

DDS

ACS Waiver Renewal

IMPLEMENTATION

Effective March 1, 2010

After today, you should know and be aware that:

- ***A couple of new services are added/defined***
- ***A few separate services are going away***
- ***Supportive Living, Community Experiences and Transportation have been combined***
- ***Rates have been increased***
- ***Priority for individuals entering the waiver has been clarified***
- ***New forms will be used***
- ***Multi-Agency Plan of Services (MAPS) will become Person Centered Service Plan (PCSP)***

Among other things, this means:

- ***New forms will be used***
- ***Billing will be impacted***

First....

- *Increased unduplicated number of participants to 4,108, inclusive of estimated 120 person turn over*
- *Increased number of participants served at any point in time to 3,988, inclusive of 150 slots for new persons released from the Waiver wait list*
- *Added case Manager and Direct Care Supervisor can never be same person for a waiver recipient*
- *Removed the ability to provide waiver services when a participant is hospitalized, even when the hospital is paid by a third party*

Waiver application priority process

➤ *Selection for participation is as follows in order of:*

a) *Waiver application **eligibility determination date***

- *(adjusted) – persons who have successfully applied, but through administrative error were or are inadvertently omitted from the Waiver wait list.*

b) *To permit discharge from an institution, i.e.,*

- 1) ICF/MR residents*
- 2) Nursing Facility residents*
- 3) Arkansas State Hospital patients*
- 4) Admission to Supported Living Arrangements (group homes and apartments).*

Note: Numbers denote rank order within this priority.

c) *Date of Department of Human Services (DHS) custodian choice of waiver for eligible persons in the custody of DHS Division of Children and Family Services or DHS Adult Protective Services.*

d) *Waiver application eligibility determination date for all other persons.*

Eligibility Categories

- Added working individuals and children receiving IV-E funding as eligible categories under Medicaid eligibility groups served.
- Working Disabled Medicaid Program - State Plan Service whereby persons can:
 - Work and earn a good income
 - Save for the future
 - Have health care coverage

Contact ARS at 1-866-283-7900 for work incentives counseling

- Title IV-E - Federal Social Security Act - Allows for application for state and federal funding in activities such as:
 - Adoption assistance
 - Foster care maintenance payments
 - Short- and long-term training
 - Administrative expenditures
 - Costs of required data collection systems

Level of Care Assessments/Reassessments

- *Licensed prescribing physician (QMRP) determines annual recertification of level of care using DDS ACS 703.*
 - *Annual recertification of level of care does not involve psychological assessment requirements*
 - *Psychological assessments are due based on age milestones that are:*
 - *Age 0 to 5 - annually*
 - *Age 5 to completion of high school certificate or age 21 – every three years in accordance with Department of Education requirements*
 - *Adults (see above) – one time after reaching adulthood for IQ/adaptive functioning level and every 5 years thereafter for adaptive functioning*
 - *DDS Psychology Staff determines age milestone certification of level of care using DHS 704*

In General

- Changed intake and referral **from** waiver services **to**:
 - Quality Assurance Services for Adults
 - Children Services for children 0 – adulthood
 - ICF/MR facility liaison for persons in an ICF/MR facility

- Added requirement that freedom of choice must be offered annually at the time of the continued stay review for:
 - 1) Institutional services
 - 2) Community based services
 - 3) Waiver providers

- The \$400 and \$900 rates for supportive living arrangements no longer exist - providers must use the prorated staff form to come up with costs as continued stay reviews or revisions are done

All Services

➤ **Added :**

- *Sections from CMS preprint definitions when applicable to clarify existing service definitions*
- *DDS waiver certification requirements*
- *Projected 10% rate increase for the first year of the waiver and 2.5% rate increase for each subsequent year for supportive living array, respite and case management.*
- *Increased consultation in accordance with prevailing rate first year of waiver with 2.5% cost of living increase each year thereafter*
- *Projected 2.5% cost of living increase to maximum rates for all other services each year of the waiver*

