



Supports Waiver July 2020

New Mexico's 1915(c) Home and Community-Based Services Supports Waiver
NM Department of Health (DOH), Developmental Disabilities Supports Division (DDSD)
NM Human Services Department (HSD)
Medical Assistance Division (MAD)

Objectives

- Opportunities to share your recommendations and feedback
- Review an overview of the three-phase approach
- Review federal waiver application timelines & public input process
- Understand guiding principles for development of the Supports Waiver (SW)
- Highlight the federal waiver appendices
- Review Supports Waiver (SW) topical items

DDSD Mission

To effectively administer a system of **person-centered** community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow, and contribute to their community.

CMS Final Rule-Promoting rights and responsibilities for people receiving waiver services

1. Person-centeredness
2. Inclusion
3. Access
4. Integration
5. Informed choice
6. Satisfaction with services
7. Achieving desired outcomes



What does this mean to you?

What is the three-phase approach?

Phase 1	Phase 2	Phase 3
<ul style="list-style-type: none">• Family Supports & Reimbursement Program (FY 20)• Waitlist analysis• Centennial Care Outreach and Education Plan	<ul style="list-style-type: none">• Supports Waiver	<ul style="list-style-type: none">• Reform of waiver system• Goal of eliminating the waitlist entirely over six years.

Waiver Administration- How it Works?

Administrative Agency



Operational Agency



Medical Assistance Division

Human Services Department (HSD)

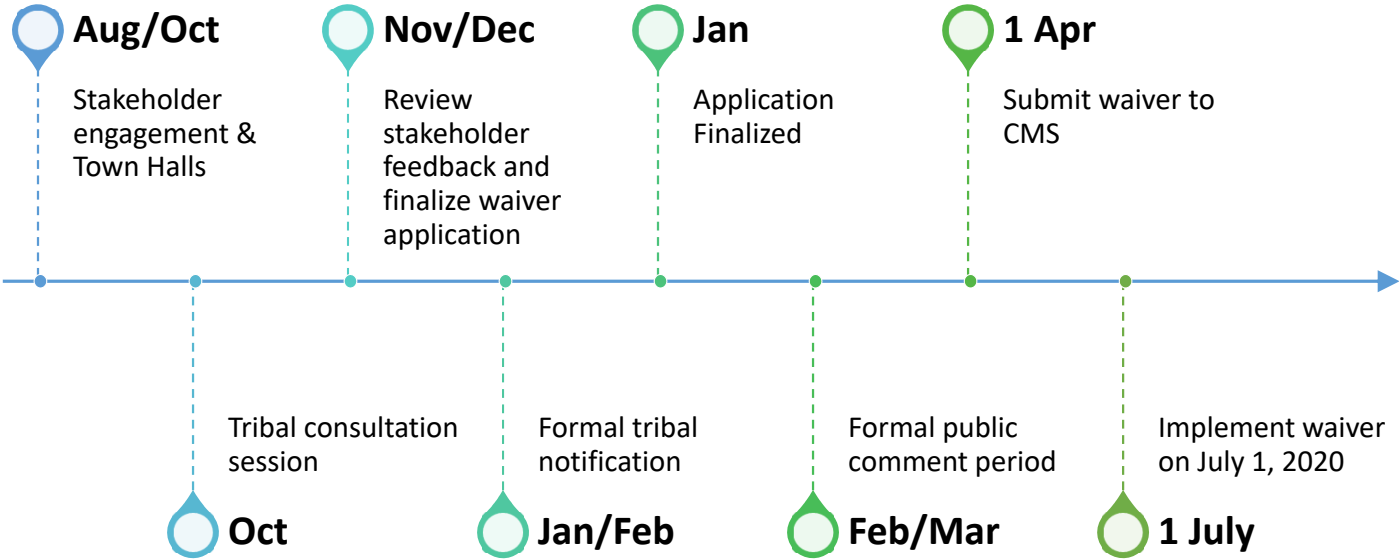
Developmental Disabilities Supports Division (DDSD)

Department of Health (DOH)

Federal Approval

- The Centers for Medicare and Medicaid Services (CMS) is the federal agency that oversees the state's Medicaid program. CMS will review the state's request for the SW.
- HSD and DOH are working together to develop and complete the federal application for the SW.
- Federal approval for new waiver programs is a 3-year term.

