rate increases. SRS utilized their recommendations when possible. For the MR/DD Waiver a 2% rate increase was approved for all waiver services. For the PD waiver the reimbursement rates for Personal Services and Sleep Cycle Support were increased by 2%. For the TBI Waiver the reimbursement rates for Personal Services, Sleep Cycle Support, and Transitional Living Skills were increased by 2%.





Understanding the legislative intent of the 2% rate increase, on June 6, 2008, I sent a memo to waiver providers encouraging them to be prudent in the use of the rate increase and encouraged them to direct the funding to those staff the legislature intended it to go to.

This concludes my testimony. Thank you for providing SRS the opportunity to provide this information to you. I will now stand for any questions.