WV I/DD Waiver Program

2020 Renewal Stakeholder Input - Final Report

The Bureau for Medical Services and KEPRO conducted Open Forums as an opportunity for members, families, providers, and other stakeholders to provide input for the upcoming 2020 application renewal of the WV I/DD Waiver Program (Waiver).

WV's I/DD Waiver is currently approved for the five-year period of July 1, 2015 through June 30, 2020 by the Centers for Medicare and Medicaid Services. CMS recognizes that the design and operational features of waiver programs will vary depending on the specific needs of the target population, resources available to the state, service delivery system structure, state goals and objectives, and other factors. Because of this, states have latitude to design waiver programs that are cost-effective and employ a variety of service delivery approaches, including participant direction of services.

Sixteen Forums were held throughout the state for the convenience of the members, families, providers, and other stakeholders. In each geographical location, one forum was held in the evening to allow for working members, family members. and stakeholders to avoid missing work or school, and another was held the following morning in the same location. Attendance rates varied by location; there was a total of 430 attendees statewide.

Forums were structured around the survey items to solicit feedback on specific changes proposed by BMS for the 2020 I/DD Waiver renewal. KEPRO staff facilitated each forum to ensure each topic was discussed; attendees provided verbal feedback and asked questions, as well as documented feedback on a survey form.

In addition, the approved New Budget Methodology was presented during the second half of each session.

Location	Date	Time	Number Attended
Charleston	March 13, 2018	5:30PM-8:30PM	23
	March 14, 2018	9AM-12PM	42
Huntington	March 14, 2018	5:30PM-8:30PM	2
	March 15, 2018	9AM-12PM	15
Parkersburg	March 21, 2018	5:30PM-8:30PM	10
	March 22, 2018	9AM-12PM	33
Martinsburg	March 26, 2018	5:30PM-8:30PM	18
	March 27, 2018	9AM-12PM	52
Morgantown	March 27, 2018	5:30PM-8:30PM	12
	March 28, 2018	9AM-12PM	88
Wheeling	April 10, 2018	5:30PM-8:30PM	26
	April 11, 2018	9AM-12PM	49
Flatwoods	April 11, 2018	5:30PM-8:30PM	11
	April 12, 2018	9AM-12PM	30
Lewisburg	April 16, 2018	5:30PM-8:30PM	2
	April 17, 2018	9AM-12PM	17

Table 1: I/DD Waiver Forum Locations and Attendance

WV I/DD Waiver Program

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Survey Item #1

"*I think changing BSP service limits from 768 annual units to 250 annual units for members who live in Natural Family/Specialized Family Care is a good idea*" focused on opinions related to proposed changes in service limits to the Behavior Support Professional service limits. Anecdotal information and data were presented for this item and survey item 2 (see below). Specifically, it was presented that, based on provider reviews, agencies who successfully provide this service to those who live in Natural Family/Specialized Family Care are able to successfully do so with approximately 250 annual units and to do so in ISS/Group Home were successfully provided with around 350 units. Additionally, data showing that the service has a neutral effect on management of maladaptive behaviors was presented.

Data Summary

- 28% of respondents strongly agreed or agreed that the proposed change is a good idea.
- 12% had no opinion.
- 57% either strongly disagreed or disagreed.
- 3% had no response.

Survey Item #2

"*I think changing BSP service limits from 768 annual units to 350 annual units for members who live in ISS/Group Home is a good idea*" also focused on opinions related to proposed changes in service limits to the Behavior Support Professional service limits.

Data Summary

- 22% of respondents strongly agreed or agreed that the proposed change is a good idea.
- 12% had no opinion.
- 63% either strongly disagreed or disagreed.
- 3% had no response.

