

# DHHS Vision

## Nevada's Long Term Services and Supports (LTSS)


# Overview

## 1915(c) Medicaid Waivers

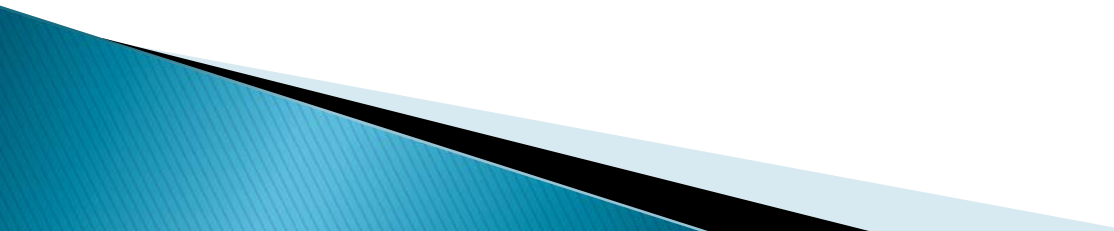
# 1915 (c) Waivers in Nevada

1. Home and Community Based Waiver (HCBW) for Persons with Mental Retardation and Related Conditions (MRRC)
2. HCBW for Persons with Physical Disabilities
  - Referred to as Physical Disability Waiver or “WIN”
3. HCBW for Assisted Living (AL)
4. HCBW for the Frail Elderly
  - Referred to as “CHIP”
  - Includes the Waiver for the Elderly Adult in Residential Care (WEARC) or group home waiver

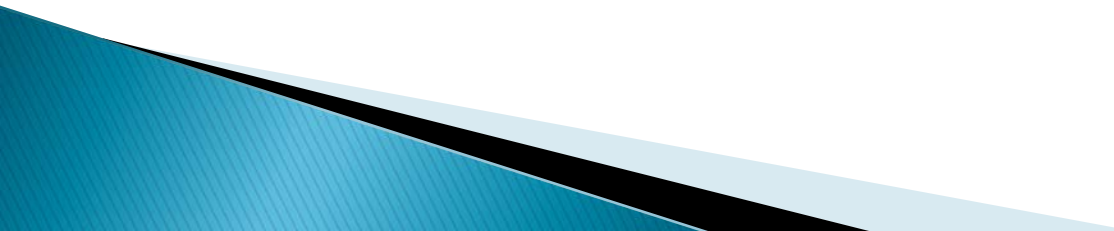
# What is a Waiver?

- Under the Social Security Act, several sections allow states to waive government-mandated requirements which pertain to Medicaid under certain circumstances
  - Medicaid waivers are designed to allow states to be more flexible in providing health care options to their citizens. They promote the use of community-based services as an alternative to institution
  - Medicaid costs for Home and Community based services provided in a waiver program must be less than Medicaid costs for institutionalization if the waiver programs were not in operation.
  - There must be an application for a waiver program with specific details and processes outlined that is approved by the Centers for Medicare & Medicaid Services (CMS)
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# What is a Waiver? (con't)

- The Division of Health Care Financing and Policy (DHCFP) has Administrative Authority, establishes policy and makes payments for services; the Division currently operates the Waiver for Persons with Physical Disabilities
  - Aging and Disability Services Division (ADSD) is the operating agency for the HCBW for the Frail Elderly, AL, and MRRC (since the merge with Developmental Services)
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# What Can Be “Waived”

- Statewideness – target waivers to areas of the state where the need is greatest, or where certain types of providers are available
  - Comparability of Services – makes waiver services available to certain groups of people at risk of institutionalization
  - Income and Resources – provides Medicaid to individuals who would otherwise be eligible only in an institutional setting
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# Eligibility Requirements for Nursing Facility Level of Care Waivers

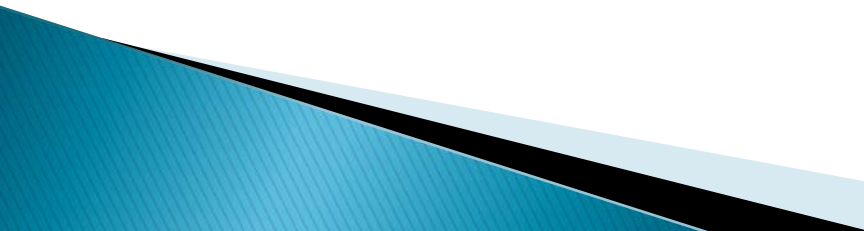
- Age – waivers can have a minimum or maximum age based on what is in the approved application
- Must meet a Nursing Facility Level of Care (LOC) which is a universal assessment of an individual's abilities, deficits, and need for assistance to determine if they meet criteria for nursing facility placement or qualify for a less restrictive environment
- Need for a waiver service to be delivered at least monthly to remain in the community
- At risk of institutionalization within 30 days
- Income – institutional income guidelines determined by the Division of Welfare and Supportive Services (DWSS):
  - Up to \$2,130/mo
  - Prepaid burial policy up to \$1,500
  - Up to \$2,000 assets

