



Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

MACDDS December Update

December 3, 2015

FY 2016 Revenue Update

- ❖ FY 2016 Consensus Revenue Estimate – 3.6% Growth
 - ❖ \$8,672.8 Billion

- ❖ November Revenue report ?

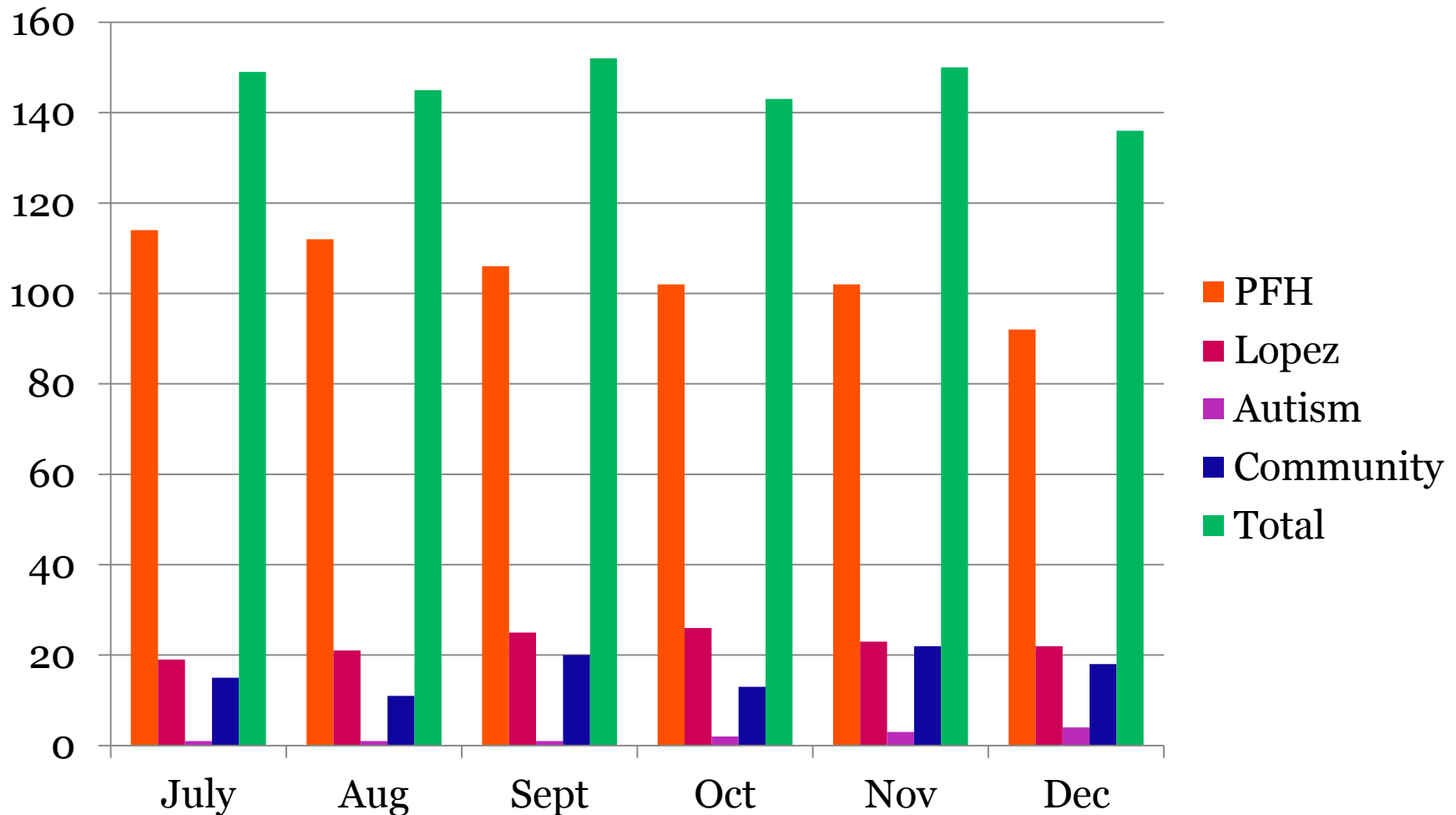
- ❖ October Revenue report
 - ❖ Year to date growth at 3.0% increase
 - ❖ Growth over same month last year was 1.0% increase