Data Analysis, Conclusions and Recommendations

- The majority of respondents either strongly disagreed or disagreed with these proposed changes.
- Many respondents commented that the data presented did not capture the entire picture of individual need for this service. Though anecdotal information was also presented, the data itself only addressed effects on maladaptive behavior.
- While many respondents were in favor of reducing service limits, those who were generally expressed that the proposed limit of 250 units for those who live in natural family/SFCH and 350 units for those who live in ISS/Group Home were too low to allow those who have significant problem behaviors to be adequately addressed.
- Other feedback included concerns with this proposed service limit for adults who participate in day services. Specifically, if a BSP for the day service and for the residential service must share the available units, the members' needs in one or both settings may not be adequately addressed.
- Other recommendations included utilizing a tiered system and implementing an exceptions process to allow for units over service limits for those who have extreme maladaptive behaviors.

Comments and Excerpts from Survey Narrative

- "Require <u>proactive</u> BSP services for actual person-centered planning—MAPs, PATHs, etc. to ensure people have access to what they wanted out of life."
- "I think go to 368 natural family."

- "BSP services are required to be formal for people that utilized Facility-Based Day services and Supported Employment. If the person's team wants services in both the home and a Day Setting, then they would have to choose one setting or the other to access BSP services, or choose to not have Day Services to access BSP."
- "If you see improvements with BSP II but not BSP I, then it seems you should require everyone to be a BSP II."
- "I think the service limit of BSP in natural family/SFCP should be slightly higher than 250. Perhaps 350-400 units."
- "I think before lowering BSP I/II units we need to first hold BSP I/IIs more accountable. I think additional research needs to be done."
- "With staff turnover most of these units are going to be used for staff training—with little to develop new plans and programs."
- "I agree with the decrease in the cap of BSP for both natural family and ISS homes. However, I do not agree with the decrease to 250 units. There needs to be a system in place that indicates a client's level of need and based the cap on the level of service needed."
- "Before decreasing units, explore how to improve service."
- "BSP limit 250 units—agree with. Provision to increase on special requests of severe needs or reconfigure the extra within own budget."
- "I feel like for natural families it would be okay to decrease units to 250."
- "If teams would be appropriate about billing for needs of the person a limit decrease wouldn't be needed."
- Caps seem too low, especially for ISS settings—there are a lot more programs and a lot more trainings."

Survey Item # 1:
I think changing BSP service limits from 768 annual units to 250 annual units for members who live in Natural Family/Specialized Family Care is a good idea.

