Introduction to Disability Waivers Rate System

April 2012 Webinar

Objectives For Today

• Learn more about the Disability Waivers Rate System

• Learn about the history & background

• Learn more about research findings to date and next steps
Transformation: Drawing on our values to create long-term solutions

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<tr>
<th>SUPPORT INDEPENDENCE</th>
<th>BUILD A SUSTAINABLE SYSTEM</th>
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<tbody>
<tr>
<td>Value abilities, respect needs, empower choice</td>
<td>Leverage partnerships, collaboration, community resources to achieve best results</td>
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<td>Engage individuals in planning toward their goals</td>
<td>Support system-wide coordination, continuous quality improvement</td>
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<td>Connect individuals to resources to bring their plans to life</td>
<td>Use technology-based tools that work across systems to support consistency, efficiency</td>
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Disability Waivers Rate System

- Identify methodologies to create rates based on service components and individual needs

- Ensures consistent & transparent statewide pricing of disability waiver services

- Brings DHS into federal compliance for federal financial participation in the disability waiver programs
Outcome Goals

• Builds consistent service pricing structures

• Payment methodologies are understandable

• Reduces lead agency rate negotiations

Background/Impetus

To meet the Centers for Medicare and Medicaid Services (CMS) requirements, DHS must adopt uniform rate methods/standards that apply to each disability waiver service to ensure:

- Equitable payments across all areas of the state
- Rate differences based on concrete indicators
- Rate variations capture the individualized nature of services
A better way to purchase services

• The Disability Waivers Rate System is designed to:
  – Simplify calculation of service rates
  – Streamline purchasing & processes
  – Provide transparency

Transparency in Pricing & Service Delivery

• Requires clarity in how a rate is built
• Requires clarity in service design
• Requires clarity in service delivery
Promotes Quality and Choice

• Engage in customizing services to their needs

• Connect with the broadest possible support network

• Select vendors that best meet their needs

Customization

• Medical Needs:
  – Participant has complex health-related needs that require onsite medical attention, as specified in the support plan.

• Behavior Intervention Needs:
  – Serious harm to self or others
  – Significant property damage
  – Other extreme behaviors that interfere with major life activities

• Mental Health Needs
  – Serious harm to self or others
  – Other extreme behaviors that interfere with major life activities

• Client Who is Deaf or Hard of Hearing
  – requires staff to be fluent signers
The Disability Waivers Rate System Does Not:

- Replace case manager role in designing service plans
- Assign a single rate to each service
- Replace aggregate management of lead agency allocations
- Change how CDCS budgets are allocated
- Guarantee current waiver service rates will be maintained

Working together toward sustainable service systems

- Stakeholder work groups:
  - Developed basic rate frameworks
  - Identified service components to be included in rates
  - Identified data sources to populate rate frameworks
  - Selected rate methodologies & defined service components
Results....

Many services will continue to be purchased as they have in the past, such as:

– Supplies and equipment
– Environmental modifications
– Specialist Services
– Family Counseling & Training

Results...

Others will fit into a structured rate architecture, such as:

– Adult Day Services
– Foster Care
– In-Home Family Support
– Supported Living Services (SLS)
– DT&H
– Independent Living Service (ILS)
– Respite
– Support Employment
Framework Components

• Considerations for:
  • Staffing levels
  • Employee related costs
  • Transportation needs
  • Various types of employees
  • Client programming as supports
  • Program related expenses
  • Administrative overhead

• Builds rates from the ground up

Data sources informing the rate frameworks

Primary data sources:
  – Bureau of Labor Statistics
  – Employee Benefits Research Institute
  – Department of Employment & Economic Development

Secondary data source:
  – MN provider cost & wage survey
  – Conducted June 2010
Working with Stakeholders

- Intensive & Expanded Work Groups completed their charge in December, 2010
- In April, 2011 DSD convened an Advisory Committee with a broad base of stakeholders
- This committee meets with staff on a regular basis
- Committee will have regular input and gather feedback in the research phase of the project

Develop & Implement Disability Waivers Rate System

✓ DSD developed the on-line tool
✓ Lead agencies access the system for planning & rates:
  - Input service selections
    - E.g. types and frequency
✓ The system
  - Calculates rates based on frameworks
  - Verifies and store rates
Rate Management System

• Opportunity to get data the state has not had before
• Lead Agencies can focus data entry on:
  – residential settings less than 6
  – Day services recipient / staff ratios
  – Transportation Information
Disability Waiver Rate System Web Page

- Similar information can be found on the web page

- Basic Framework Structure found on the Rate Frameworks page

- Page will undergo updating based on legislation
Public Web Site

- [http://www.dhs.state.mn.us/main/dhs16_144651](http://www.dhs.state.mn.us/main/dhs16_144651)
- Project Rate Frameworks
  - [http://www.dhs.state.mn.us/main/dhs16_150898](http://www.dhs.state.mn.us/main/dhs16_150898)

Research

- Will look to the payment methodology legislation to include additional research questions and data requirements

- We continue to target receiving certain service information by October 2012 to help inform the research process
Fundamental Change

Legislation changes the budget neutrality approach taken to date:

From

• evaluating projected spending across the four disability waivers in total

To

• a more targeted approach of budget neutrality by 4 service categories

Service Categories

• Residential - foster care, residential care, supported living and customized living/24hr

• Day Program - adult day care, DT&H, pre-voc, structured day and transportation
Service Categories continued

• Unit based (aka Hourly) w/ programming - in home family support independent living, supported living, supported employment, behavior programming and housing access

• Unit based (aka Hourly) w/out programming – respite, personal supports, and night supervision

So What does that Mean?

DHS will evaluate the historic spending by these groups of services to determine the initial research values that will populate the frameworks, as we move forward in our next phase of work
All the analysis leads to populating the rate frameworks which will determine the pricing for further research...

REMEMBER:

It’s still all about the right service at the right time...
Now What?

- Research
- Learn
- Study
- Understand
- Engage

Using Data to Evaluate Impact

- Individual Assessment
- Individual Level of Need
- Units Authorized/Paid
- Service Delivery Patterns
- Staffing Patterns and Ratios
- Program Requirements
Service Planning in 2012

What can lead agencies do to prepare for further research?

- Use the Rate Management System to reflect service planning results for day, residential and transportation services
- Understand how standardized pricing may impact purchasing decisions & service deliverables
- Participant and be engaged

Service Planning in 2012

What can providers do to prepare for further research?

- Provide DHS and lead agencies with service delivery information needed for the research phase
- Understand the overall organizational results of the research rate(s)
- Identify opportunities and challenges
- Participant and be engaged
Service Planning in 2012
What can individuals and other stakeholders do?

➢ Work to understand the research rates of services you are most interested in

➢ What might be the opportunities and challenges

➢ Understand how that may impact purchasing decisions & service deliverables

➢ Participant and be engaged

Implementation

• The research will lead to additional legislation in 2013

• Legislation will be introduced next session that will include details and values of the frameworks

• Leading to implementation in 2014
Where can I go now?

• Mark the Disability Waivers Rate System web page as a favorite

• Sign up for the DSD stakeholder e-list notices if you are not on it yet

• Providers may also sign up for the waiver e-list available through Provider Enrollment

Questions

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