Note: All projected increases are subject to funding availability and prior approval by the division of medical services



Case Management

➤ Added :

- **Transitional case management** services to be available during the last 180 consecutive days of a Medicaid eligible person's institutional stay when transitioning to waiver
 - **Can** be prior authorized for persons approved for waiver transition
 - **Cannot** be billed until the person is opened in a waiver slot by Medicaid Income Eligibility Unit
 - **90 day transition period** that provides for service continuance (unless refused) for persons who voluntarily withdraw from waiver. This assures that:
 - persons understand effect of closing services
 - people are not coerced or unduly influenced to withdraw
- **Increased** rate to \$117.70 per month

Case Management – Continued

➤ *Minimum service requirements as follows:*

- a) **PERVASIVE** - *minimum of one face-to-face visit and one other contact with the individual or legal representative monthly. At least one visit must be made annually at the individual's place of residence*
- b) **EXTENSIVE** - *minimum of one face-to-face visit with the individual or legal representative each month. At least one visit must be made annually at the individual's place of residence.*
- c) **LIMITED** - *minimum of one face-to-face visit with the individual or legal representative each quarter and a minimum of one contact monthly for months when a face-to-face visit is not made. At least one visit must be made annually at the individual's place of residence.*
- d) **ABEYANCE** - *minimum of one visit or contact a month by the Case Manager or the DDS Specialist .*
 - *no waiver fee is charged or reimbursed*
 - *applies only when a person is temporarily placed in a licensed or certified treatment program for purposes of behavior, physical or health treatment or stabilization*
 - *must be out of service at least one month*
 - *approved in 3 month increments*

Supportive Living

Added that :

- *Waiver will not pay for overtime*
- *Non-medical transportation and community experiences are integral components of supportive living.*
 - *No longer separate services*
 - *Billed as part of supportive living effective March 1, 2010*
- *Health maintenance activities may be provided by a designated care aide (supportive living worker) as long as:*
 - *Criteria specified in the Arkansas Nurse Practices Consumer Directed Care Act are met*
 - *State plan services are exhausted*
- *Medication Management –*
 - *Direct Care Supervisor is responsible for ensuring participant medications are managed appropriately.*
- *Direct Care Supervisor is **required** to monitor daily activity logs and sign off on time sheets of direct care staff.*

Adaptive Equipment and Environmental Modifications

- **Adaptive Equipment** is item that is modified to fit the needs of an individual
 - Therapy aids are excluded
 - Educational aids are excluded

- **Environmental Modification** is **to or at home**
 - One fence per lifetime
 - Total perimeter fencing excluded

- Added section on **vehicle modifications** that explains requirements for purchase and/or replacement of vehicle modifications

- Added section on **conditions**:
 - **Negligence** – service denied for minimum of 2 plan years
 - **Abuse/Unauthorized selling** – will not be replaced by waiver funds

Adaptive Equipment and Environmental Modifications - Continued

- *Added section on exclusions for adaptive equipment*
 - *Educational aids*
 - *Therapeutic tools therapists employ in the course of therapy*
 - *Toys, gym equipment, sports equipment*
- *Added section on exclusions for environmental modifications*
 - *General repairs*
 - *Living arrangements owned/leased by waiver providers*
 - *Swimming pools, hot tubs*
 - *Moving equipment permanently affixed to structures*
- *Changed requirement for 3 bids from items/modifications costing over \$500.00 to those costing over \$1,000.00*

Consultation

- *Added professionals who can provide consultation:*
 - QMRP
 - *Positive Behavioral Supports Specialist*
 - *Recreational Therapist*
 - *Dietician*
 - *Rehabilitation Counselor*
- *Increased consultation to:*
 - *\$136.40 per hour, and*
 - *Annual maximum of \$1,320*

Crisis Intervention

- *Increased rate for Crisis Intervention to \$127.10 per hour*
- *Added certified Positive Behavioral Supports Specialist as professional who can provide Crisis Intervention. **Note: Certification for Positive Behavioral Supports Specialist may be obtained by using Waiver service, “Consultation”***