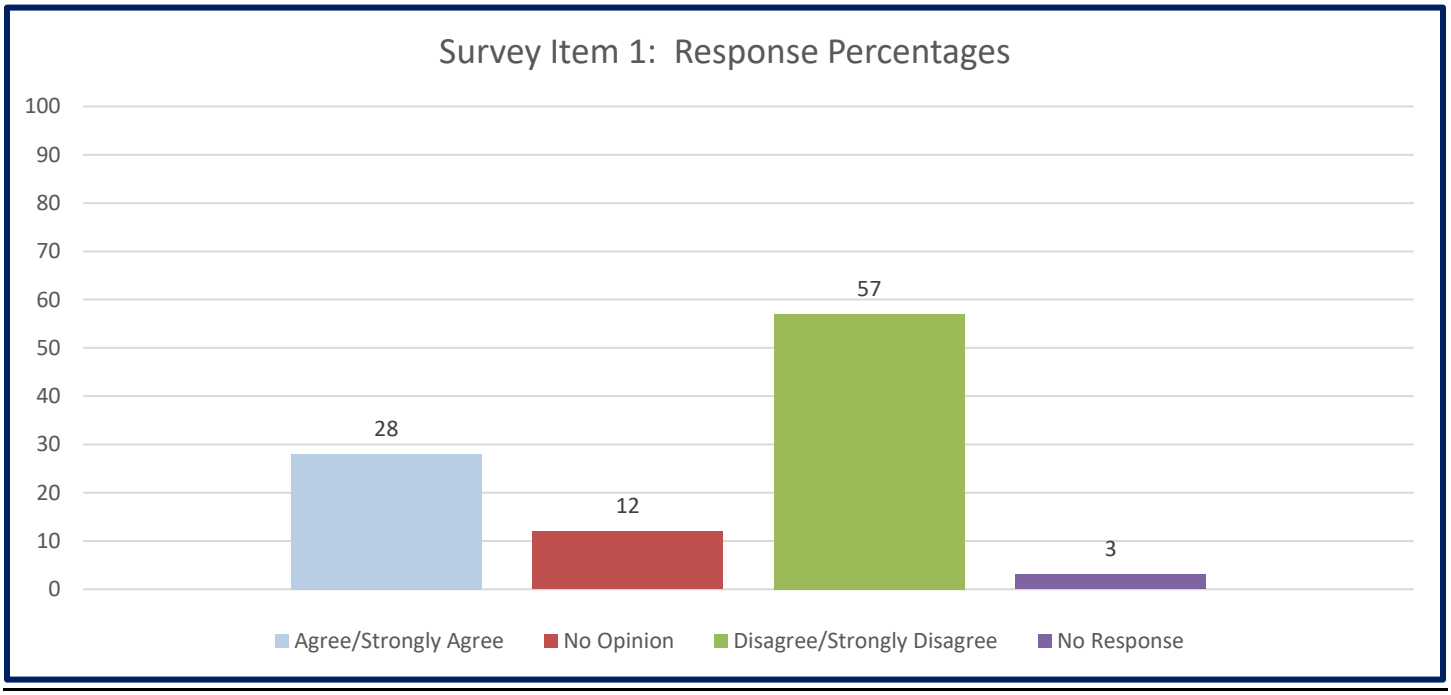

Figure 1: Response Percentages Survey Item 1

Survey Item # 2:

I think changing BSP service limits from 768 annual units to 350 annual units for members who live in ISS/Group Home is a good idea.

