

Division for Developmental Disabilities Changes to the Medicaid Waiver Programs

Updates from Sharon Jacksi, Director
April 27, 2009

Attachment A

What We Are Hearing

In early March 2009, the new Medicaid Home and Community Based Services waiver applications were posted on the Division for Developmental Disabilities (DDD) website at www.cdhs.state.co.us/ddd/. DDD also made a presentation and held conference calls to answer questions about the pending changes. Participants, as well as others were asked to submit questions and comments to DDD. I want you to know that I have read the e-mails and correspondence and I thank you all for your feedback.

Some services not being available in the future – I have been hearing from individuals and family members who are afraid that the needed services that are being provided now won't be there in the future. I want to reassure you that we have a shared goal of helping your child or family member, and all Colorado citizens with developmental disabilities, to live richer lives. First and foremost, our goal is to continue to provide the critical services your child or family member is currently receiving. As a result of the comments I have received from many of you to date, I am currently reviewing the proposed changes in the waiver and attempting to address as many of the concerns as possible, including but not limited to, the limits on respite care, the changes to day habilitation, and provision of services by family members among other important items. Details regarding these changes will be outlined and communicated by early May 2009 once we have completed the necessary financial analysis. We will not be able to address all of your concerns as some of the limitations are driven by federal Centers for Medicare and Medicaid Services (CMS) regulations on how Medicaid money can be spent.

As many of you may know, the Medicaid funded Supported Living Services (SLS) program is undergoing the most significant changes and so this update will primarily focus on the SLS waiver program. The changes effective July 1, 2009 may significantly impact the type or amount of services provided to your son or daughter, so we encourage you to spend some time acquainting yourself with these proposed changes.

Supports Intensity Scale (SIS) – A more detailed description about how the SIS is being used is provided under the "Changes to Waiver Services" section.

I have received concerns about the use of the Supports Intensity Scale (SIS) to determine an individual's level of support needs. In response to the federal Centers for Medicare and Medicaid Services (CMS) requirement that Colorado use a uniform supports needs identification system, DDD is using the Supports Intensity Scale (SIS) that was developed by the American Association on Intellectual and Developmental Disabilities (AAIDD). Although there is no tool that will predict an individual's level of support need with 100% accuracy, the SIS is the best tool currently available and has the best record of accurately evaluating peoples' needs. We understand that the tool is also being used by many other States. The attached report from the Human Services Research Institute (HSRI) provides a substantial amount of support for how widely the SIS is being used.

There is acknowledgement that more refinements need to be made to the tool and the authors are working on making improvements so there will be a health risk-screening tool that will make sure that medical issues are properly assessed. Additionally, DDD has been researching several additional assessment factors to help ensure that the tool considers all of the factors in providing supports to people. For example, when the SIS is applied to people in the SLS people, one additional factor includes:

- Safety risk – Has the person been convicted of a crime and continues to pose a safety risk to the public?

Also for the SLS program, DDD is completing an analysis of the data collected through the SLS addendum to the SIS to determine its validity/utility in establishing Support Levels. Those items include:

- Living arrangement – Who else does the person live with?
- Primary caregiver – Who is the Primary unpaid caregiver?
- Physical limitations – Are there physical limitations, age-related issues, health or mental health issues or unusual job demands that limit the capacity of the primary unpaid caregiver to support the person?
- Support to others – Is the primary unpaid caregiver also responsible for providing support and assistance to other people, such as children under 18 years of age, or a disabled spouse or parent?
- Other – Are there any pertinent brief comments regarding SLS Addendum issues concerning the consumer and/or the primary unpaid caregiver.

Important Upcoming Dates

- **Available Now** – The Support Levels for all individuals in the SLS waiver are available from your case manager. See below under “*Supports Intensity Scale*” for more information.
- **Between April 1, 2009 and June 30, 2009** – For Individualized Plans (also known as Service Plans) that are developed between April 1 and June 30 whose implementation date will not be until on or after July 1, 2009, they will be developed using the new service definitions in Attachments B and C in anticipation of the new waivers being implemented. The plans cannot include any of the waiver services that will be discontinued as of July 1, 2009. These Service Plans will not need to be amended until their next regularly scheduled Service Plan review date or at such time that a participant experiences a life change that creates a significant change in the person’s need which prompts the need for an amendment to the Service Plan.