Specialized Medical Supplies

Added:

- *Nursing supplies for consumer directed care*
- *Prescription medications when state plan services exhausted*
- *Provision to exceed the annual maximum capitation:*
 - *Must be necessary to maintain or avoid health deterioration*
 - *Must have prior approval by the DDS Assistant Director of Waiver Services*
 - *Will reduce the amount available under supported living array of services*
 - *Requires that there is sufficient monies available in the supported living array to allow for exceeding the Specialized Medical Supplies maximum*
 - *Requires physician order (documentation of need)*

Supplemental Support Services

- Clarified examples of items that can be covered
- Removed \$1,200.00 annual limit applicable when combining this service with Specialized Medical Supplies
- Added:
 - Ancillary Supports – can only be used in response to crisis, emergency or life threatening situation(s)
 - Fees can only be used for behavior reinforcement or sensory stimulation activities

Respite

- Added:
 - Respite is for short term relief of the **non-paid** primary caregiver

Note : Respite is a stand alone service; not “included” in Supported Living. It remains a part of the Supported Living Array and does count toward the Supported Living daily rate maximums

Supported Employment

- **Added** details of DDS /Arkansas Rehabilitation Services (ARS) Agreement
 - Waiver Providers must be certified by ARS
 - Individual must be approved by ARS
 - ARS services/funding must be accessed

- **Increased** supported employment rate to \$3.59 per 15 minute unit.

Community Transition Services

- **Added** for non-recurring set-up, private residence expenses for:
 - Persons transitioning from an institution
 - Provider operated living arrangement

Note that services:

- Can** be prior authorized for persons approved for waiver transition
- Cannot** be billed until the person is opened in a waiver slot by Medicaid Income Eligibility Unit

This service was previously a component of supplemental support services, but has been moved to become a separate service

Organized Health Care Delivery Services

- *Guarantee subcontractor will abide by all Medicaid regulations*
- *OHCDs provider assumes all liability for Medicaid non-compliance*
- *Written contract setting:*
 - *Specifications*
 - *Assurance work completed timely*
 - *Quality maintained*
- *Assures prior to billing:*
 - *Services delivered and documented*
 - *Signed customer satisfaction statement*

Payment to Relatives

- Reimbursement **will not** be made:
 - To the adoptive or natural parent, step-parent or legal representative/guardian of a person less than 18 years old
 - To a spouse or a legal representative/guardian for a person 18 year of age or older

- Reimbursement **may be** made for eligible relatives to provide any service **but:**
 - Must be prior approved by DDS to provide services
 - Must meet all DDS Qualifications and standards prior to employment
 - Cannot exceed 40 hours each work week

- Payment will not be made to legally responsible individual for furnishing personal care or similar services

- Parent/legal guardian will not be reimbursed for transportation for a minor

Clarified language on open enrollment of providers

- **WHO** *All willing and qualified providers*
- **WHEN** *Continuous open enrollment for waiver service providers.*
- **HOW TO APPLY** *Contact DDS Quality Assurance staff or access ACS Certification standards on the DDS website.*
- **WHAT ELSE** *After DDS certification, the provider must enroll as a Medicaid provider - **contact the Provider Enrollment Unit at Electronic Data Systems (EDS)***

Provider Options - Providers may :

- *Specify the maximum number of persons they can serve*
- *Specify the areas (counties) of the state they can serve*
- *Specify the services they can provide and*
- *Specify the service levels they can serve based on staff availability*
- *Change “specified” options as long as persons currently served are not adversely impacted*

Note: *Based on individual choice, a provider may continue to serve a person without serving others in the county, when the individual served relocates their place of residence*

Provider Enrollment, continued

➤ Option Changes:

1) *DDS will freeze new referrals but **will not** approve changes for persons prior to transitioning to new provider*

2) **Deletions require that :**

- *There is a business reason for change*
- *The selection process is not capricious or arbitrary (cannot be used to eliminate difficult families/cases)*
- *Discrimination does not occur*
- *Levels of care are not unfairly distinguished*