- ❖ Tax Amnesty

FY 2017 Budget Request

- ❖ Overtime – State Operated Programs
- ❖ Utilization Request - \$22.1M GR + \$38.2M Fed = \$60.3M
 - ❖ Cost-to-Continue FY16 Crisis (Comp Waiver)
 - ❖ \$5.2M GR + \$9.0M Fed = \$14.2M
 - ❖ 270 Crisis Residential Services slots (Comp Waiver)
 - ❖ \$6.7M GR + \$11.5M Fed = \$18.2M
 - ❖ Nursing Home Transitions (Comp Waiver)
 - ❖ \$1.8M GR + \$3.1M Fed = \$4.9M
 - ❖ 38 Children’s Division Transitions (Comp Waiver)
 - ❖ \$1.6M GR + \$2.8M Fed = \$4.4M
 - ❖ 500 slots to prevent in-home waitlist (Community Support/Autism Waiver)
 - ❖ \$5.1M GR + \$8.8M Fed = \$13.9M
 - ❖ Case Management Increase
 - ❖ \$.7M GR + \$1.2M Fed = \$1.9M
 - ❖ Waiver Match Agreement Funding Shortfall
 - ❖ \$1M GR + \$1.8M Fed = \$2.8M

Waitlist update





FY 2016 Budget Restrictions

	GR Restriction
ADA Prevention and Treatment	\$910,905
CPS Adult/Youth Community Programs	\$2,031,431
DD Community Programs (-2% COLA)	\$3,455,430
DD Community Programs (Rebasing)	\$6,252,317
Total Division of DD	\$9,707,747

Effects of Budget Restriction

Example: ISL Floor Rate for RAS of 7

	Tax Amnesty	GR	FFP	Total
ISL Floor FY14/15	0.00	7.16	12.36	19.52
COLA Restriction -2%		(0.14)	(0.25)	(0.39)
COLA 3% Tax Amnesty	0.21		0.37	0.58
	0.21	7.02	12.48	19.71
Rebasing 3% rate restriction		(0.21)	(0.37)	(0.58)
Rebasing 3% TA	0.21		0.37	0.58
FY16 Rates Jan 1	0.42	6.81	12.48	19.71

Waiver Renewals – Public Comment Period & Hearings



Public Comment Hearings/Call In Option

Dec 7 10:30-12:30

Springfield Regional Office

Dec 8 4:00-6:00

DMH Central Office

Dec 10 11:00-1:00

Kansas City Regional Office

Dec 14 1:30-3:30

Sikeston Regional Office

Dec 15 10:30-12:30

Wainwright Building

St. Louis

December 2015

SUN	MONDAY	TUESDAY	WED	THURSDAY	FRI	SAT
		1	2	3	4	5
6	7 10:30-12:30 Springfield	8 4:00-6:00 Jeff City	9	10 11:00-1:00 Kansas City	11	12
13	14 1:30-3:30 Sikeston	15 10:30-12:30 St. Louis	16	17	18	19
20	21	22	23	24 Last Day to submit Public Comment	25	26
27	28	29	30	31		

Mail or email comments to:

MO HealthNet Division, Attn: MHD Director, PO Box 6500, Jefferson City, MO 65102

Ask.mhd@dss.mo.gov

TCM Questions

- 👤 Quarterly reports
- 👤 Contract
- 👤 CMS updates
- 👤 TCM's that are non profits

MI/DD Approach & Strategies

- 👤 Stakeholder group met in July & November, Pilot group met in St. Louis
- 👤 Strategies that can be implemented without further budget action:
 - 👤 Review identified individuals with expenditures in both Divisions
 - 👤 If DD eligible and currently accessing a DD waiver:
 - 👤 Review services to ensure access to all needed CMHC services
 - 👤 Add CMHC employed DD liaison to an individual's plan
 - 👤 Can be done if CMHC's become enrolled DD providers of the Community Support Specialist waiver service
 - Requires involvement of support coordinator and Regional Office staff
 - 👤 Add Crisis Services to an individual's plan
 - 👤 Can only be provided if an individual has a documented need for crisis services in their plan
 - 👤 Can be done if DBH Access Crisis Intervention providers become enrolled DD providers of crisis services
 - Requires involvement of support coordinator and Regional Office Staff
 - 👤 If DD eligible and not currently accessing DD waiver, but potentially waiver eligible:
 - 👤 Work with Support Coordinators on identifying waiver needs
 - 👤 Work with Regional Offices on accessing waiver slots




Strategies that can be implemented that **NEED** budget action:

- 🧑 Add DD Intensive Behavioral Respite Services for adults and kids to DD waivers.
- 🧑 Add DD Intensive Residential Services to the DD waivers.
- 🧑 Develop a statewide training effort for best practices for individuals who are dually diagnosed.
- 🧑 Add MI/DD transition coordinators to DMH.