If a Service Plan is being amended between April 1 and June 29 for immediate implementation of a service change under the current waiver, these plans must have an end date included for those services that will no longer be available effective July 1, 2009 and they should include any replacement services based on the new waiver service definitions, as applicable.

In both scenarios above, the use of the Service Plan Authorization Limit and Individual Service Limits will not be implemented until Service Plan meetings that actually take place on or after July 1, 2009.

- **On or around May 1, 2009** –
 - DDD will publish the standardized State set rates for the Supported Living Services and Children’s Extensive Support programs. For those services that are the same as in the Comprehensive Services programs, the rates will be the same. For those services that are unique to either SLS or CES, the new rates will be published as well.
 - DDD will notify the system about the amount of money (i.e., Authorization Caps) associated with each of the Support Levels from 1 to 6 that will be available to purchase services and supports.
 - DDD will issue a specific communication that explains in detail the process for family members who provide services to their son or daughter as an independent contractor. See below under “*Family members may be paid*” for more information.
- **June 30, 2009** – The current federally approved Medicaid waivers (HCBS-DD, HCBS-SLS and HCBS-CES) will end.
- **Effective July 1, 2009** –
 - Some waiver services will no longer be available, however, there will be some services that will simply be provided under a different service category. For example, Supported Living Consultation (SLC) will no longer be available, but some of the same duties previously

performed under SLC will be available under mentorship. Please see the Attachments B and C for service descriptions for SLS and CES, respectively.

- All new or revised Service Plans will be developed under the new waiver requirements.
 - All rates that are paid for waiver services will use the new standardized State set rates.
 - The four spending caps associated with the Support Levels (1-6) for the SLS program will go into effect for new or revised Service Plans developed. See below under “*Supports Intensity Scale*” for more information.
- **Fiscal Year 2009-10 (July 1 to June 30)** – Implementation of the Consumer Directed Attendant Support Services (CDASS) part of the Medicaid Waiver program will not begin immediately in FY 2009-10 as rules and procedures must be written. However, DDD has prioritized the completion of these requirements. See below under “*Family members may be paid*” for more information.

Changes to Waiver Services

New definitions. It will be important that we are all using and understanding certain terms regarding funding. The following will provide you with some of the key terms that you will be hearing in the future.

“**Support Level**” means the level of care needed by a participant as determined by the Supports Intensity Scale (SIS) assessment and the supplemental assessment factors used in Colorado. The results of a SIS assessment provide information so that each person can be assigned a Level ranging from 1 to 6 (1 = lowest support needs and 6 = highest support needs).

“**Service Plan Authorization Limit**” (“Authorization Limit”) means the maximum reimbursement available to participants according to their Level and based on individual need for specific services within the Level. There are four Authorization Limits for the SLS program.

- Support Level 1 = Authorization Limit “A”
- Support Level 2 = Authorization Limit “B”
- Support Level 3&4 = Authorization Limit “C”
- Support Level 5&6 = Authorization Limit “D”

The SIS assessment does not apply to the CES program, therefore, there is only one Support Level for all participants.

“**Service Unit**” means any of the following: 15 minute increments (i.e., four units = one hour of service), one unit = one dollar, one unit = one respite care day, or one unit = transportation trip.

“**Authorization Cap**” means the annual maximum total amount of funds available for all services (i.e., ongoing services and limited duration services). The Authorization Cap varies per person depending on the individual’s Support Level.

“**Individual Service Limits**” means the maximum number of units that a particular service has been assigned. Not all services have an individual service limit. For example, personal care does not have any individual service limit, but mentorship is limited to 192 units per plan year.

“**Limited Duration Services**” means the following services and supports that have a combined limit that may not exceed \$10,000 over the life of the waiver.

