

Wisconsin Waivers Approved and Renewed

The Centers for Medicare and Medicaid Services (CMS) recently approved three new children's waivers and renewed two home and community-based services waivers submitted by the Wisconsin Bureau of Developmental Disabilities Services (BDDS). The children's waiver programs are projected to serve 4,130 children with long-term support needs over the next three years. And, the "adult" waiver programs are anticipated to reach 15,300 individuals with developmental disabilities and traumatic brain injuries over the next five years.

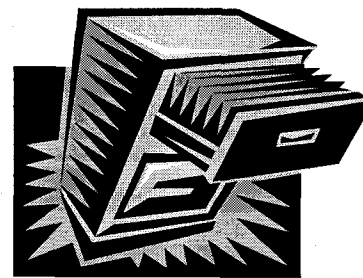
Children's Waivers. In November 2003, BDDS received approval for three new waivers that collectively represent the implementation of a redesigned long-term support system for children. This set of waivers, called the Children's Long Term Support Waiver program, serve children with developmental disabilities (DD), including those with brain injuries, severe emotional disturbances (SED), as well as physical disabilities.

The Children's Long Term Support Waiver program is a key element in Wisconsin's redesign of children's services. Initially, Wisconsin attempted to create one waiver including three "target" groups of children: (1) individuals with DD who meet the ICF-MR level of care; (2) children who meet the nursing facility level of care; and (3) children with SED.

Because the federal waiver regulations generally do not permit states to cover three different levels of care within one waiver, the state wrote three separate waivers. [N.B., States may cover individuals who have different levels of care under one waiver when the waiver targets a particular diagnostic group such as individuals with traumatic brain injury, or individuals with AIDS.]

Wisconsin adjusted the definitions of children's foster care and day services to suit the specific target group

under each waiver, but



otherwise the services definitions and array are identical among the three children's waivers. Covering almost identical services permits Wisconsin to create a system that offers a comprehensive approach to supports for children regardless of diagnosis or target group.

Among the services specifically included under the Children's Long-Term Support Waiver program are consumer and family directed supports, and intensive in-home autism services.

Over the next three years, enrollment in the children's DD waiver program is estimated to reach 3,476, while the SED waiver program expects the enrollment of 654 children.

"Adult" Waivers. Wisconsin received approval for the renewal of two long-standing home and community-based waivers in December 2003. The Community Integration Program (CIP) 1 Waiver has been serving adults and children with developmental disabilities for over twenty years, and the Brain Injury Waiver program, which serves children and adults with traumatic brain injuries, has been operating for eight. With the renewal, Wisconsin terminated its small Community Supported Living Arrangements (CSLA) Waiver program, incorporating services and support provisions, and transferring participants into the existing/continuing waiver programs.

Consumer-directed supports, housing counseling and start-up, and pre-vocational services are some of the specific services included under the "adult" waiver programs.

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BDDS projects that over the next five years, 14,500 individuals will receive services through the DD waiver program, and 800 will be served through the Brain Injury Waiver program.

Approval Process. The approval process for the new and renewed waivers consisted of dialogue with CMS, which took over a year for the Brain Injury Waiver program. Because Wisconsin operates its waiver programs as uniformly as possible, areas of concern in one waiver were germane to the approval and renewal of all other waivers. During the approval process, CMS raised issues about various covered services, including questions on some service definitions that had been in place for over twenty years. CMS concerns fell into the following topical areas:

