

HCBS Mental Health Waiver Focused Discussion Forum

Illinois Department Healthcare & Family Services
Illinois Department of Human Services
~Division of Mental Health~

October 27, 2010



Agenda

- I. Purpose and Scope of Forum
- II. Overview of 1915(c)Waiver
- III. Preliminary Overview
 - A. Waiver Target Group
 - B. Initial Roll Out Region and Schedule
 - C. # Served Per Year
 - D. Services
 - E. Evaluation/Re-eval for LOC Process
 - F. Service Plan Dev. Process, Implementation & Monitoring
 - G. QIS Overview
 - H. Finance
- IV. Next Steps



Waiver Basics

- ❑ CMS approves new waivers for an initial 3 year period
- ❑ States can renew their waivers; CMS considers if the State met their waiver authority obligations in considering whether or not to grant a renewal
- ❑ Waiver renewals are granted for a period of 5 years
- ❑ Waivers can be operated directly by the single state Medicaid agency or by another state agency (MOU)



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Requirements

- ❑ Eligibility is limited to those individuals who meet level of care criteria for a hospital, nursing facility, or ICF/MR
- ❑ All waiver services must be delivered pursuant to an individualized written service plan
- ❑ Waiver participants must have the choice of all willing and qualified providers
- ❑ Must be "cost-neutral"



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Permissible Services

- **Statutory Services:** Services that are specifically authorized or otherwise included in §1915(c) of the Social Security Act
- **“Other services”:** CFR §440.180(b)(9) authorizes states to propose to cover additional services not outlined in statute as long as it can be demonstrated that “the service is necessary to assist a waiver participant to avoid institutionalization and function in the community.”

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Permissible Services

- **Extended State Plan Services:** States can propose to cover a State plan service on an “extended” basis meaning the State can offer the service(s) in an amount **over and above** that permitted in the state plan
 - The scope and nature of these services cannot otherwise differ from services furnished under the State plan. If included in the waiver these services are provided when the limits of the State plan service are exhausted
- **Services in Support of Participant Direction:** Services offered whenever a waiver affords participants the opportunity to direct some or all of their waiver services.

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CMS Quality Expectations

- The State and the state's providers are fulfilling obligations as set out for the HCBS program
- Recipients of HCBS services are better off
- The services and care provided are beneficial and aim to achieve good outcomes

National HCBS Quality Enterprise, Design and Management of Evidenced-based HCBS
Quality Improvement Strategy, 26th National HCBS Conference.



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Quality Improvement Strategy (QIS) Steps

- Design:** Performance Measures (PMs) and Data source(s)
- Discover:** Use results of your PMs to monitor and report on results
- Remediate:** Fix individual problems and reports on results
- Improve:** Carry out systemic actions to improve performance & pre/post analysis to see if actions worked



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QIS Assurances

- ❑ Persons enrolled in the waiver have needs consistent with an institutional level of care (Level of Care)
- ❑ Participants have a service plan that is appropriate to their need and that they receive the services/supports specified in the plan (Service Plan)
- ❑ Waiver providers are qualified to deliver services/supports (Qualified Providers)
- ❑ Participants' health and welfare are safeguarded and monitored (Health and Welfare)
- ❑ Claims for waiver services are paid according to state payment methodologies (Financial Accountability)
- ❑ The State Medicaid agency is involved in the oversight of the waiver and is ultimately responsible for all facets of the program (Administrative Authority)

National HCBS Quality Enterprise, Design and Management of Evidenced-based HCBS Quality Improvement Strategy, 26th National HCBS Conference.



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Quality Process

- ❑ State produces data on performance measures
- ❑ CMS requests data/evidence report from State
- ❑ CMS provides Findings report to State based on submitted evidence one year prior to Waiver renewal.
- ❑ Findings report includes recommendations for needed changes in renewal application



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Waiver Target Group

- Individuals with mental illnesses who are transitioning from nursing facility level of care or who would require this level of care if enhanced services were not available.

Waiver Enrollment Per Year

FY 2012 (Year 1)	FY 2013 (Year 2)	FY 2014 (Year 3)	FY 2015 (Year 4)	FY 2016 (Year 5)
360	492	640	960	960
Gain of 360 slots	Gain of 128 slots	Gain of 148 slots	Gain of 320 slots	Gain of 0 slots

The above waiver enrollment slots will be the number requested of CMS on the application. Utilization of slots will be dependent on annual state budget allocations.

