All participants will be muted

Questions can be submitted through the WebEx Q&A panel

Training will be available on the DSD training archive page.
Agenda

• Intro
• What is a Waiver?
• How Can the Waivers Help Support People?
• The Core of Waiver Eligibility
• Developmental Disability (DD) Waiver
• Community Alternative Care (CAC) Waiver
• Community Access for Disability Inclusion (CADI) Waiver
• Brain Injury (BI) Waiver
• Resources and Tools
Session Goals

• Obtain a basic understanding of Home and Community-Based Waivers

• Understand the eligibility criteria of the DD, CAC, CADI, and BI Waiver Programs

• Understand the level of care criteria for all of the programs

• Obtain a basic knowledge of the services covered for all the programs
• MA: Medical Assistance
• DD: Developmental Disability Waiver
• NF: Nursing Facility
• HCBS: Home and Community Based Services
• CMS: Centers for Medicare and Medicaid
• BI: Brain Injury Waiver
• CADI: Community Access for Disability Inclusion Waiver
• CAC: Community Alternative Care Waiver
• SSI: Supplemental Security Income
• LTC: Long Term Care
What is a Waiver?
Why were Home and Community-Based Services (HCBS) created?

- Federal legislation allowing Medicaid funds to be used for services outside an institution
- Encourage states to develop programs to prevent institutionalization and increase consumers’ community integration.
HCBS Waivers in Minnesota

- 1984 Developmental Disability (DD)
- 1985 Community Alternative Care (CAC)
- 1987 Community Access for Disability Inclusion (CADI)
- 1992 Brain Injury (BI)
  - NF - Nursing facility
  - NB - Neurobehavioral (1994)
State/Federal Partnership

• Joint Federal and State Funding 50/50

• Waiver Plans and CMS Approval
• Code of Federal Regulations- 42 C.F.R 440.180
• DD Waiver- MN Statute 256B.092
• CAC, CADI & BI Waivers - MN Statute 256B.49
Legal Authority & Quality Assurance

• MN’s Olmstead Plan: “To ensure all people living with disabilities have the right to make choices and to live in the most integrated setting of their choice.”

• Federal HCBS Rules

• MN Statute 245D
Federal HCBS Rules: Conflict Free Case Management

• A person will have a case manager that does not have a direct or indirect interest in the person’s choices of services

• The case manager will not influence the person’s choice of providers or services
Federal HCBS Rules: Person-Centered Planning

• Driven by the person and written in plain language
• Includes people chosen by the person
• Offers choices
• Identifies the strengths, preferences, needs (clinical and support), and desired outcomes
• Reflect cultural considerations
• Reflect what is important to the person
Federal HCBS Rules: Person-Centered Planning

• Identify opportunities to seek employment, engage in community

• Identify settings where the person is choosing to receive services

• Recognize a guardian’s legal responsibility to make decisions on behalf of the person

• Identify risk factors and the plan to minimize those risks

• Include strategies for solving disagreements among team members
Federal HCBS Rules: HCBS Setting Requirements

• Gives criteria on where people can live, work and spend their time when they receiving HCBS through Medical Assistance

• Requires these settings must meet criteria that help people engage in their community
How Can the Waivers Help Support People?
Desired Program Outcomes for all HCBS Waivers

• Prevent institutional admission - maintain community living

• Help person to function with greater independence in the community

• Support Plan reasonably assures health and safety of the participant

• Individual access and **informed choice**
Voluntary decision, made by a person or the person’s legal representative after becoming familiarized with alternatives to:

• Select from a number of feasible alternatives
• Select an alternative that may be developed in the future
• Refuse any or all alternatives
Desired Program Outcomes for all HCBS Waivers

- Authorization of services is based on individual need and addressed in the community support plan
- Cost effective way to meet the need
- Waiver is payer of last resort
• The focus is supported decision-making, addressing the dignity of risk and personal choice customized to the person’s preferences.
Five Effects of Person-Centered Practice

• Expanding personal relationships
• Contributing to the community
• Making choices
• Respect and a valued social role
• Sharing ordinary places and activities
Qualities of Home and Community-Based Settings

- Access to the greater community
- Opportunities to seek employment
- Work in competitive integrated settings
- Engage in community life
- Control personal resources
- Privacy, dignity, respect and freedom from coercion and restraint
- Encourage independence and making choices and help support those choices
- Chosen by the person
The Core of Waiver Eligibility
State Plan Medical Assistance

• The person must be on Medical Assistance

• The person’s needs exceed what State Plan services can support. State Plan services include:
  • Personal Care Attendance
  • Home Health Aide
  • Skilled Nursing Services
  • Home Health Medical Supplies and Equipment
Certified Disability Determination