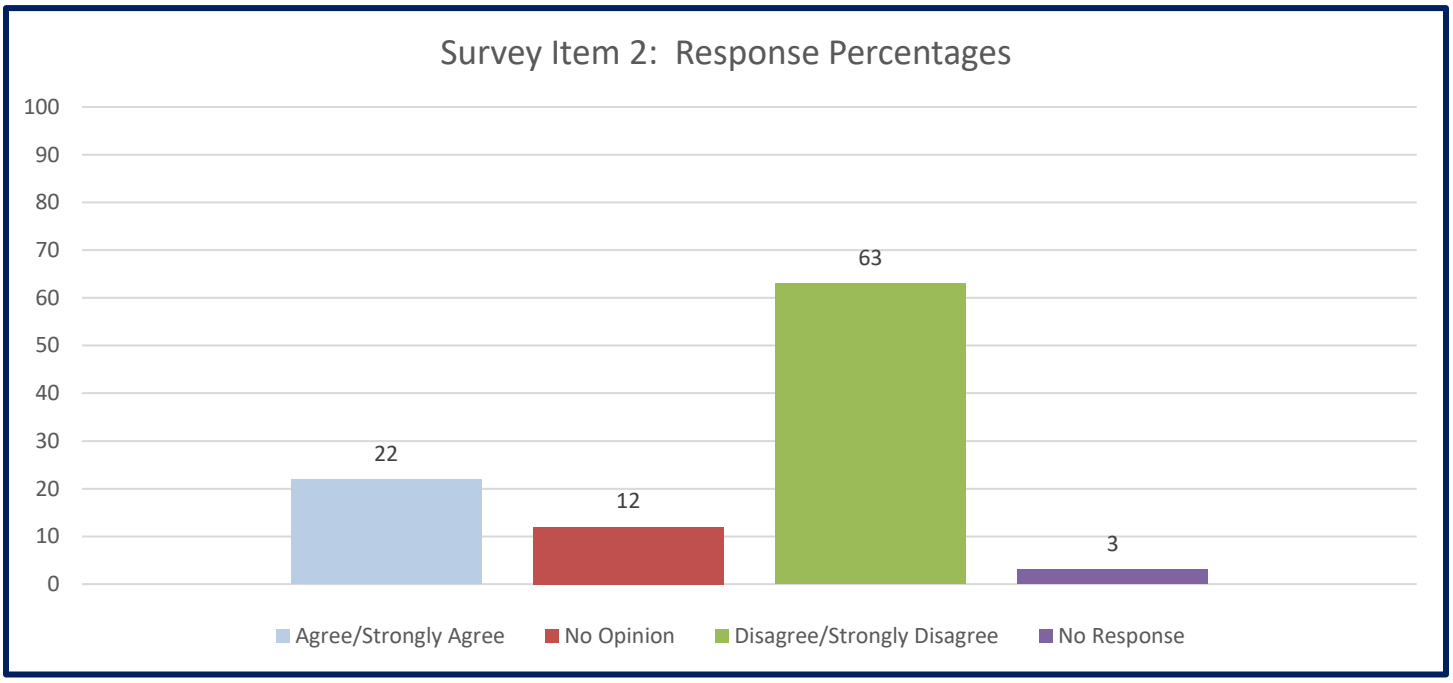

Figure 2: Response Percentages Survey Item 2

Survey Item #3

"*I think merging BSP I and BSP II into one service code and establishing a new rate would be a positive change*" focused on opinions related to BMS' proposal to merge the current two codes into one. Attendees were educated on the current requirements for BSP I and BSP II staff; specifically it was presented that these two codes are utilized based on credentials of the staff person rather than on member need.

Data Summary

- 46% of respondents strongly agreed or agreed that the proposed change is a good idea.
- 29% had no opinion.
- 22% either strongly disagreed or disagreed.
- 3% had no response.

Data Analysis, Conclusions and Recommendations

- A majority of respondents either agreed or strongly agreed that merging BSP I and BSP II into one service would be a positive change.
- Merging the two codes into one will require the service to be approved and provided based on member need rather than staff credential.
- Some respondents expressed concern that doing so would be unfair to those who pursued additional education in order to provide BSP II services.
- Other respondents indicated that not enough information was provided to make a definitive recommendation.

Comments and Excerpts from Survey Narrative

- "It could be a good idea, but the question lacks enough information to make an informed decision. Without knowing how the qualifications or training requirements may or may not change, it's difficult to say if this would be a positive change. The rate on a combined code is also an important consideration."
- "Merge into one."
- "Would be a great idea but we need more information. Would you require more training? Would Behavior Support plans be required? More information would be needed to make a solid discussion."

Survey Item # 3:
I think merging BSP I and BSP II into one service code and establishing a new rate would be a positive change.