Initial Region Roll-Out

Phased Implementation

- Phase I – FY 12
 - Chicago, Lake County, Kankakee County, DuPage County, Suburban Cook
- Phase II – FY 13
 - Peoria, Woodford, Decatur, Coles, Macon Counties
- Phase III – FY 14
 - Remainder of the state

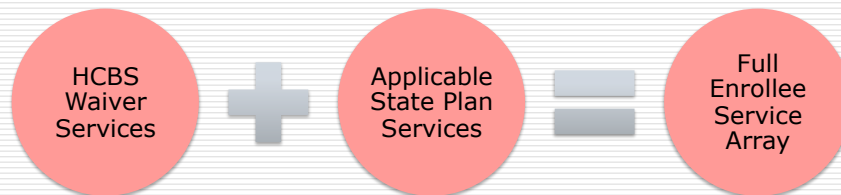
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Waiver Enrollee Community Based Service Array



All services must be based on need, follow all applicable Medicaid rules, and be on an approved service plan

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Available Community Based Service Array – Waiver Enrollee

All Rule 132 including

- Community Support (All Types)
- ACT
- PSR
- Case Man. (All Types)
- Therapy/Counseling
- Medication Admin, Training, Monitoring
- Crisis intervention
- Assessment
- Tx Plan Develop.

All Other State Plan including

- Home Health Services:
 - Skilled nursing
 - Home Health Aide
 - Speech Therapy
 - Occupational Therapy
 - Physical Therapy
- Substance Abuse Services:
 - Individual, group therapy
 - Intensive OP
 - Residential rehab
 - Day treatment
 - Medically monitored detoxification

HCBS

- Supported Employment
- Homemaker
- Community Transition Services
- Non-Medical Transportation
- In Home Respite – Family Care Giver



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Level of Care Evaluation and Re-evaluation

- Determination of needed clinical services, supports, physical structure and supervision
- Individual must be given freedom of choice of providers and living arrangements
- Initial evaluation by PAS
- Re-evaluations at 3 months, 6 months and then annually by independent entity



Service Plan

- Determination of the various types of services needed
- Choice of providers
- Independent Entity (Transition Coordinator) develops with consumer
- Different from a treatment plan
- Independent Entity (Transition Coordinator) monitors implementation



DMH Quality Improvement and Decision Support

- The Quality Improvement Process requires a commitment to the collection of process and outcome data for monitoring, evaluation and the use of information derived from data analyses to improve the Mental Health system.
- This strategy provides the foundation for the approach to the Continuous Quality Improvement process for the 1915C Waiver.



Continuous Quality Improvement Strategy and Process



Quality Improvement Strategy Components Required by CMS



Measuring Compliance with Waiver Assurances

Establish Performance Measure(s)	Data Collection Strategy	Data Aggregation and Analysis
Develop Key Indicator(s)	Identify Data Source	Specify Responsibility
Operationalize Measure(s) for Indicators	Specify Responsibility	Specify Frequency
Define Numerator and Denominator	Use of Sampling Strategy	Analyze and Interpret/Evaluate

If a problem is identified based on analysis/evaluation, the following must be addressed:

- The remedial action to be taken;
- The timeline for when remediation is effectuated;
- Those responsible for addressing remedial activities; and,
- The frequency with which performance/compliance is measured.



CMS Oversight of 1915C Waivers

- CMS **requires** states with 1915C Waivers to **report** the results of their evaluation of compliance with assurances.
- CMS oversight is based principally on the **review of evidence** that waiver assurances have been met. The State's role in producing reliable evidence of compliance is paramount in the review process.
- The measures selected and the evaluation performed based on data collection must be rigorous.



Cost Neutrality Requirements

- Waiver requires state to demonstrate cost neutrality
 - Average per capita waiver expenditures cannot exceed 100% of average per capita expenditures that would have been made for nursing facility costs without the waiver
 - Project current costs into future years
 - Formula takes into account all Medicaid services, nursing facility, MH, SA and all physical health

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Cost Neutrality Formula

- $D + D' \leq G + G'$
 - All "D" costs are under the waiver
 - D costs are all Medicaid waiver services
 - D' costs are all other Medicaid costs (Rule 132 and all other Medicaid services)
 - All "G" costs are those under the current structure
 - G costs are nursing facility costs
 - G' are all other Medicaid costs (132 and other)
 - All are calculated on a per person or per capita basis

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Cost Neutrality Formula

Waiver costs

- D--Waiver services
- D'--Rule 132 and other SPA services

Less than or equal to

Costs without waiver

- G--Nursing facility costs
- G'--Rule 132 and other SPA services



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Rates from Existing Medicaid Services

All Rule 132 including

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Existing Rates

All Other State Plan including

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Existing Rates

HCBS

- Supported Employment
- Homemaker
- Community Transition Services
- Non-Medical Transportation
- In Home Respite – Family Care Giver

Rates from other Waivers



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Billing Requirements

- Billing requirements for waiver services will be consistent with requirements for Rule 132 and other SPA services
- Community transition services
 - Reimbursement for transition costs, such as deposits, etc.
 - Managed similar to DD waiver



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MH Waiver Timeline

- Involves model development, application development, federal CMS negotiations & approval, procurement of core administrative functions, and implementation
- Spans July 2010 – October 2011 with full implementation no later than November 1, 2011



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Continuous Review & Comment

- www.dhs.state.il.us/page.aspx?item=51565
 - Announcements, calendars, drafts, frequently asked questions (FAQ), other information
- Dedicated email box – DHS.HCBSMHWAIIVER@illinois.gov
 - Comments, input, questions



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