Supported Living Services

- Home accessibility adaptations
- Vehicle modifications
- Assistive technology

Children’s Extensive Support

- Home accessibility adaptations
- Vehicle modifications
- Assistive technology
- Adaptive Therapeutic Recreational Equipment and Fees (\$1,000 per plan year)

“Ongoing Services” means services and supports that are provided to an individual on a continuing and regular basis, such as daily, weekly or monthly. Ongoing services include:

Supported Living Services

- Personal Care
- Homemaker
- Respite Care
- Behavioral Services
- Vision Services
- Specialized Medical Equipment and Supplies

- Day Habilitation
 - Specialized habilitation
 - Supported Community Connection
- Supported Employment
- Mentorship
- Personal Emergency Response System
- Non-Medical Transportation
- Dental Services

Children’s Extensive Support

- Personal Care
- Homemaker
- Respite Care
- Behavioral Services
- Vision Services
- Specialized Medical Equipment and Supplies

- Community Connector
- Profession Services
 - Hippo-therapy
 - Movement Therapy
 - Message Therapy
- Parent Education

Supports Intensity Scale (SIS). Each individual in the Comprehensive Services and Supported Living Services programs has been assigned a Support Level based on the results of an individual’s Supports Intensity Scale (SIS) assessment and other supplemental rating factors. The funding amounts associated with each of the six Support Levels will be available to everyone, so you will be able to know the amount of money available to purchase services and supports for your son or daughter. For example, if a Level 5 has a spending cap of say \$20,000 and your son or daughter is assigned a Level 5, you would know that up to that amount of money would be available for needed services and supports.

There are different Authorization Limits applied to each waiver program.

- Comprehensive Services program: the six spending cap levels match directly to the six SIS Support Levels (1-6)
- Supported Living Services program: the four spending cap levels (A-D) match to the six SIS Support Levels (1-6) as follows:
 - Support Level 1 = Authorization Limit “A”
 - Support Level 2 = Authorization Limit “B”
 - Support Levels 3 & 4 = Authorization Limit “C”
 - Support Levels 5 & 6 = Authorization Limit “D”
- Children’s Extensive Support: there is only one spending cap level for all children enrolled in CES as they are all considered to be at the highest level of need

Standardizing Rates across all service areas. Colorado is now required to standardize rates for all waiver services across the State. Therefore, the current variable rates that have been used throughout that State will be impacted, and the amount paid for a service currently may increase in some parts of the State, and in other areas, the rates may decrease. Up until this time, rates were negotiated between the service provider and Community Centered Board. Because the standardized rates may be higher than the current rates charged by many service providers, there may be a reduction in the number of hours that can be provided in order to remain within funding limitations.

Limits on the total number of hours of services available each year for SLS. Although Colorado is being required to make many changes to come into compliance with federal requirements, there are no new funds available to help with any transition. The new waivers will be implemented using the money that is currently available for the waiver programs. For example, Day Habilitation services will be available to participants as determined by the Supports Intensity Scale (SIS) assessment plus additional

factors, which is used to assign a Support Level from 1-6. There will be an amount of funding associated with each of the six Support Levels as described above. As the Service Plan is being developed, you will know what the Service Plan Authorization Limit for an individual to purchase services and supports. The Service Plan can be developed up to this Service Plan Authorization Limit according to each Support Level.

For Service Plans being developed after July 1, 2009, there will be a limit on the number of hours that can be provided for a few services. These limitations apply to the following specific individual services and are in addition to the limits placed through the Service Plan Authorization Limit.

Respite: Respite (currently provided as “supervision”) will have two types of limitations. First, it will be limited to 30 full days per year. A full day is any service period of 10 hours or greater. Additionally, an individual may receive up to 470 hours of respite for those days in which the total hours were less than 10 hours. An increase to these limits may be approved by DDD, if justified by the Service Plan team on the basis of high behavioral or medical needs.

Day Habilitation: Day Habilitation, which includes both community activities and facility-based activities, will be limited to 1,778 hours per year. This limit is calculated as an average of 7 hours of service a day based on 254 days per year. The services provided through supported employment will also be counted towards the 1,778-hour limit.

Mentorship: Mentorship services will be limited to 48 hours per year unless the individual needs assistance with parenting skills. If parenting skills are needed, the hours can be increased beyond the 48 hours per year with prior authorization.

Comprehensive Services provided in the family home. The new HCBS-DD (Comprehensive Services) waiver will include the ability for individuals who are enrolled in Comprehensive Services to live in their family’s home and still receive residential services.

Family members may be paid. Under the new waivers, family members can be paid to provide services to their children in three different ways.

