

LEGISLATIVE BACKGROUND

Senate Enrolled Act 82, 2013 (SEA82) requires the Wyoming Department of Health (WDH) to redesign the Medicaid Home and Community Based Waiver Programs that serve people with developmental disabilities (DD) and acquired brain injuries (ABI). SEA82 directs the WDH to create two (2) separate waiver programs, including one for supportive services and one for comprehensive services. Per the legislation, “the objective shall be to optimize the services provided to current clients and to extend appropriate services to persons currently on waiting lists for waiver services within the current budget.”

The legislation also requires:

- Creation of individual budgets to reflect assessed individual needs.
- Replacement where possible of higher cost residential and day habilitation services with lower cost more integrated services.
- A plan to determine the needs of individual clients, placement options, and continuum of care that recognizes changes of need and changes of circumstances.
- Provide for a case management system that is free of conflicts of interest.
- Hold at least two informational meetings for clients, guardians, and service providers to provide testimony, giving at least a two-week notice.

CURRENT WAIVER OVERVIEW

The Medicaid Home and Community Based Waiver Programs currently serve approximately 2,300 people with an annual budget of \$103 million (FY2014) *not including medical costs*.

As of July 31, 2013, there were 584 people on the programs’ waitlists. The average time on a waitlist is 21 months with the longest wait being over 71 months.

The current waiver system does not meet the needs of all of Wyoming’s citizens with developmental disabilities or acquired brain injuries. A fundamental shift in the method used to allocate funds to participants is necessary to better align the budget with an individual’s needs. In other words, funding should be allocated based on true need, and this need should be determined using standardized assessments. Savings resulting from this shift in funding will allow the State to serve more individuals within the same budget.

Please note that the State cannot combine target groups of individuals with ABI and DD onto the same waiver. Because of this restriction, the ABI Waiver will continue as a separate waiver, but will be redesigned to reflect the changes made with the Comprehensive Waiver.

WAIVER REDESIGN OVERVIEW

In order to “optimize the services provided to current clients and to extend appropriate services to persons currently on waiting lists... within the current budget” pursuant to SEA82, the WDH has created two waivers: 1) the Comprehensive Waiver and 2) the Supports Waiver.

Comprehensive Waiver

The Comprehensive Waiver is intended to fund services based on assessed need and will be reserved for current waiver recipients (who will be grandfathered onto this waiver) and individuals with a high level of assessed need (as waiver slots and funding is available).

The Comprehensive Waiver assigns an Individual Budget Amount (IBA) based on an individual’s overall level of assessed need, age and living arrangement. The level of assessed need is determined by the use of two nationally-recognized, standardized and reliable assessments: the Inventory for Client and Agency Planning (ICAP) and the Supports Intensity Scale (SIS). An individual’s level of assessed need for services will range from 1 to 6 (with 6 representing those who are at the highest end of the service need spectrum). For individuals with verifiable needs beyond what is provided in an IBA, the Comprehensive Waiver incorporates “add-on” features to meet additional service needs. An additional amount (\$3,227) is provided for case management services.

Once an individual’s budget is established, it will not change year to year. This means budgets will not be reduced if the full amount is not used in a single year. If there is a significant change in an individual’s support needs due to emergency situations or a significant change in health, the case manager may submit a request for additional funding through the Extraordinary Care Committee.

Review of an individual’s IBA by the Behavioral Health Division’s (BHD) Clinical Review Team (CRT) may be requested if it is believed that the assessment is not accurate and the budget is not sufficient. Review of the CRT determination is available through a formal appeal of the budget to the BHD Administrator.

The individual cost limit for the Comprehensive Waiver is equal to the average client cost at the state ICF-ID (Wyoming Life Resource Center) which was \$305,933 for State Fiscal Year 2012.

Supports Waiver

The Supports Waiver is intended to provide funding for supportive services to eligible individuals currently on the waitlist as funding allows. Individuals on the Supports Waiver must meet specific criteria to transition to the Comprehensive Waiver and transition can only occur as slots on the Comprehensive Waiver are available.

The Supports Waiver will have two cost limits based on age. While flat, the budget allows flexibility to purchase services available on the waiver with few limitations. The Supports Waiver provides access to respite, personal care, day supervision, employment supports or supported living and other services.

The amount allotted for ages 0-21 is \$12,500; the amount allotted for ages 22 and older is \$16,500. An additional amount (\$3,227) is provided for case management services.