There are two ways in which people may be certified:

1. Certification by the Social Security Administration
2. Certification by the State Medical Review Team (SMRT)
## Level of Care & Programs

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<tr>
<th>Waiver</th>
<th>Level of Care</th>
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<tr>
<td>CADI and BI Waivers</td>
<td>Nursing Facility Level of Care (NF LOC)</td>
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<td>CAC Waiver</td>
<td>Hospital Level of Care</td>
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<td>BI NB Waiver</td>
<td>Neurobehavioral Hospital Level of Care</td>
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<td>DD Waiver</td>
<td>ICF/DD Level of Care</td>
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# Level of Care & Legal Authority

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<td>Nursing Facility Level of Care (NF LOC)</td>
<td>Defined in <em>[Sec. 1919]</em> of the Social Security Act</td>
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<tr>
<td>Hospital Level of Care</td>
<td>Defined in Code of Federal Regulations 42, <em>[Section 440.10]</em></td>
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<tr>
<td>ICF/DD Level of Care</td>
<td>Defined in Code of Federal Regulations 42, <em>[Section 440.150]</em></td>
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Waiver requirements for level of care: Code of Federal Regulations 42, *[Section 441.301]*
Institution Types

• Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD)
• Hospital
• Neurobehavioral hospital
• Nursing facility (NF)
1. Eligible for Medical Assistance (MA) based on a disability diagnosis

2. Have a developmental disability or a related condition as defined in MN Rule 9525.0016

3. Determined by the MnCHOICES assessment tool to meet the ICF/DD level of care criteria
4. Require daily interventions, daily service needs and a 24-hour plan of care

5. Assessed to need a residential habilitation service

6. Informed choice

7. Assessed need for supports and services
So what does that mean?
Developmental disability is a diagnosis characterized by substantial functional limitations and significantly sub-average intellectual functioning and exists concurrently with demonstrated deficits in adaptive behavior and all conditions are manifested before the person’s 22nd birthday.
Related condition is a diagnosis of severe, chronic disability that meets all of the following conditions:

1. Is attributed to cerebral palsy, epilepsy, autism, Prader-Willi syndrome or any other condition other than mental illness* or an emotional disturbance.
2. Is found to be closely related to developmental disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with developmental disability and requires treatment or services similar to those required for persons with developmental disability.

AND....
3. Is manifested before the person reaches 22 years of age.

4. Is likely to continue indefinitely.
5. Results in substantial functional limitations in three or more of the following areas of major life activity: Self-care, understanding use of language, learning, mobility, self-direction, capacity for independent living
ICF/DD Level of Care

• In need of continuous **active treatment**

• Have a diagnosis of developmental disability or a related condition

• Require a 24-hour plan of care

• Require aggressive and consistent training due to an inability to apply skills learned in one environment to a new environment
Aggressive and consistent implementation of a 24-hour program of specialized and generic training, treatment, health services and related services.

• Acquisition of behaviors necessary for the person to function with as much self-determination and independence as possible

• Prevention or deceleration of regression or loss of current optimal functional status
Residential Habilitation

• Services provided to a person who cannot live in his or her home without such services or who need outside support to remain in his or her home.

• Provided in the person’s residence and in the community, and should be directed toward increasing and maintaining the person’s physical, intellectual, emotional and social functioning.
**Eligibility Requirement Definitions**

**24-Hour Plan of Care:** Written plan that provides access to direct or indirect supports 24 hours a day.

**Community Support Plan:** A plan that is person-centered that documents the services a person will use to meet their needs in order to remain in or return to the community.
DD Waiver Services

24-hour emergency assistance
Adult day services
Adult day services bath
Assistive technology
Caregiver living expenses
Case management/service coordination
Case management aide
Chore services
Consumer directed community supports (CDCS)
Crisis respite
Day training and habilitation
Environmental accessibility adaptations
Extended personal care assistance

Family adult day services
Family training and counseling
Home-delivered meals
Homemaker
Housing access coordination
Night supervision
Personal support
Residential habilitation (in-home family support, supported living services)
Respite
Specialist services
Supported employment services
Transitional services
Transportation
Community Alternative Care (CAC) Waiver
1. Eligible for Medical Assistance (MA)

2. Certified disabled by Social Security or through the State Medical Review Team (SMRT) process

3. Under age 65 at the time of opening to the waiver
4. Determined by the MnCHOICES assessment tool to meet the hospital level of care criteria

5. Certified by the primary physician to meet the level of care provided in a hospital

6. Assessed need for supports and services over and above those available through the MA State Plan.
1. Need for skilled assessment and intervention multiple times during a 24-hour period