➤ **Zero Reject– Providers CANNOT refuse to provide waiver services to any person other than for their inability to assure health and safety. Rejection requires written cause supported by documentation.**

Increased maximum rates

- *Annual expenditure cap for Environmental Modifications and Adaptive equipment, collectively or individually, is \$7,687.50*
- *Maximum annual allowance for Supplemental Support Services, Community Transition Services and Specialized Medical Supplies, collectively or individually, is \$3,690.00*
- *Maximum daily rate for Supportive Living Service and Respite, collectively or individually. Supportive living includes provider indirect costs for each component in the array*

New Service Rates

Level of Care	Maximum Daily	Maximum Annual
Pervasive	\$391.95	\$143,061.75
Extensive	\$176.00	\$64,240.00
Limited	\$176.00	\$38,544.00

➤ **Changed MAPS (Multi Agency Plan of Services) to PCSP (Person Centered Service Plan)**

- *Requires that only the Provider Case Manager and Waiver Participant are mandated to participate in the planning process*
- *Requires that any other participants are solely at the invitation of the individual or their legal representative*
- *Risk assessment and back up plans required*
- *All plans effective March 1, 2010 forward must be on new forms*

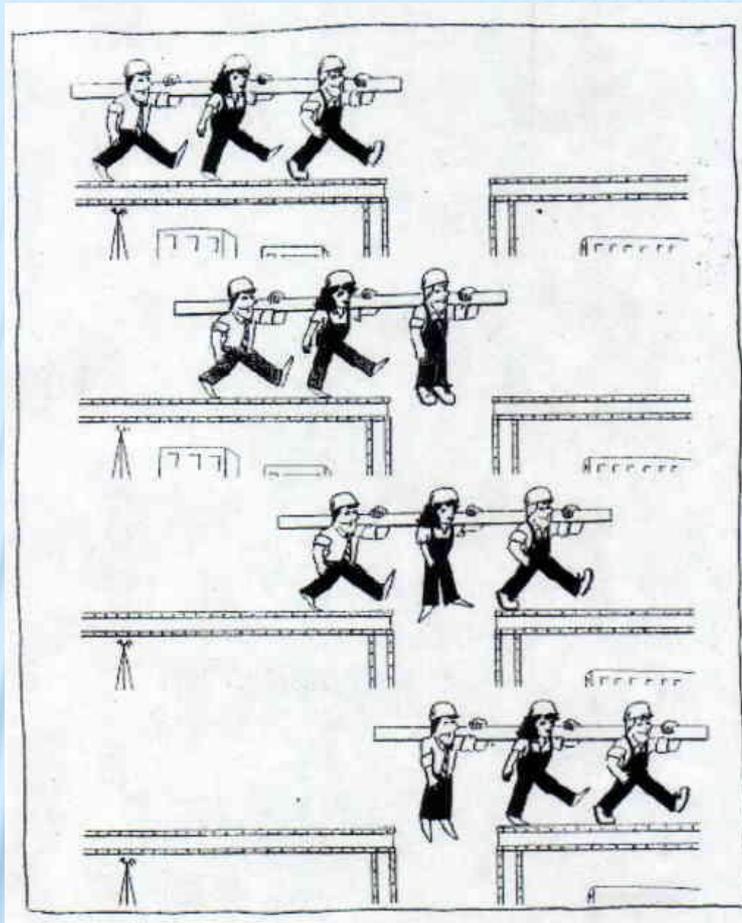
➤ **Added Clarification that DDS will not authorize or continue Waiver services under the following conditions:**

1. *The health and safety of the person, the person's caregivers, workers or others are not assured*
2. *The person or the legally responsible person has refused or refuses to participate in the plan of care development or to permit implementation of the plan of care or any part thereof that is deemed necessary to assure health and safety*

Continued

Clarification that DDS will not authorize or continue Waiver services under the following conditions - Continued