NASDDDS Conference Highlights

HCBS Rule

-  Heightened Scrutiny: Does a setting overcome the presumption that it is isolating or institutional
-  Continued to look at how to address different populations—
dementia & forensic
-  States should be working through this now to ensure adequate time for provider changes or the transition of an individual to a new setting

WIOA

-  National Advisory Committee is meeting to work through the details of the law. Meets from January 2015 – September 2016.
 -  Prepare findings, conclusions and recommendations for the Secretary of Labor:
 -  Ways to increase employment opportunities for individuals with I/DD
 -  The use of the certificate program under section 14(c) of FLSA
 -  Ways to improve oversight of such certificates

-  Committee submitted an interim report on September 15, 2015

NASDDDS Conference Highlights

👤 ABLE Act – Important Requirements

- 👤 Each “eligible individual” may have only one ABLE account.
- 👤 Account must be established in the beneficiaries state of residence, or in a contracting state.
- 👤 Total annual contributions per account may not exceed the federal gift tax limit, currently \$14,000 TOTAL.
- 👤 Multiple individuals can make contributions, but can not go above the contribution limit.

👤 ABLE Account Eligibility

- 👤 Must be disabled before age 26
- 👤 Must have been determined to meet the disability requirements for SSI or SSDI or must submit certification that meets criteria, including a physicians diagnosis



NASDDDS Conference Highlights

👤 ABLE Account Uses

👤 Qualified disability expenses

- 👤 “maintaining or improving his/her health, independence or quality of life”
- 👤 “basic living expenses and not limited to items where there is a medical necessity or which solely benefit the beneficiary”

👤 ABLE Account Assets impact on federal benefit eligibility

- 👤 SSI – only the first \$100,000 in ABLE assets will be disregarded
- 👤 Questions on housing
- 👤 Medicaid benefits are NOT suspended if the ABLE account balance goes over \$100,000
 - 👤 Question still on if Medicaid will require ABLE account funds to pay for community-based services
- 👤 Medicaid is a creditor of the ABLE account, not a beneficiary.

👤 Not all regs published or final yet

👤 Early implementers will likely be Florida, Virginia, and Nebraska

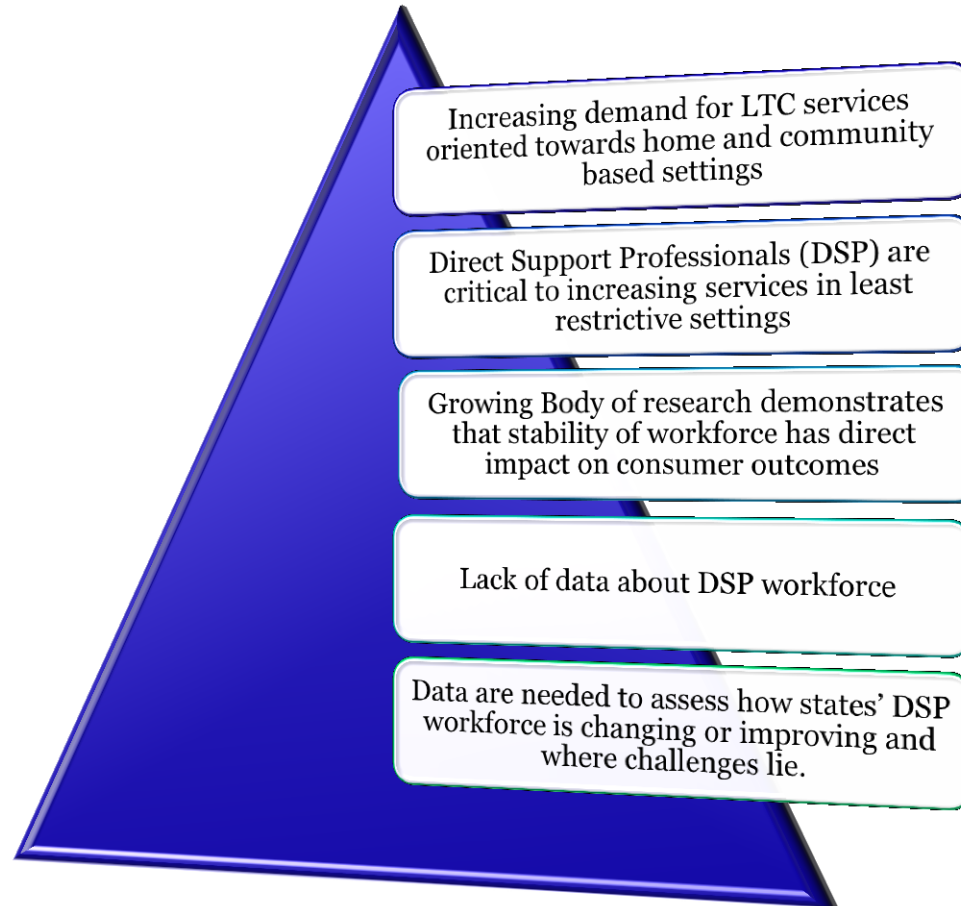


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National Core Indicators Staff Stability Survey

**Collaborative effort between the National Association
of State Directors of Developmental Disabilities
Services (NASDDDS) and the Human Services
Research Institute (HRSI)**

Why Do We Want a Tool to Look at Staff Stability?





