

July 15, 2009

TO: Counties interested in the Proposed Medicaid Prevention Waiver

FROM: Roger Garlich, Chair, Medicaid Waiver Committee

We have drafted a proposed Prevention Waiver that needs some fine tuning before it goes to Mo HealthNet for review and then to CMS. We need your input to finalize the waiver. Your thoughtful consideration of the following topics prior to our meeting on Thursday, July 23 from 2 -4 pm in conjunction with the MACDDS meeting would be most helpful so that we can expeditiously decide upon a course of action and stay within our projected timeframes. A copy of the draft waiver is included for your review.

1. All counties must cover the same group of eligible clients. We are recommending based on the results of the survey of counties that the waiver cover children and adults.
2. Covered services are proposed to be as follows:
  - a. Day Habilitation
  - b. Personal Assistant – this would include the provision of in-home respite
  - c. Employment Services: Supported Employment; Career Preparation Services
  - d. Temporary Residential – this would be used for out of home respite
  - e. Behavior Therapy
  - f. Behavior Analysis
  - g. Community Specialist
  - h. Environmental Accessibility
  - i. Personal Emergency Response System
  - j. Specialized Medical Equipment and Supplies
  - k. Therapies – Occupational, Physical & Speech
  - l. Transportation
  - m. Dental
  - n. Support Broker
  - We need your feedback on whether all of these services are necessary.
  - Do we need to include Behavior Therapy? This service is not in the Autism Waiver and the Division hopes to phase it out.
3. Do we want to include dollar limits on some services, such as a \$5,000 cap on Specialized Medical Equipment or Supplies or an annual limit on dental services, or should we only maintain an overall waiver cap of \$12,000? One argument for maintaining the limits on services as we currently have in the other waivers is that it makes it easier for case managers to have consistent definitions. It also may make it easier to manage budgets if there are dollar limits on some services. On the other hand, if a consumer, for example, needs substantial home modifications to live in their own home and no other services, this would allow modifications up to the \$12,000 limit. One potential outcome of allowing one service to utilize most or all of the funding for a consumer is that it may result in the consumer having to give up the waiver slot once identified needs in the plan have been met. This may lead to a lot of turnover and a higher potential for appeals as consumers realize they may have an interest in receiving additional services.

4. Do we need to reserve any of the slots county boards have proposed to fund for any special circumstances? We initially discussed reserving slots to address the problem of kids that age out of the school system and then need continued services and waiver slots are unavailable to them. With the additional funding this fiscal year specifically for this population, reserving capacity may no longer be necessary.
5. We need to identify in the waiver application how quickly county boards will fill the 422 slots that they propose to fund. Some counties have committed to only funding one or 2 slots and one has almost 100 slots. We need to know if the slots the county has committed to funding are for persons already known to the county that you intend to begin serving as soon as the process opens up, or if these are anticipated slots throughout the year. Please develop a phase in plan of how many slots you would anticipate filling by month based on the number of slots your county plans to fund.
6. One of the biggest concerns we have in terms of CMS approval is that CMS will require equal access. Slots must be managed as if there is one single geographic area, not separately operating county waivers. In other words, regardless of the county of residence, anyone should have the same “chance” of participating. We anticipate problems if one county has a wait list while other counties are continuing to fill open waiver slots. Ideally, all counties will fill their slots and then have a wait list for services so the impact is at least close to being proportionately the same throughout the participating regions. We need to discuss how we will manage the potential situation in which one area has a wait list while another is still filling open slots.
7. Should the Division’s wait list process be used? Should this waiver be identified as only individuals who have a score of less than 7 or 8 or 6? Should there be a separate waiting list? Should the waiting list be based on just the total cost of services the individual is waiting for, and this would have to be \$12,000 or less?
8. With regard to estimating the cost of the services, one suggestion is to multiply the maximum allowable cost by 80% to determine the cost per service. Does this seem reasonable based on your county’s experience?
9. The waiver requires that we estimate utilization of each proposed service by both the number of users and the number of units of service. One way to do this is to look at the utilization of the Comprehensive Waiver and Community Support Waiver and assume that the same proportion of users would utilize any given service in the Prevention Waiver. This works for services common to both waivers, but still requires that we estimate on proposed services not currently covered in the existing waivers. Based on your knowledge of your county’s wait list and persons you anticipate serving under the Prevention Waiver, can you provide any specific information about projected utilization of the proposed services? Do you anticipate utilization patterns under the Prevention Waiver to be any different than the existing waivers?
10. Does your county have CARF accreditation?
11. Is your county enrolled with Medicaid as an Organized Health Care Delivery System (OHCDS)?

There will be a Q & A session following the presentation of the waiver.