# Covered Services for Nursing Facility Level of Care Waivers


HCBW for the Frail Elderly	HCBW for Assisted Living *Las Vegas Only	HCBW for Persons with Physical Disabilities
<ul style="list-style-type: none"> <li>•Case Management</li> <li>•Homemaker</li> <li>•Chore</li> <li>•Respite</li> <li>•Personal Emergency Response System (PERS)</li> <li>•Adult Companion</li> <li>•Social Adult Day Care</li> <li>•Augmented Personal Care—provided in a qualified licensed group home</li> </ul>	<ul style="list-style-type: none"> <li>•Case Management</li> <li>•Augmented Personal Care—provided in a qualified licensed assisted living facility</li> </ul>	<ul style="list-style-type: none"> <li>•Case Management</li> <li>•Homemaker</li> <li>•Chore</li> <li>•Respite</li> <li>•Environmental Accessibility Adaptations</li> <li>•Specialized Medical Equipment and Supplies</li> <li>•Personal Emergency Response System (PERS)</li> <li>•Assisted Living Services</li> <li>•Home Delivered Meals</li> <li>•Attendant Care Services—extended state plan personal care</li> </ul>



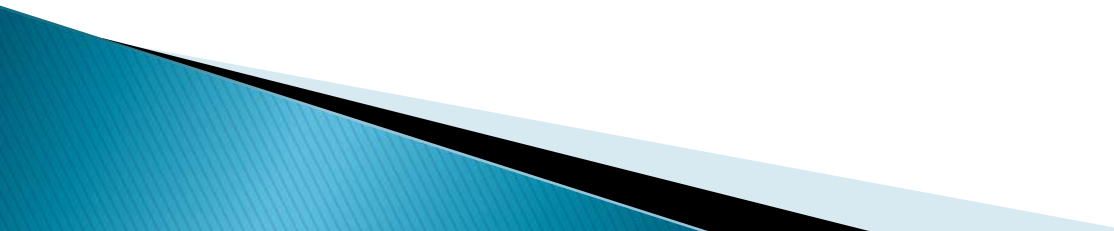
# The Vision for Integration

- Streamlining core functions, their costs and delivering effective and efficient outcomes
  - Reducing the current Waiver Programs from four to two using Intermediate Care Facility/Developmental Delay (ICF/DD) and Nursing Facility (NF) level of care
  - One integrated system for Home and Community Based Long Term Services and Supports (LTSS) for Nevada Medicaid Recipients
  - Consistent program operations through ADSD and program administration through DHCFP
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# Benefits to Recipients

- No wrong door, simplified and faster access to services
  - No need to complete multiple applications and repeat history multiple times
  - More services available
  - No interruption in services or need to transfer between waivers for available services
  - No need to be placed on a waitlist for another eligibility determination to transfer between waivers
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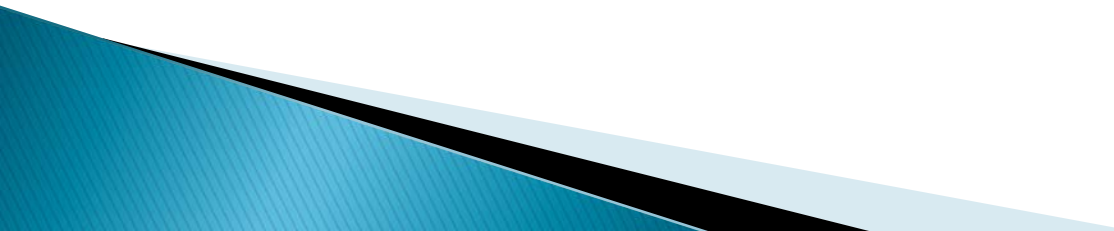
# Benefits to Providers

- Consistent referral process and service plans
  - No need to have multiple provider numbers for each waiver program (48, 57, 58, 59) which will facilitate easier enrollment, authorizations and billing
  - Reduction in repetitive and duplicative processes
  - Consistency in policy interpretation and technical advice
  - Single coordinated Quality Management reviews for compliance and qualifications
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# Benefit to State Agencies

