Progress Made on HCBS Reform

- SB 74 passed in 2016
  - Requires SDS to make significant changes to HCBS system
  - Sets budget cuts SDS must meet
- Developed a detailed plan for HCBS reform
  - Contracts with HMA and HCBS Strategies
  - Moved Behavioral Health into separate initiative
  - Completed plan that details all of the tasks necessary to implement the changes in February 2017
- Have followed plan with only minor changes
  - CFC & ISW ready for implementation in March 2018
Obtaining Enhanced Federal Funding for Development and Implementation

- CMS provides 90/10 match for developing operations if tied to the Medicaid Management Information System (MMIS)
- CMS approved Implementation Advanced Planning Document (IAPD)
- Prevents SDS from losing additional staff and funds contractual and other support for fulfilling the rest of the plan
- Allowed Trust funds to go much farther

Converting PCA/CDPCA to Community First Choice (CFC)

- Allows SDS to obtain 6% enhanced match (56/44 vs. 50/50)
- Only applies for people who are waiver eligible (meet an institutional Level of Care (LOC))
- Status:
  - Draft State Plan Amendment reviewed by CMS
  - Regulations out for public comment
  - Target implementation by March 2018
CFC Services

- CFC-PCS - Uses same calculation of hours as PCS, except:
  - Additional service hours if participant only requires supervision and cueing for ADLs/IADLs
    - 2-3 ADLs/IADLs - 3 hours
    - 4+ ADLs/IADLs - 6 hours
  - Additional hours for skills-building
  - Emergency Response System

Individualized Supports Waiver (ISW) for People on IDD Registry

- New 1915(c) waiver that will provide a capped service package to people on the Registry
- Status:
  - Draft Waiver structure reviewed by CMS
  - Regulations out for public comment
  - Target implementation by March 2018
ISW Services

- Respite
- In-Home Supports for ages < 18
- Supported Living for ages ≥ 18
- Day Habilitation
- Supported Employment (including pre-employment tasks)
- Time-limited Therapy Services (Intensive Active Treatment)
- Transportation
- Chore

ISW Individual Cost Limits

- Care Coordinators will first develop a plan that:
  - Reflects participant’s needs, goals, and preferences
  - Uses supports from unpaid sources and other funding source before Medicaid
- Service amount capped at $17,500 per year
  - Amount is adjusted to reflect regional adjustments in rates
- Can also receive additional $5,000 in services once every 3 years
  - Must be to address temporary emergency needs
**ISW Enrollment**

- Phasing in enrollment to minimize demands on SDS staff (assessments) and (Care Coordinators – application and Support Plan)
- Drawing 100 people off DDRR per month
  - Began in September
  - Will last until Waiver includes 600 people
  - Starting with people with greatest needs
- Collaborating with STARs and Care Coordinators to make sure people have support in completing process

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**Progress Made on Changing Assessment and Support Planning Processes**

- Made changes to intake & Support Plan implement CFC & ISW
- Developed detailed plan for longer range changes
- Replicating current NFLOC and PCA Hours assignment using interRAI items
  - Collected data for interRAI and current tool (CAT) on 400 participants
  - University of Michigan will present proposed new criteria in March 2018
- Developed overall Workflow
  - Presenting to stakeholders on February 1, 2018
Timeline for the New Intake, Assessment & Support Planning Processes

- **High-Level Work Flow:** Vetting with stakeholders
- **Detailed Framework:** February to June 2018
- **Automation and Training:** July 2018 to June 2019
- **Rollout:** July 2019