- The first option is for the family member to be hired as a care provider by a service agency. The family member would need to meet all DDD minimum training requirements (including background checks) before he or she could be paid to provide services to his or her child. The family member would be paid by the service agency and would be classified as an employee of that agency.
- A second option is for a family member to become an independent contractor with a Program Approved Services Agency (PASA). The family member would need to meet all the DDD training requirements, the Internal Revenue Service (IRS) independent contractor criteria, and would be reimbursed under uniform rate set by DDD for the service they are providing. There will be a specific communication that explains this detailed process.
- The third option, which will be available in FY 2009-10 after rules are written, is to participate in the consumer directed attendant support services (CDASS) aspect of the Comprehensive Services, SLS and CES programs. Essentially, this option allows the individual or the individual’s unpaid authorized representative to hire, train and determine the rate of pay for his or her caregivers. These supports can only be used to pay for personal care and homemaker supports. More information about this option will be forthcoming.

Family members who are already receiving payment to provide services for their family member may continue to provide those services. DDD will be further developing the new methods mentioned above and will provide additional information in the future.

Supported Living Consultation will no longer be available. Supported Living Consultation included assistance with decision making, planning daily activities and direct assistance to access community resources and/or services. Many of these services may still be covered under Targeted Case Management activities or mentorship. Targeted Case Management services consist of locating, coordinating, and monitoring needed developmental disabilities services; and coordinating with other non-developmental disabilities funded services, such as medical, social, educational and other services. Targeted Case Management services include making referrals to other service systems, monitoring and reviewing goals and services identified in the Service Plan, advocating for entry into a program, providing counsel (e.g. choices of programs available) and support to prepare for entry, transfer or termination from a program; notification and documentation for intended actions (e.g., Service Plan staffing notices), or termination from services or transfer to other necessary services. Mentorship promotes self-advocacy through methods such as instructing, providing experiences, modeling and advising.

Community Connector Services are significantly different. The definition of Community Connector for the CES program has been substantially revised to better reflect the intent that it is a direct service to the child and not a coordinating function. The Community Connector supports the abilities and skills necessary to enable the participant to access typical activities and functions of community life. These activities are conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant).

**Division for Developmental Disabilities
Supported Living Services Waiver**

**Supports Intensity Scale (SIS)
Frequently Asked Questions**

1. What is the Supports Intensity Scale (SIS)?

The Supports Intensity Scale is an assessment tool that evaluates practical support requirements of a person with an intellectual disability. A structured interview is used to identify type, frequency and amount of support a person with developmental disabilities needs in order to successfully complete typical tasks or to participate in typical activities. The information from the SIS interview can be used during the individualized planning process to help set goals and services that the person will need to gain more independence in the community.

2. Who wrote the SIS?

The SIS was developed over a five-year period by a team of experts from the American Association on Mental Retardation (now the American Association on Intellectual and Developmental Disabilities – AAIDD). Since 1876, the American Association on Intellectual and Developmental Disabilities has been providing leadership in the field of mental retardation. AAIDD is the oldest and largest interdisciplinary organization of professionals (and others) concerned about mental retardation and related disabilities.

3. Why is the SIS going to be used in Colorado?

The Centers for Medicare and Medicaid Services (CMS), which is the federal Medicaid agency, conducted a review of Colorado's Comprehensive Services Waiver in 2004. In November 2005, concerns were raised by CMS that the State did not have a consistent process across all the Community Centered Boards (CCBs) for determining funding levels for individuals in the Medicaid Waiver programs. As a result, the Department of Human Services was directed to develop a new way of determining how levels of funding for services are decided for people with developmental disabilities who are receiving services through the state's Comprehensive Services Waiver and the Supported Living Services Waiver. The State chose the SIS to gather consistent information about people's support needs. Information from the SIS, along with other factors will be used in the future to determine funding levels.

4. What other factors, beside information from the SIS are being considered in determining future funding?

For people in Colorado's Supported Living Services (SLS) Medicaid waiver, other factors include information about the person's living arrangement, services that they may receive from other non-DDD programs, and limitations that their caregivers may have in their ability to provide support. At the end of each SIS interview with an SLS consumer, the consumer and their caregivers will be asked for information about those other factors.