- Increased consistency in administrative oversight, program operations, and personnel management
  - Single coordinated Quality Management reviews for compliance and qualifications
  - Reduction in reporting requirements to CMS
  - Reduction in waiver renewals and evidentiary reports
  - More flexibility in initiating services to recipients and slot allocation
  - Improved planning for future slots, budget, cost per eligible, rate determination, provider network, service and staffing needs
  - Operational efficiencies and elimination of duplicative work
  - Statewide use of a single case management software system leading to improved documentation, record management, reporting and tracking
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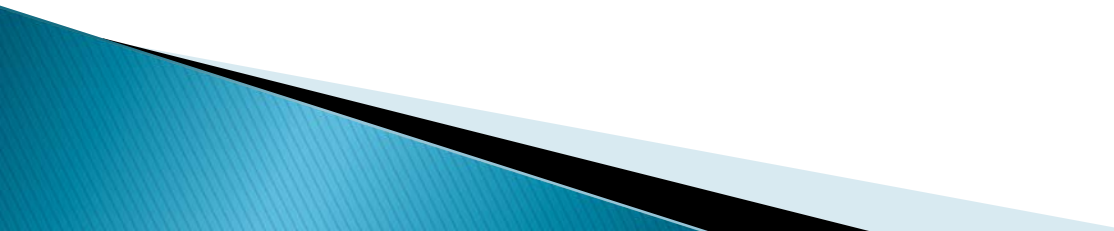
# Other Interesting Facts:

- Medicaid waiver eligibility provides full access to medically necessary State plan Medicaid benefits
  - Medicaid does not provide payment for room and board
  - To be eligible for a waiver an individual must have a waiver service need at least monthly
  - To meet a Level of Care the score must equal 3 or higher using the universal assessment tool
  - Eligibility criteria is determined by ADSD, DHCFP, and DWSS
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# Staffing Considerations

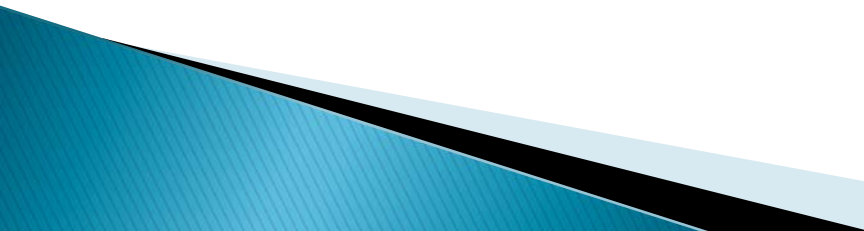
- Administrative activities that are required include: facilitating eligibility determinations, assessing for level of care and service needs, development and review of the plan of care, outreach, intake, quality management and interventions prior to program eligibility.
- Caseload:
  - Case Worker caseload 45:1
  - Supervisors – 6:1 ratio (5 case managers + 1 administrative assistant)
  - IT support – case management software, licenses, etc.

# Operations

- Transition WIN Waiver Operations (staff) to ADSD (January 2016)
  - Obtain CMS approval to revise current WIN – CHIP – AL Waivers by creating a single waiver that serves recipients who meet a nursing facility Level of Care (July 2016)
  - The Waiver Program serving recipients who meet ICF/ID Level of Care will remain separate
  - DHCFP will maintain administrative authority over the waivers
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# Action Steps

## Completed Spring of 2013:

- ✓ DHHS vision presentations to:
    - ✓ Legislature
    - ✓ Medicaid Medical Care Advisory Committee
    - ✓ Department of Health and Human Services Staff
  
  - ✓ Development of a Department Wide Long Term Services and Support (LTSS) Quality Assurance Committee with a timeline to integrate Quality Assurance Activities
  
  - ✓ Initiation of integration of Money Follows the Person and Nursing Facility Wavier program case management into one single case management system.
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# Action Steps (con't)

- ✓ June/Summer 2013:
  - Development of stakeholder communication, focus statements, workgroups, and public workshops. (Nevada Commission on Services for Persons with Disabilities, Commission on Aging)
  - Gather input and concerns.
- August 2013:
  - Contact CMS for technical assistance for combined waiver development
- May 2014
  - Budget Concept for WIN operations moving into ADSD completed for 2015 legislative session.
- May 2014
  - Budget Concept –to improve combined case management system.
- July 2015 – January 2016
  - WIN operations transferred from DHC FP to ADSD.

# What do you think?

*Questions? Comments? Concerns?*

*Input?*