Supports Waiver Timeline 2019 - 2020



Guidelines for SW Work

In operating a system of waiver programs (including SW, DD Waiver, Mi Via Waiver, Medically Fragile Waiver), DDS is committed to a service system which:

- Promotes self-direction
- Follows national promising practices
- Is streamlined and simplified
- Ensures continuous quality improvement
- Is sustainable
- Promotes an equitable distribution of resources

Guidelines for SW Work

SW services should be provided in the most integrated settings and should promote:

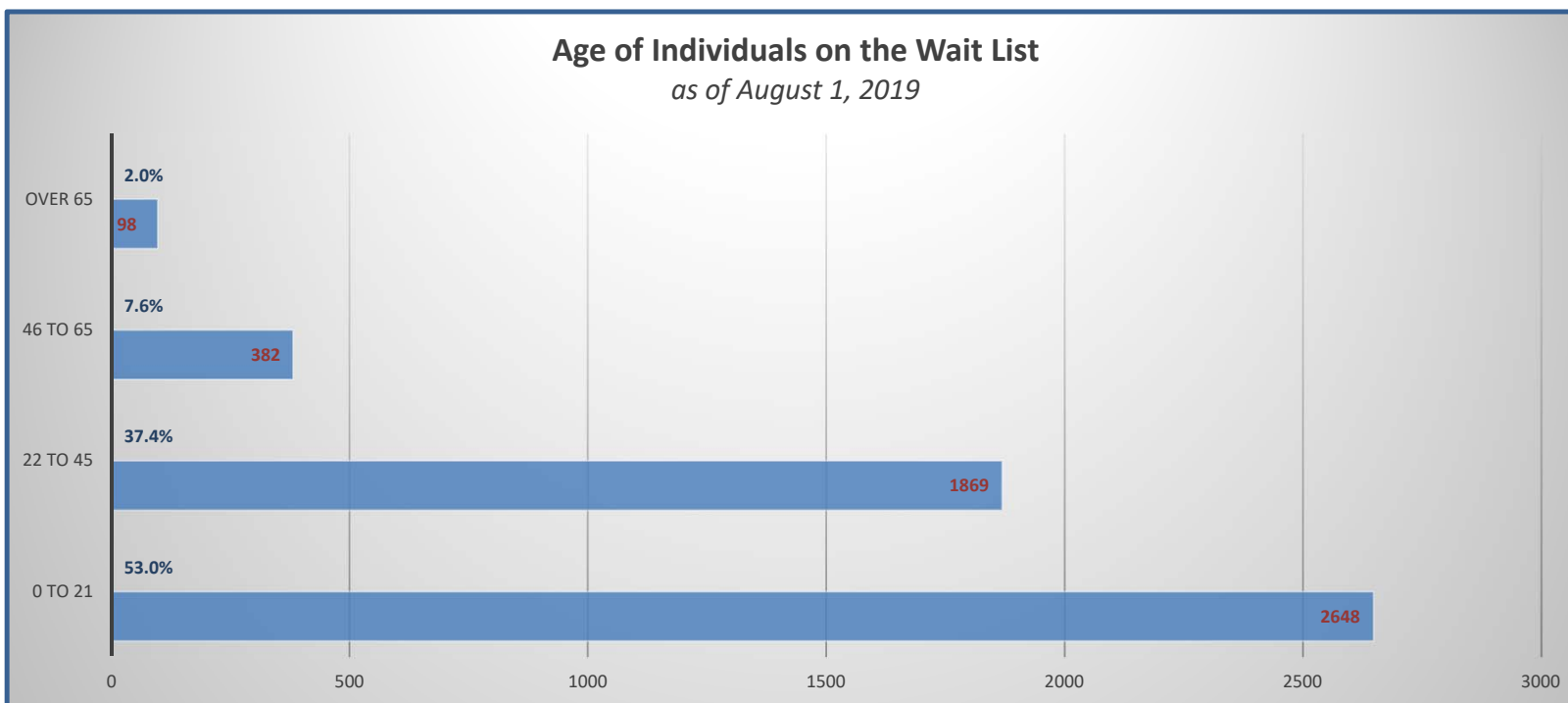
- person centered planning
- choice, self-determination and self-direction
- independence and individuals living the life they prefer in the community
- opportunities for competitive employment
- opportunities for skill building
- opportunities to decrease dependence on care giving
- development of natural supports

SW Development

Using information learned from:

- Research of other states
- Know Your Rights and Responsibilities Campaign
- Survey of people and families on the wait list
- Younger demographic on the waitlist
- Gathering input from stakeholder groups
- Advisory Council on Quality
- Advocacy Partners meetings

Who Is On Wait List ?



Waiting List Survey Results Ages 0-15

- Technology (71%)
- Respite (65%)
- Transportation (64%)
- Community Navigation (62%)
- Behavior Supports (59%)
- Home and/or Vehicle Modifications (40%)

Waiting List Survey Results Ages 16 and Older

- Homemaker Chore Services (55%)
- Community Navigation (51%)
- Transportation (49%)
- Technology (43%)
- Respite (39%)
- Budget and Money Management (39%)
- Personal Care (37%)
- Support to Find Housing (24%)
- Home and/or Vehicle Modifications (40%)

Supports Waiver



1

A set low budget cap
that is authorized by
waiver participants

2

Flexibility in the
selection of services
and supports within
the budget cap

3

The expectation that
unpaid family
caregivers will provide
significant support

4

Models of 24/7
Residential Support
are not part of a
Supports Waiver

The Application to CMS - Waiver Appendices

- **Appendix A: Waiver Administration and Operation**
What entities are involved in the operation of the Waiver?
- **Appendix B: Participant Access and Eligibility**
Who receives Waiver services?
- **Appendix C: Participant Services**
What services does the Waiver offer?

