

A Consumer Guide To The “MR/DD Waiver Renewal Application”



As a recipient of the MR/DD Waiver program, you have been invited to review the MR/DD Waiver five (5) year Renewal Application. Every five years, West Virginia must complete an application to the federal government requesting to continue the Waiver Program and services. West Virginia’s current application is approved through September 30, 2005.

Please offer your comments regarding services that you believe are beneficial to you as a recipient of the Waiver program and significant areas of improvement. Your opinion is valuable to the Program. We appreciate your thoughts, comments, and suggestions. You may submit comments to:

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Questions

What is the MR/DD Waiver Renewal Application?

The application is a five year plan developed to identify Waiver services, plan of care and eligibility.

Does this application address my eligibility personally?

No, your personal eligibility will be determined on an individual basis.

Why is the Application important to me?

The application outlines services and evaluations that may be available to you.

What happens to the Application when it is completed?

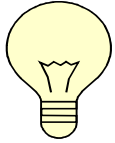
The Bureau for Medical Services (BMS) will receive comments from interested parties who will make suggestions about specific services, eligibility for Waiver, cost of the program, or quality monitoring activities. Comments and suggestions will be taken into consideration while a final renewal application is developed.

Who approves the Application?

The federal agency who administers the Medicaid program, the Center for Medicare and Medicaid, approves the renewal application.

How often does the State of West Virginia complete a Waiver Renewal Application?

Five Years



Does the new application contain changes to services or eligibility?

Yes. The application includes some changes. Please refer to the “Side by Side” comparison on the BMS web site for details.

How will it affect my services?

Eligibility: We recommend a reduction in evaluations for eligibility. Currently, three evaluations are required (annual physical evaluation, psychological evaluation, and social history). We recommend that the social history be discontinued in order to streamline the application process. This recommendation is in response to consumer and family suggestions regarding the process.

Services: If you receive one of the services listed as a possible change, this would affect you directly. Review the “side by side” comparison for details. It is important to discuss any change in your personal needs with your service coordinator.

Will any service be discontinued?

We are recommending that most service categories remain the same. Your personal services must be provided to you based upon your individualized needs.

Will any services be added?

Yes, we are recommending the addition of crisis services to the current renewal application. Please see the service description in the application for details. This service was added as a response to expressed need.

Did BMS receive input from consumers or families on the draft renewal application?

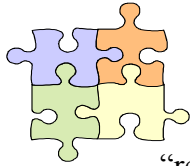
The Bureau for Medical Services contracted with the Lewin Group, an independent company, to conduct consumer/family focus groups. Three focus groups were conducted by Lewin; one in Northern West Virginia; two in Southern West Virginia. Written notices were mailed to consumers, families, advocates, and provider agencies notifying them of the focus groups. Common themes derived from the focus groups and written feedback provided to The Lewin Group were utilized in the development of the first draft renewal application. An additional mass mailing was conducted to notify consumers and families of the first draft. The first draft of the renewal application was posted on the BMS web site. Comments were received by BMS staff and incorporated into the second draft that you are currently viewing.

If I do not see a type of service or description of service listed, should I be concerned?

Following the first draft of the application, a number of individuals or families expressed a concern that some services were not detailed in the application. BMS does not intend to discontinue services such as community residential habilitation, Level I Respite, Level I Adult Companion at this time. We acknowledge the value of such services to Waiver recipients. Specific types of service providers, training requirements, or further details regarding the service will be discussed in a Waiver policy manual at a later date.

What is a Waiver policy manual?

The MR/DD Waiver Policy manual offers direction and guidance to Waiver providers or Waiver recipients on service code definitions, service limitations or restrictions, the application process, required documentation by the provider, and medical or financial eligibility. The manual offers specific details on policy regarding procedures, program instructions, and clarification on the implementation of services. Policy manuals are often described as “regulations” or “requirements.” The contents of a policy manual are based upon the basic components as outlined in the renewal application.



What about the future? Is there any consideration of “person-centered” planning rather than “cookie-cutter” services?

Consumers and families have expressed an interest in the following:

- Person-centered services and planning
- Supports that are more individualized
- Increased control over supports and budget.

Based upon expressed interest, BMS plans to implement a change in the current Waiver.

You will see a change in the way your support needs are determined. You will have more control and choice over your services. You will receive services that are unique to your support needs. This type of “service delivery model” is called a “supports model”. This model will focus on needs.

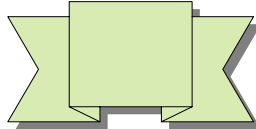
There will be an initial assessment. The results of the assessment will be utilized as a guide for you and your IPP team to begin planning your services. Many recipients have expressed a concern regarding a “one-size-fits-all” approach to Waiver services. The assessment will guide the team into a “level of supports” or otherwise known as a “level of need”. This is a general category that identifies the amount and cost of services that someone with similar needs might receive. This level of support will offer an approximate level of service need, so you and your IPP team can begin planning the unique services that you need. The level of supports assessment does not replace the IPP

process. The needs assessment will occur before your IPP meeting. Once your level of need has been identified you will meet with your team to plan your services.

