

# Limitations & Strengths of the ID and DD Waivers

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## Presentation Outline

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- Expectations for the ID & DD Waivers
- Limitations & Strengths
- Recommendations
- Expansion of Managed Care

## Expectations for the ID & DD Waivers

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### Services –

- I. The service array will be sufficient to support individuals in their communities
- II. That service options will be of sufficient quantity and quality to insure access and to allow choice of providers, and
- III. Supports will reflect what is “important to” and what is “important for” each individual

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## Expectations for the ID & DD Waivers

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### Case Management –

- I. Case Managers will manage service eligibility, enrollment, linkage with services, reviews of plans and oversight of care in accordance with Virginia’s assurances to CMS
- II. Case Managers will manage the size/scope of the plan of care to ensure that costs are contained

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## Limitations & Strengths

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- I. The service array will be sufficient to support individuals in their communities
- With the notable exception of the lack of residential services in the DD Waiver, the array of services is sufficient

### Limitations

- Only the "day" services reflect options for regular and high intensity; residential services theoretically reflect greater need by adding units of service
- Smaller residential options, which generally afford more flexibility and individual attention lack the economy of scale

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## Limitations & Strengths, con't

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- The "units of service" do not necessarily reflect the purpose of the service, but do control service delivery. For example:

<b>Service</b>	<b>Current Unit</b>	<b>Proposed Unit</b>
Residential	1 hour	daily
Skilled Nursing	1 hour	15 min

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## Limitations & Strengths, con't

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- Tasks or activities which are required, but not billable, lower the effective payment rates in a service environment lacking other sources of revenue. For example:

<b>Service</b>	<b>Example of Task/Activity</b>
Residential	General supervision
Therapeutic Consult	Travel, Plan Development

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## Limitations & Strengths, con't

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- II. That service options will be of sufficient quantity and quality to insure access and to allow choice of providers

### Limitations

- Clearly this ties directly to provider rates; the ability of the providers, within the limitations described above, to provide a quality service is compromised
- The primary limitation, important as Virginia responds to the DOJ report, is the lack of an adequate rate for smaller residential options, skilled nursing, and other professional consultative services

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## Limitations & Strengths, con't

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III. Supports will reflect what is "important to" and what is "important for" each individual

- The array of services as currently described allows a great deal of flexibility to meet current and changing needs and to respond to what is important to and what is important for an individual

### Limitations

- There are often not adequate resources to implement the plans in the way we would want

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## Limitations & Strengths, con't

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I. Case Managers will manage service eligibility, enrollment, linkage with services, reviews of plans and oversight of care in accordance with Virginia's assurances to CMS

II. Case Managers will manage the size/scope of the plan of care to ensure that costs are contained

### Limitations

- Case Management is not, in either Waiver, designed to control costs; it is designed to facilitate accessing services, supporting community integration and in performing the tasks needed to meet Virginia's assurances to CMS – monitoring service delivery and meeting requirements for plan development, review, and reauthorization

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## Recommendations

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- Add intensity levels to residential services (including In-Home services) which would support more or more highly trained and qualified staff
- Provide a rate differential for smaller, more flexible residential sites
- Revise the structure of the units of service to better reflect the service, eg., daily for residential, ¼ hour for nursing, etc.

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## Recommendations, con't

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- Consider the aspects of each service which are required, but are not compensated; in the absence of other revenue streams, the provider is now forced to stretch the limited rates even farther
- Place the responsibility for creating an environment that is "person-centered" on the system - the rules, regulations, fee structure, etc. - rather than solely on the provider
- Make a conscious decision about the role and responsibility of the Case Manager to contain cost

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## Expansion of Managed Care

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- 297 MMMM (d) . . . allow individuals enrolled in Home and Community Based Care (HCBC) waivers to also be enrolled in contracted Medallion II managed care organizations for the purposes of receiving acute and medical care services . . .
  
- VNPP has supported this proposal and is, in fact, working with DMAS staff to help focus attention on some of the more challenging issues that are inherent in providing medical care for these individuals

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## Expansion of Managed Care

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- For a variety of reasons, VNPP does not support the adding another layer of "management" or "coordination" to the long term care services of the ID or DD Waiver
  
- We do support a broad review of the role of the Case Manager, including
  - those which will arise with the integration of the ID and DD Waivers, and
  - potential conflict of interest issues which are inherent in the current system

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