Impact of Waiver Redesign on Current Waiver Recipients

Current waiver recipients will be “grandfathered” onto the Comprehensive Waiver, unless they choose to receive services under the Supports Waiver. Individuals who receive services on the Comprehensive Waiver will have their funding determined through the new IBA methodology approved for the Comprehensive Waiver. That is, an individual will receive a Level of Service Need score determined using standardized assessments (ICAP and SIS) and that score, along with the individual’s age and living arrangement will determine the individual’s IBA. If an individual has additional service needs, their budget may be increased following clinical review.

If the implementation of the Comprehensive Waiver’s new IBA methodology results in a funding allotment that is significantly lower than the individual’s current budget, the reduction in budget will be phased in over time.

Impact on Waitlist

WDH plans to move individuals currently on the waitlist onto the Supports Waiver as funding allows. An individual with significant needs may be on the waitlist for the Comprehensive Waiver while being served on the Supports Waiver. However, individuals on the Supports Waiver must meet specific criteria for transition to the Comprehensive Waiver and transition can only occur as funding or slots on the Comprehensive Waiver are available.

Impact on Provider Rates

Waiver service rates will remain at the levels in effect on July 1, 2013. Service rates will continue to be standardized and based on a variety of factors, including: provider costs, average wages for similar services, incentive factors for provider shortage areas, difficulty of care, and outcome requirements. Day service rates will change from five tiers to three, with the rates for each tier based on the same rate methodology used to develop the current rates.

Conflict Free Case Management

Targeted Case Management (TCM) will be implemented through the Medicaid State Plan. This proposed conflict-free case management system will involve regional case management agencies. A Medicaid State Plan amendment will be submitted to the Centers for Medicare and Medicaid Services in fall 2013 and will identify provider qualifications, agency type and regional requirements for certification. The WDH will also change current regulations to specify how the targeted case management system will prohibit conflicts of interest and ensure choice of case manager and provider.

Participants will begin to transition to case managers under the TCM agencies July 1, 2014. Transitions will be complete by June 30, 2015. The intent of the redesign in case management is to resolve the conflicts of interest but retain as many of the current case managers as possible.

WDH BEHAVIORAL HEALTH DIVISION APPROACH

Research and Technical Assistance

The redesign of Wyoming’s waiver system is a proposed solution to the rising costs of Medicaid and the increase of the Medicaid Home and Community Based Waiver program waitlists. The approach (the creation of two separate waivers) is the product of significant research and expert technical assistance.

Stakeholder Input

Significant stakeholder input was gathered throughout the redesign process. This input included the convening of a Stakeholder Steering Committee to provide consultative recommendations on the major areas of redesign. The committee included 39 representatives, including: providers, case managers, guardians, participants, Protection and Advocacy, Wyoming Governor's Council on Developmental Disabilities, and state staff. Fifteen deliverable teams (including state staff and stakeholders) were established to address the components of the redesign, including: conflict free case management, waiver services, establishment of budgets, determination of upper cap on Supports Waiver, and plan of care changes.

Eleven public forums were held throughout the state in April and May allowing more than 780 people the opportunity to provide input on the redesign. In addition, provider forums were held allowing 217 providers to provide input. A brief survey requesting input on the redesign was distributed during the forums and was posted on the Behavioral Health Division's website. The input received through the survey was provided to those working on the redesign.

Comment Period and Amendments

In addition to the stakeholder input discussed above, the BHD posted drafts of the Comprehensive and Supports Waiver applications, along with executive summaries, on the BHD website allowing a three week public comment period. Comments and concerns were submitted to and reviewed by WDH leadership. Areas of concern were revisited and changes were made to more accurately reflect WDH intentions and to reduce negative and unintended consequences.

NEXT STEPS

Revised applications will be posted on the BHD website for an additional two week public comment period beginning September 6. Based on additional comments received, final changes will be made to the waiver applications and the applications will be submitted to the Centers for Medicare and Medicaid Services in September.

To read more information on the new waivers and read frequently asked questions, visit the BHD project website: <http://health.wyo.gov/ddd/index.html>. Comments may be submitted to the Behavioral Health Division by email at bhdmail@wyo.gov, by phone 1-800-510-0280, or by mail: Chris Newman, Behavioral Health Division, 6101 Yellowstone Road Suite 220, Cheyenne, WY 82002.