Waiver Appendices

- **Appendix D: Person Centered Planning (PCP) & Service Delivery**
How are the participants' needs identified and addressed during person-centered planning ? How does the state monitor delivery of waiver services?
- **Appendix E: Participant Direction of Services**
opportunities to self direct services
- **Appendix F: Participant Rights**
How are Participant rights protected ?

Waiver Appendices

- **Appendix G: Participant Safeguards**

What safeguards has the state established to protect the participants from harm?

- **Appendix H: Systems Improvement**

Description of system for continuous quality improvement including discovery and remediation.

Waiver Appendices

- **Appendix I: Financial Accountability**

How does the state assure financial accountability i.e. make payments for services, assure integrity of the payments, comply with federal requirements to receive a matching funds?

- **Appendix J : Cost Neutrality Demonstration**

Does the state meet statutory cost neutrality requirements ? i.e. the average per person cost for HCBS services must be less than the average per person cost for institutional care

Some Services Are Already Available for Some People on the Wait List

- Generic and community resources
- State plan for medical and behavioral health
- Community Benefit for people eligible for Medicaid and meeting nursing Facility Level of Care
- EPSDT and school-based programs for children
- Expedited allocation process for DDW/MVW with reserved capacity for specific categories that may need to transition more quickly to DDW/MVW

Annual Budget Allotment

- Up to \$10,000 will be available to choose service options to support the waiver recipient in his/her home and community

NM Proposed Service Array

- Non-Medical Transportation
- Employment Supports
- Respite
- Behavior Support Consultation
- Environmental Modifications
- Vehicle Modifications
- Personal Care Services/ Homemaker and Chore Services
- Assistive Technology
- Customized Community Supports-Group
- Customized Community Supports-Individual Consumer Direct Support

Dual Track

Self-Directed

- Waiver participant has employer and budget authority

Traditional Service Delivery (Agency Based)

- Waiver participant selects providers from approved network
- Budget approval managed by CSC

Traditional & Self-Directed: Dual Track

- Participants choose between traditional or self-directed delivery model
- The Case Management Service (Community Supports Coordinator) will work with the participant first and foremost and be able to work within the model chosen by the participant
- CSC will have competencies working with traditional AND self-directed tracks within the SW
- Changing tracks does not have to mean changing CSCs
- CSC support does not affect budget allotment

Draw from Procedures in Current Waiver Programs

- Fair Hearing
- Participant Safeguards like requirements for Abuse, Neglect and Exploitation (ANE) reporting and provider surveys
- Provider Enrollment and claims payment for traditional service delivery model and CSC
- Employer enrollment and payment for self directed service delivery model
- Service definitions

Allocation Plan

- Allocations made from waitlist by registration date
- Allocations staggered 2000 slots annually for 3 years
- CMS allows states to reserve capacity for target groups
- Primary Freedom of Choice (PFOC) is the choice between Supports Waiver and ICF-IDD (can also refuse altogether or put allocation on hold)
- Must meet Waiver medical eligibility (Level of care for ICF-IDD) and financial eligibility
- New registrants who are determined to meet the definition of IDD to be allocated as funding is available

SW and the Waitlist

- SW is support while still waiting for allocation to DDW/MVW.
- Individuals who accept a SW slot remain on the DDW/MVW wait list until funding becomes available for the MVW or DDW comprehensive programs.
- When funding becomes available, individuals can transition to the MVW/DDW or put allocation on hold and remain on SW until the individual wants/needs to transition to the DDW/MVW.

NM Administrative Code (NMAC)

- The NMAC Rule for the SW program will be promulgated
- There will be a public comment and public hearing process for the updates and/or revisions to the NMAC Rule.
- The published rule will be available on the HSD website.

SW Service Standards

DDSD will publish SW Service Standards

Standards provide more detail of what is written into approved waiver

Standards are the everyday practice requirements for the services offered through the SW

Resources

DOH – DDSD Website Supports Waiver Page

<https://nmhealth.org/about/ddsd/pgsv/csw/>

Christina Hill, christina.hill@state.nm.us 505-476-8836

DOH- DDSD State General Fund Services (Family Supports
and Reimbursement Program)

<https://nmhealth.org/about/ddsd/pgsv/sgf/>

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DOH-DDSD Intake and Eligibility page

<https://nmhealth.org/about/ddsd/intake/>

See next slide

Intake and Eligibility

If you have questions regarding your registration date or services available to you while you are on the waiting list, please contact your DDSD Regional Office at the phone numbers listed on the next page

Metro Regional Office (Bernalillo, Sandoval Torrance and Valencia)	505-841-5552
Northeast Regional Office (Colfax, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos and Union)	505-222-6697
Northwest Regional Office (Cibola, McKinley and San Juan)	505-863-9937
Southeast Regional Office (Chaves, Curry, De Baca, Eddy, Guadalupe, Lea, Lincoln, Quay, and Roosevelt)	866-895-9138
Southwest Regional Office (Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro)	866-742-5226

Contacts

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Thank You!