5. Why was the SIS chosen?

The SIS was chosen based on an analysis done by the Human Services Research Institute (HSRI). HSRI is an independent contractor that was hired by the state to analyze assessment tools that the state could utilize to establish tiered funding rates that are tied to consumer support needs. HSRI recommended the SIS and the State agreed for numerous reasons:

- The SIS is principally designed to directly feed into and support the development of person-centered plans by measuring the frequency, intensity and volume of support that individuals need in various dimensions of everyday functioning and living.
- The SIS includes a focus on employment related supports.
- The SIS provides an evaluation of significant medical and behavioral conditions.
- The SIS focuses on an individual's current needs. Although historical usage is important information, the SIS identifies needs for supports that may not have been used in the past.
- The SIS yields reliable and valid information about individual support needs and, thereby, is a foundation for linking funding for such needs.
- The SIS is a national tool that was normed on a sample of over 1,300 adults with intellectual disabilities from thirty-three states and two Canadian provinces.
- Agencies can use the results to help plan for staffing, staff training, budgeting, strategic planning, and evaluation. Systems can use the results for systems planning, program evaluation, and resource allocation.

6. Who is administering the SIS and how were they trained?

Consultants from AAIDD trained 19 individuals from Colorado to train other professionals to be certified SIS interviewers. Everyone who is selected to be a SIS interviewer must be trained and then pass a reliability test before they are allowed to conduct interviews on their own. The State has also developed annual training and review of trainer and interviewer skills.

7. Who should be at the SIS interview?

The individual receiving services should be present and can act as their own respondent or self-reporter. The certified SIS interviewer will make sure that two or more appropriate respondents are included in the SIS interview. An appropriate respondent is someone who knows the individual well and has had recent and frequent contact with them. According to AAIDD, a respondent must have known the person for at least three months (a full year is recommended) and have had recent opportunities to observe the person in one or more environments for substantial periods of time (at least several hours per setting).

Two or three people who know the individual well and who the individual wants to participate, should be present. It is not appropriate to have a large number of people present during a SIS interview. The consumer, the interviewer and a few respondents are essential.

8. How long does a SIS interview take?

The average amount of time for an interview is about 2 hours. There is a very specific way that the questions are to be asked. In addition, in order to maintain the validity of the assessment, interviewers have to ask all the questions on the assessment, even if the answer appears to be obvious. It is perfectly okay to ask for a break if you or your family member needs one.

9. Does everyone have to have a SIS Assessment?

Everyone in the Medicaid SLS or Comprehensive Waiver Programs must have this assessment because information from the SIS will be used (in addition to other factors) in establishing Medicaid funding.

10. Can I get a copy of my SIS Interview Form?

Yes, let the interviewer or your case manager know if you want a copy. The interviewer or your case manager can send you one after the results are scored and graphed.

11. When an individual uses assistive technology, is the SIS administered with the assistive technology in place?

Yes. This applies only to assistive technology that the person already has. For example, if a person has an assistive device (communication device, wheel chair, hearing aid and so on) they would be scored with the device in place.

12. Is the intent of this new method for determining funding to reduce funding for all consumers?

No, the State is not reducing the amount of funds that are appropriated for these two Waivers. The intent is to have a fair method for distributing those funds among all the Waiver participants based upon their support needs and other pertinent factors.

13. What was the role of persons in services, parents and family members in selecting the SIS?

HSRI had separate meetings with each of a group of self-advocates, the Arc of Colorado and directors of local Arc chapters, the DDD Policy Advisory Committee, CCB representatives, provider agency representatives, and DDD officials to discuss the selection of an assessment tool that would help determine funding rates. Comments from all groups were taken into consideration when making the final decision.

14. What if I have a concern or complaint about the SIS Interview process?

If you have concerns about the SIS interview, there is a process for filing a complaint regarding the SIS Interview. It can be found – along with other SIS information on the DDD website at <http://www.cdhs.state.co.us/ddd/UserGuidesManualsReferenceMaterial.htm> Scroll down to the SIS Section and click on SIS Complaint Procedure. Also the SIS interviewer or your case manager will be able to provide you with a copy.

15. Where can I get more information about the SIS and its use in Colorado?

For more information about the use of the SIS in Colorado, contact Gail Bernstein at the Division for Developmental Disabilities, gail.bernstein@state.co.us or 303-866-7143. For general information about the SIS instrument go to: www.siswebsite.org.

16. What is the reliability and validity of the SIS? What studies are there to show that it measures what it is supposed to?

For technical information about the SIS, see the website at: <http://www.siswebsite.org/page.wv?section=Product+Info&name=Quick+Facts>