2. Due to their health condition, has both predictable health needs and the potential for status changes that could lead to rapid deterioration or life-threatening episodes
3. Require a 24-hour plan of care, that includes a back-up plan, to reasonably assure health and safety in the community

4. Without the provision of services under the CAC Waiver, would require frequent or continuous care in a hospital
CADI Waiver Eligibility

1. Eligible for **Medical Assistance (MA)**

2. Certified disabled by **Social Security or the State Medical Review Team (SMRT) process**

3. **Under age 65 at time of opening to the waiver**
4. Determined by the MnCHOICES assessment tool to need nursing facility level of care

5. Assessed need for supports and services over and above those available through the MA State plan.
Nursing Facility Level of Care

- Unstable health
- Need for complex care management
- Functional limitation
- Existence of complicating conditions
- Cognitive or behavioral condition
- Frailty or vulnerability
- Living arrangement and risk
24-hour emergency assistance
Adult companion services
Adult day services
Adult day services bath
Behavioral support
Caregiver living expenses
Case management
Case management aide
Chore services
Crisis respite
Consumer directed community supports (CDCS)
Customized living
Customized living 24-hour
Environmental accessibility adaptations
Extended home care services

Family adult day services
Family training and counseling
Foster care
Home-delivered meals
Homemaker
Housing access coordination
Independent living skills (ILS) training
In-home family support
Night supervision services
Personal Support
Prevocational services
Residential care services
Respite
Specialized supplies and equipment
Supported employment services
Transitional services
Transportation
Brain Injury (BI) Waiver
1. Eligible for **Medical Assistance (MA)**
2. Certified disabled by **Social Security** or the **State Medical Review Team (SMRT) process**
3. Under age 65 at time of opening to the waiver
4. Determined to meet **Nursing Facility (BI-NF)** or **Neurobehavioral Hospital (BI-NB)** Level of Care
5. Diagnoses of brain injury or related neurological condition that resulted in significant cognitive and behavioral impairment:

- Acquired or traumatic brain injury that is not congenital
- Degenerative or genetic disease where cognitive impairment is present, becomes symptomatic on or after the person’s 18th birthday and is not congenital
6. Have the potential to benefit from rehabilitative services as determined by a Ranchos Los Amigos score of IV or above

7. Assessed need for supports and services over and above those available through the MA State plan
8. Has an assessed need for one or more of the following:

- Specialized provider with experience or expertise appropriate to meet the person's cognitive or behavior impairments
- Higher amount of units or rate for services due to cognitive or behavior impairments
- Service only available through the BI Waiver, regardless of whether or not those needs are met by formal waiver services.
• Specialized provider with experience or expertise appropriate to meet the person/s cognitive or behavior impairments

• Higher amount of units or rate for services due to cognitive or behavior impairments

• Services only available through the BI Waiver, regardless of whether or not those needs are met by formal waiver services.
Nursing Facility Level of Care

• Unstable health
• Need for complex care management
• Functional limitation
• Existence of complicating conditions
• Cognitive or behavioral condition
• Frailty or vulnerability
• Living arrangement and risk
1. Require specialized brain injury services and/or supports that exceed services available in BI-NF.

2. Require a level of care and behavioral support provided in a neurobehavioral hospital to support persons with significant cognitive and severe behavioral needs.
3. Require a 24-hour plan of care that includes a formal behavioral support plan and emergency back-up plan to reasonable assure health and safety in the community.

4. Require availability of intensive behavioral intervention.
BI Services

24-hour emergency assistance
Adult companion services
Adult day services
Adult day services bath
Behavioral support
Caregiver living expenses
Case management/service coordination
Case management aide
Chore services
Consumer directed community supports
Crisis respite
Customized living
Customized living 24-hour
Environmental accessibility adaptations
Extended home care services
Family adult day services
Family training and counseling
Foster care
Home-delivered meals
Homemaker
Housing access coordination
Independent living skills (ILS) training
ILS therapies
In-home family support
Night supervision services
Personal Support
Prevocational services
Residential care services
Respite
Specialist Services
Specialized supplies and equipment
Structured day program
Supported employment services
Transitional services
Transportation
Where to Find Information– DHS Websites

MN’s Community-based Services Manual (CBSM) Home Page

http://www.dhs.state.mn.us/main/id_000402

• CBSM BI Waiver
• CBSM CAC Waiver
• CBSM CADI Waiver
• CBSM DD Waiver

5/10/2018
Where to Find Information—DHS Websites

Person-Centered, Informed Choice and Transition Protocol

Disability Benefits 101
  • http://tiny.cc/mndhs-db101
  • www.MNHelp.info
  • Disability Hub MN
  • HCBS Final Rule YouTube Video
Questions