How States Can Use Staff Stability Data

The NCI Staff Stability Survey data will help Missouri...

<p>Develop policy and programs regarding Direct Service Professionals (DSP) workforce improvement initiatives</p>	<p>Monitor and evaluate the impact of workforce initiatives</p>	<p>Compare state's workforce outcomes to other states' outcomes</p>	<p>Provide context for consumer and family outcomes</p>	<p>Build Systems to more effectively collect, analyze, and use DSP workforce data</p>
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What the Survey Assesses

Types of Service Provided

- Residential
- In-Home
- Non-Residential

Number of DSPs Employed /Left in Past Year

- Length of tenure

Wages

- Starting average hourly and current average hourly

Benefits

- Health insurance, dental insurance, paid time off, etc.

Recruitment and Retention

- Incentives, realistic job previews, etc.

NCI Staff Stability Survey 2014

- 👤 Nine states and the District of Columbia participated in the NCI Staff Stability Survey 2014.
- 👤 673 provider agencies completed the survey from these states and data gathered in this survey cycle refer to the period between January 1, 2014 and December 31, 2014.
- 👤 In terms of the agencies' organization types, 12% were public or government; 37% were private, for-profit; and 51% were private, nonprofit.

NCI Staff Stability Survey 2014

Tenure

Across responding agencies, the turnover rate for DSPs in 2014 was 45%.

Of the Direct Support Professionals (DSPs) employed at responding agencies as of December 31, 2014:

19% had been employed for less than 6 months.

17% had been employed between 6 and 12 months.

63% had been employed for more than 12 months.

Of the DSPs who left employment at responding agencies between January 1, 2014 and December 31, 2014:

37% had been employed for less than 6 months.

22% had been employed between 6 and 12 months.

41% had been employed for more than 12 months.

NCI Staff Stability Survey 2014

Wages

Across all participating states and service types, DSPs received an average hourly wage of \$11.11

Broken out by service type, average hourly wages were:

\$10.55 for DSPs providing residential supports.

\$10.93 for DSPs providing in-home supports.

\$11.10 for DSPs providing non-residential supports.

Broken out by organization type, average hourly wages were:

\$11.39 for DSPs working at public or government-funded provider agencies.

\$11.08 for DSPs working at private, for-profit provider agencies.

\$11.19 for DSPs working for private, nonprofit provider agencies.

NCI Staff Stability Survey 2014

Benefits

Across all participating states, 63% of responding agencies provided health insurance to only full-time DSPs;
55% provided dental coverage to only full-time DSPs
43% provided vision coverage to only full-time DSPs.
Across all participating states, a large proportion of agencies (66%) offered employer-paid job-related training
62% offered life insurance.

In terms of benefits that responding agencies offer to all DSPs (both full-time and part-time DSPs):

43% offer paid sick time

43% offer paid vacation time

30% offer paid personal time off

👤 To view NCI's Staff Stability Report 2014,
click on:

http://www.nationalcoreindicators.org/upload/core-indicators/2014_Staff_Stability_Report_11_13_15.pdf

CMS Medicaid Equal Access Rule

- 📍 The Centers for Medicare and Medicaid Services has finalized a long-awaited Medicaid “access rule” that seeks to establish a transparent data-driven process for states to document whether Medicaid payments are sufficient to enlist providers to assure beneficiary access to covered care and services.
- 📍 The final rule with comment period, entitled “Medicaid Program; Methods for Assuring Access to Covered Medicaid Services,” finalizes a proposed rule issued May 6, 2011.
- 📍 The rule only covers state plan services, so waiver programs in Missouri and Medicaid managed care services are not affected.
- 📍 Although the regulation is final, CMS is seeking comment on whether future adjustments would be warranted to the provisions setting forth requirements for ongoing state reviews of beneficiary access.

Employment First State Leadership Mentoring Program



- 👤 The U.S. Department of Labor Office of Disability Employment Policy (ODEP) has selected Missouri as one of nineteen states to participate in the Employment First State Leadership Mentoring Program.
- 👤 The program will provide up to 325 hours of intensive technical assistance to Missouri's team to help increase competitive, integrated employment outcomes for individuals with disabilities.
- 👤 Technical assistance will focus on the development of an Employment First action plan.

Other Stuff



Transition Plan

Draft Rule Provider Enrollment

Provider Bulletin—providers required to sign plans

Provider Bulletin—adequate documentation

Provider Bulletin—Telephony

Waivers – Rates & Comment

Single ISL

- Practice is not to support one-person ISL
 - Individual Financial Issues
 - State Financial—fewer than 24-hour supports
 - Isolation