3. *The person or the legally responsible person refuses to permit the on-site entry of:
 - Case managers to conduct required visits
 - Care givers to provide scheduled care
 - DDS, DMS, DHS or CMS officials in their role as oversight authority for compliance or audit purposes*
4. *The person applying for or receiving waiver services requires twenty four hour nursing care on a continuous non-time limited basis as prescribed by a physician*
5. *The Person participating in the Waiver Program is incarcerated, adjudicated as guilty or is an inmate in a State or Local correctional facility*
6. *The person is deemed ineligible based on DDS Psychological Team assessment or re-assessment for meeting ICF/MR level of care*
7. *The person is deemed ineligible based on not meeting or not complying with requirements for determining continued Medicaid income eligibility*



Clarifications Concerning the Use of Restraints, Seclusion or Restrictive Interventions

- **Personal Restraint** - use of a staff member's body to prevent injury to consumer/others:
 - Individual not responded to de-escalation techniques
 - Behavior continues to escalate
 - Individual is danger to self/others
 - Safety of individual/others cannot be assure through positive reinforcers
- **Mechanical Restraints**
 - Only use in emergency situation
- **Restrictive Interventions**
 - Absence from specific social activity
 - Temporary loss of personnel possession
- **Can be used only in conjunction with a formal behavior management plan**
- **Require submission of incident reports – no later than end of 2nd business day following use**
- **Must have continuous observation by staff member during use**

➤ **Clarifications concerning the use of restraints, seclusion or restrictive interventions - (Continued)**

➤ **Plans cannot include procedures that:**

- **are punishing,**
- **are physically painful,**
- **are emotionally frightening,**
- **are depriving, or**
- **put the individual served at a medical risk.**

➤ **Plan must :**

- **Identify specific behaviors for which restraints or seclusion will be used**
- **Identify length of time to be used**
- **Identify the authority approving use**
 - **Provider management level staff**
 - **interdisciplinary team**
 - **individual**
 - **legal representative**
- **Identify methods for monitoring the individual**
- **Be documented in the individual's case file (inclusive of all items above)**

Continued

Clarifications concerning the use of restraints, seclusion or restrictive interventions - Continued

- **Documentation** - Implemented plan for each behavior occurrence must identify the:
 - Initiating behavior
 - Beginning and end times of use
 - Name of authorizing authority
 - Names (and titles) of all individuals involved (must be trained)
 - Event outcome

- **Plan Review**
 - Annually at time of each Continued Stay Review
 - Quarterly progress reporting

- **Training Staff, consumers and families**
 - Behavior management techniques
 - Abuse and neglect laws, rules, regulations and policies
 - Other as may be determined by DDS Quality Assurance Services
 - Staff recognition and reporting of unauthorized use of interventions

Billing

➤ **Changes March 1, 2010:**

- *Stop community experience for services delivered after February 28*
- *Stop transportation for services delivered after February 28*
- *Services prior to March 1 can still be billed*
- *Services March 1 forward must be combined and billed as part of supportive living*
- *Will require revision to plan to add dollars to existing PA or to issue a new prior authorization*

➤ **Fixed rate services at new rate starting March 1,2010 will require revision to add dollars to existing PA or to issue a new PA**

- *Case Management*
- *Supported Employment*
- *Crisis Intervention*

NOTE: Consultation was removed as fixed rate service 8/10

➤ **Plan and PA adjustments will only be made if revision submitted**

- *Option of provider whether to submit plan revision for rate increases or wait until CSR*
- *Option of provider whether to submit plan revision for adding dollars to existing PA or to request new PA for March 1, 2010 forward*
- *Note: All plan and PA revisions must be done timely so billing can be processed within 365 days DDS will not certify paper claims to resolve billing issues*

DDS WEBSITE

- www.state.ar.us/dhs/ddds
 - Click on waiver services
 - Waiver Renewal
 - Waiver Forms
 - Waiver Updates
 - Waiver Training
- Questions on Waiver Renewal – email so responses can be compiled and distributed through the waiver updates

THE END