When will this begin?

The targeted date for implementation is January; 2006. The state recognizes the need for active involvement with stakeholders and respectfully requests your input.

THANK YOU FOR YOUR COMMENTS



**TABLE 1 The Title XIX MR/DD Waiver
 “Side by Side” comparison of changes from 2000 to 2005**

#	Page #	Topic	Comparison of the 2000 renewal with 2005 renewal	COMMENTS
1	2	Number 6 - & Number 7 – Inclusion of Medical Neeedy	In 2000 marked Yes – Marked no for # 6 and N/A for # 7 in 2005	This more accurately reflects our actual practice.
2	4	Number 13 – Plan of Care (IPP)	2005 Added language to include recipient – Added Attachment 11	The template does not include the recipient of waiver services in the development of the IPP – Also refer to Attachment 11
3	6	Number 17 - Independent Assessment of the Title XIX Waiver Program	Marked Yes in the 2000 renewal – Marked No in the 2005 renewal.	This is a cost of \$75,000.00 to \$100,000.00. We recently received the final report of the Independent assessment (which is posted on our web site) done by the Lewin Group. Will evaluate need for Independent Assessment 2008/2009. Regardless of the independent assessments, public hearings and/or public forums will take place before the 2010 renewal. The hearings would just be separate of the Independent Assessment.
5	9	APPENDIX B Appendix B-1 Case Management (Other Service Definition)	Added language – to separate from targeted case management – Service Coordination with the waiver allows a more involved role.	The state identifies case management (service coordination) as an intense level of coordination of care for a minimal number of individuals requiring an intense level of services, supports, and training and living within the variability of a diverse community setting
6	11/12	Appendix B – 1 Respite Care – Sites allowed to provide services	Added Developmental Disabilities crisis respite site as this is our actual practice	This was changed to better reflect our current practice.
7	12/13	Appendix B – 1 Residential Habilitation	2005 Template includes language that we “struck through” – also added language for clarification	The template included language that families cannot be reimbursed for residential habilitation services – This language has been “struck through” and replaced with language that reflects our current practice.

	Page #	Topic	2005 renewal	COMMENTS
8	14/15	Appendix B – 1 Pre Vocational Supportive Employment Services	2005 Template includes language that we “struck through” – also added language for clarification	The template included language that reflected the need for institutionalization. This language has been “struck through” and replaced with language that reflects our current practice.
9	16	Appendix B – 1 Transportation for Habilitation Services	2005 Template includes language that we “struck through”	Transportation is not included in habilitation service rates. This language had been “struck through” and reflects our current practice.
10	17	Appendix B – 1 Skilled Nursing	Added – Children below age 21 are covered under state plan services which need to be utilized. Adults age 21 and above – will be covered under waiver services	Children, age 21 and under, are covered under a service offered under Medicaid state plan services. If a service is offered under a State Plan Service, it must be utilized before accessing waiver service.
11	17	Appendix B – 1 Environmental Accessibility Adaptations	2005 Template does not include vehicle modification – This language was added	Introduced language that reflects our current practice that includes vehicle modification
12	22	Appendix B – 1 Crisis Service	This was not included as a service in 2000. New Service to be introduced with the 2005 waiver renewal application.	Intent – is to allow intensive care for 14 days to resolve the crisis at the home level. This service would require a Prior Authorization process and involve high level professional staff. This is to prevent utilization of the hospital, and crisis beds of which we have a shortage.
13	22	Appendix B – 1 Psychotherapy and Psychiatric Services	Delete as an extended State plan service – this can be covered by the “regular” medical card	These are services covered under the state plan service, thus this service needs to be utilized instead of the waiver service.
14	25	Appendix B - 2 Licensure and Certification Chart	Was updated in 2005	Language introduced that reflects our current practices.
15	27	Appendix B – 3 Keys Amendment	Was updated in 2005	Checked – Home and community-base services which reflects are practice.
16	28	Appendix C	Was updated in 2005	This was updated in 2005 to reflect our current practices. THERE ARE NO CHANGES IN ELIGIBILITY

	Page #	Topic	2005 renewal	COMMENTS
17	34	Appendix D- Entrance Procedures and Requirements – Initial Evaluation	Include Language to reflect PA or NP	This will provide more access to for individuals.
18	34	Appendix D- Entrance Procedures and Requirements – Re-evaluation	Language change for the psychological on adults to complete triennially instead of annually	This is an attempt to make the re-evaluation process less cumbersome and to also reduce cost.
19		Appendix G	Not completed	THIS SECTION WILL BE COMPLETED ONCE ALL COMMENTS ARE RECEIVED AND THE APPLICATION IS FINALIZED.