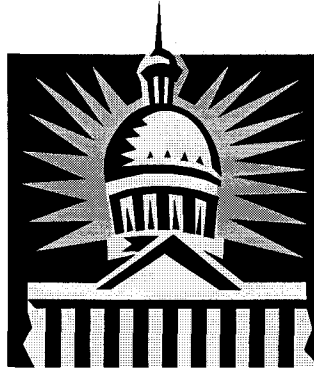
- Provider standards: Changes/additions to general provider standards were requested in reference to specific services including: specialized training; criminal and caregiver background checks; inter-provider communications about health and safety issues; and the need for and ability of consumers to ensure provider qualifications. According to BDDS officials, CMS provided overwhelmingly constructive input on the provider standards despite the challenges of addressing new issues and facing delays in the approval process.
- Coverage of specific services involving court actions: Two services originally proposed by BDDS were not approved. One service, guardianship, involved paying for activities associated with the recruiting and training of corporate guardians (and paying for their time). The second service, protective payment, was intended to permit the state to reimburse individuals who assist program participants by managing their personal funds. This activity was incorporated with another service area, financial management services, under the condition that a court appointed guardian or court appointed representative payee could not be reimbursed.
- Services covered by other funding sources: Another set of concerns focused on covering two services for children. Specifically, concerns existed around providing Medicaid coverage for the costs of both “regular” children’s foster care and “regular” child day care, which Wisconsin proposed as part of a broader children’s day service. CMS and BDDS ultimately agreed to limit the waiver-related costs of these services to costs that are attributable to the child’s disability, including specialized training for providers, costs associated with exceptional supervision needs and other costs not typical of “regular” foster care or day care.
- Self-directed services: Although consumer-directed services have been part of the CIP 1 waiver for a number of years, CMS originally requested that Wisconsin apply for an Independence Plus waiver to cover these services. Through negotiations, consumer-directed services remain in the existing and new waivers with the provision that the cost of using fiscal intermediaries is separated out as a distinct service.
- Coverage of specific costs: Coverage for hotel and per diem costs for waiver program participants, or their parents, when attending out of town conferences was deleted. This was included as a benefit under consumer-directed services to assist families and consumers to gain skills in self-direction and self-advocacy through attending training. In the approval process, however, CMS determined that these costs qualified as room and board, and as such, are not allowable under the waivers.

FMI: To learn more about Wisconsin’s “adult” waivers contact Ken Golden, Wisconsin BDDS, at goldenkt@dhfs.state.wi.us or 608-266-1520. For additional details on the children’s waivers, contact Beth Wroblewski, Wisconsin BDDS, at wroblbm@dhfs.state.wi.us or 608-266-7469.

Acknowledgment: Background material prepared by Ken Golden, Wisconsin BDDS. 🌿

New Waivers Target Services, Ensure Access in Washington

In response to concerns about the escalating cost of guaranteeing access to a broad array of services under the state's current Community Alternatives Program (CAP) home and community-based services (HCBS) waiver, the Washington Division of Developmental Disabilities (DDD) designed four targeted waiver programs, each with specific limits on benefits, services and enrollees. The Centers for Medicare and Medicaid Services (CMS) recently approved the new package of waiver programs, which will replace the CAP starting March 22, 2004. Each waiver is effective for a three-year period.



homes, and are in need of services that supplement the supports provided by family/caregivers to stay there. Over the three-year period of the waiver, the number of unduplicated recipients is expected to range from 3,965 (year one) to 3,654 (year three) at an average per capita cost of \$8,059 (year one) to \$8,072 (year three).

The Basic, Basic Plus, Core, and Community Protection waiver programs will provide HCBS to DDD clients that (a) meet disability and income requirements (gross income does not exceed 300 percent of the Supplemental Security Income benefit amount, and resources do not exceed \$2,000); (b) need the level of care provided in an Intermediate Care Facility of the Mentally Retarded (ICF/MR); (c) have a plan of care; and (d) and agree to HCBS. Criteria established for each waiver program target the services and benefits based on an individual's level of risk of out of home placement. The Basic Waiver program's services support persons who are at the least risk of out of home placement, while the Community Protection Waiver program's services are tailored for those people who are the most at risk.

Individuals who meet the ICF/MR level of care guidelines but have a strong natural support system will be placed in the Basic Waiver program. These HCBS recipients live with family or in their own

The Basic Plus Waiver program will provide supports for persons who are considered to be at "high" risk of out of home placement. It is expected to reach approximately 1,998 recipients in year one, and 1,841 in year three. Average per capita costs for those years are estimated at \$15,493 and \$15,518, respectively. Risk factors that apply to targeted recipients of Basic Plus Waiver program services include: dual diagnosis of developmental disability and major mental illness or substance abuse; challenging behavior resulting in danger to health and safety; and founded abuse, neglect or exploitation of the individual within the last six months.

