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?

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
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<tbody>
<tr>
<td>• Family Supports &amp; Reimbursement Program (FY 20)</td>
<td>• Supports Waiver</td>
<td>• Reform of waiver system</td>
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<tr>
<td>• Waitlist analysis</td>
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<td>• Goal of eliminating the waitlist entirely over six years.</td>
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<td>• Centennial Care Outreach and Education Plan</td>
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Waiver Administration- How it Works?

Administrative Agency

Medical Assistance Division
Human Services Department (HSD)

Operational Agency

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

**Aug/Oct**
Stakeholder engagement & Town Halls

**Nov/Dec**
Review stakeholder feedback and finalize waiver application

**Jan**
Application Finalized

**1 Apr**
Submit waiver to CMS

**Oct**
Tribal consultation session

**Jan/Feb**
Formal tribal notification

**Feb/Mar**
Formal public comment period

**1 July**
Implement waiver on July 1, 2020
Guidelines for SW Work

In operating a system of waiver programs (including SW, DD Waiver, Mi Via Waiver, Medically Fragile Waiver), DDSD 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?

Age of Individuals on the Wait List

as of August 1, 2019

- 0 TO 21: 53.0% (2648 individuals)
- 22 TO 45: 37.4% (1869 individuals)
- 46 TO 65: 7.6% (382 individuals)
- OVER 65: 2.0% (98 individuals)
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

HCBS Medicaid Supports Waivers Are Characterized By:

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
Targeted Areas- Discussion of NM Plan for Supports Waiver

• What do you think about these topic areas for the development of the SW?

• How can we improve in these areas?
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
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

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<thead>
<tr>
<th>Self-Directed</th>
<th>Traditional Service Delivery (Agency Based)</th>
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<tr>
<td>• Waiver participant has employer and budget authority</td>
<td>• Waiver participant selects providers from approved network</td>
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<td>• Budget approval managed by CSC</td>
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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/
Juanita Salas Juanita.Salas@state.nm.us 505-841-4736
Scott Doan scott.doan@state.nm.us 575-528-5187

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.

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

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Thank You!