Targeted recipients for the Core Waiver program are considered to be at "immediate" risk of out of placement because of "extraordinary" needs such as extreme and frequently occurring behavior challenges resulting in danger to health and safety, and/or eighteen or more days of inpatient psychiatric care in the preceding twelve months. Accordingly, the average estimated per capita costs of services to recipients in the Core Waiver program are notably higher than for waiver services for individuals whose degree of risk is lower — beginning at \$46,791 in year one, and

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offer through a Request for Proposal (RFP) process.

Commenting recently on the MAX initiative, DHS director Carol L. Adams said the department "... is on the way to becoming a more dynamic, accountable, and transparent agency, forging effective and efficient partnerships with our communities to ensure our

citizens receive the resources they need during times of crisis."

FMI: A press release concerning DHS' proposed FY 2005 budget can be accessed at <http://www.illinois.gov/PressReleases/ShowPressRelease.cfm?SubjectID=10&RecNum=2761>.

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increasing slightly to \$46,952 in year three. Numbers of recipients will start at 4,273 and decrease by year three to 3,938.

DDD clients who meet the criteria for "community protection" because they have generally committed violent and/or sexually predatory acts, and in some cases have been convicted of or charged with those acts, will be the people supported by services provided under the Community Protection Waiver program. These clients require 24-hour, on-site staff supervision to ensure the safety of others. Far fewer recipients are anticipated to require services at this level of intensity. 342 unduplicated recipients are estimated for the first year of the waiver, and 315 in the last. The increase in intensity of services under the Community Protection

Waiver program is accompanied by the second substantial increase in average per capita cost among Washington's four new waivers. The per capita costs are estimated at \$87,108 in year one, \$86,415 in year two, and \$86,445 in year three.

For each of the four waivers, specific services, and associated yearly limits are defined.

FMI: A fact sheet on the Washington DDD Waiver Plan that reviews background on the CAP, and details of the four new waivers is available on the Waiver Management page of the Division's Web site <http://www1.dshs.wa.gov/ddd/waivers.shtml>. PDF versions of each waiver can also be downloaded from the page. 📎

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addition, these individuals may require more costly residential supports if the loss of the day and /or supported employment services results in the families not being able to properly care for their family member." The loss of work skills and secure employment paths for persons in this group are also predicted should this reduction pass through the legislature.

Another critical cost-saving measure is recommended in the area of regional administration. Twenty service coordinator positions would be eliminated if a proposed \$1 million reduction is approved. DMR anticipates that this loss would result in the need to reassign 1,000 consumers to the remaining 457 coordinators - further increasing the workload for coordinators and decreasing the availability of case management services to consumers. In FY 2004, the number of DMR staff was cut by 128, from 7,182 FTEs to 6,954 FTEs. Since June 2001, the Department has lost 483 FTEs.

Governor Romney's budget proposal fully funds residential and interim services under the Boulet settlement agreement, community residential supports under the Rolland settlement agreement, and the annualized costs for the FY 2004 Turning 22 placements, part of a transition program for people aging out of the state's educational system.

"Aggressive revenue management" and reorganization and consolidation strategies have been used by the DMR in previous years to offset the impact of budget cuts (see April 2003 *Community Services Reporter* for FY 2004 details). Last year, DMR sustained \$8.9 million in service reductions and \$6 million in administrative cost-saving measures. Watch future editions of *Community Services Reporter* for updates on the Massachusetts FY 2005 budget and its impact.

FMI: DMR's narrative summary of Governor Romney's FY 2005 budget proposal is available at http://www.dmr.state.ma.us/updates/01_28_2004-Update137.html. The budget figures are accessible through the Governor's Web site at <http://budget.mass.gov/budget/budrec05/dept/hdmr.htm>. 📎