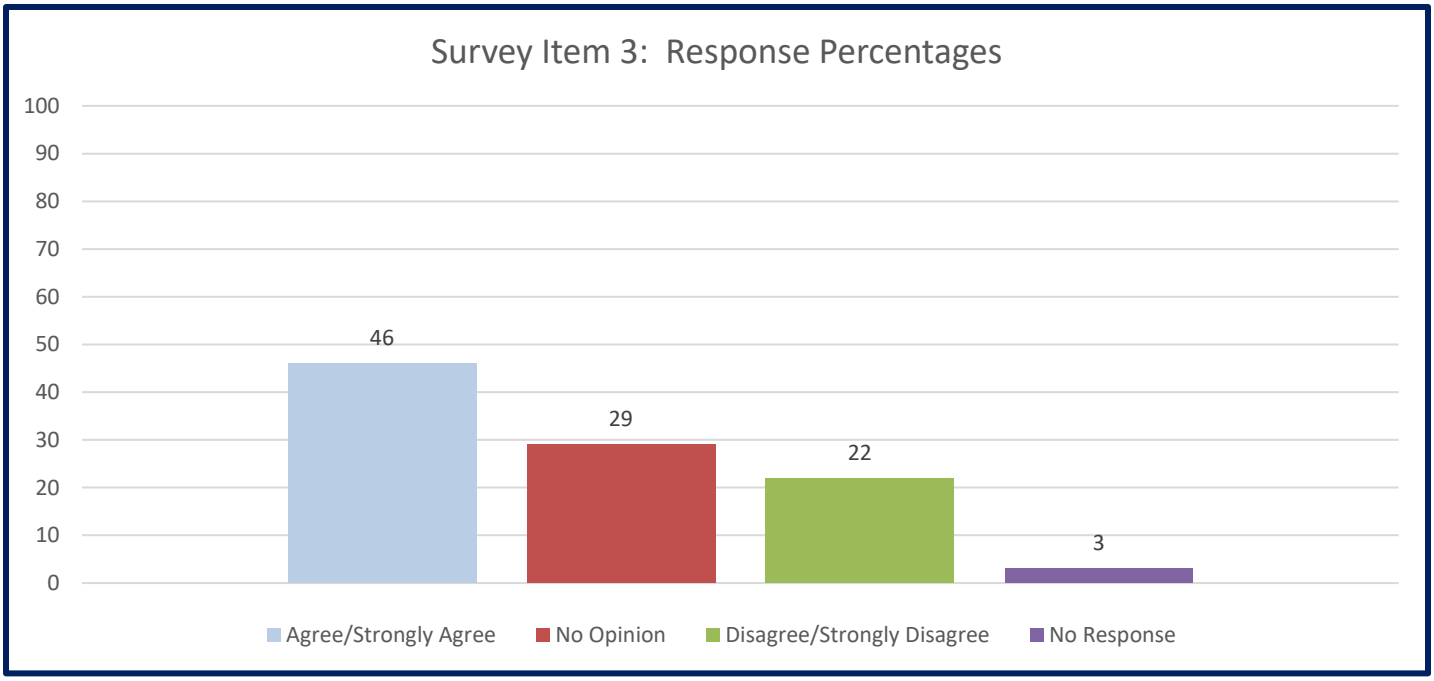

Figure 3: Response Percentages Survey Item 3

Survey Item #4

"*I think strengthening policy for BSP requirements like clinical opinion, individuality of goals, and requirements for data collection would be a positive change*" focused on BMS' proposal to include additional information and requirements in policy for provision of this service. Based upon experience during provider reviews, it is evident that these items require improvement.

Data Summary

- 73% of respondents strongly agreed or agreed that the proposed change is a good idea.
- 18% had no opinion.
- 6% either strongly disagreed or disagreed.
- 3% had no response.

Data Analysis, Conclusions and Recommendations

- Overwhelmingly, attendees agreed this proposed change would be positive.
- Many respondents not only agreed that policy should be strengthened but that additional training should be conducted so that BSPs are familiar with and can implement requirements.

Open Forum Comments and Excerpts from Survey Narrative

- "Generally, this seems like a good idea, as long as the changes are not overly burdensome and counter-productive. Reasonable improvements and changes that improve an important service like BSP would be welcome.
- "Increasing BSP requirements would increase units used."
- "Quality of BSP service providers needs to be more closely monitored and increased for the service to be successful."
- "Issue with some of these items being subjective to the reviewers' opinion."
- "More defined expectations and how or what they can do would be helpful."
- "Yes, we do need requirements strengthened to ensure this service can meet the need it was intended to meet."
- "This is fine but requiring an extra line in notes ("my clinical opinion is") does not, in any way, actually improve the quality of services. Requirements for data collection is a good idea, but care should be taken that requirements are not so stringent as to not allow for flexibility in collection method based on client needs. Something like a standardized form would make services less person-centered."

Survey Item # 4:

I think strengthening policy for BSP requirements like clinical opinion, individuality of goals, and requirements for data collection would be a positive change.

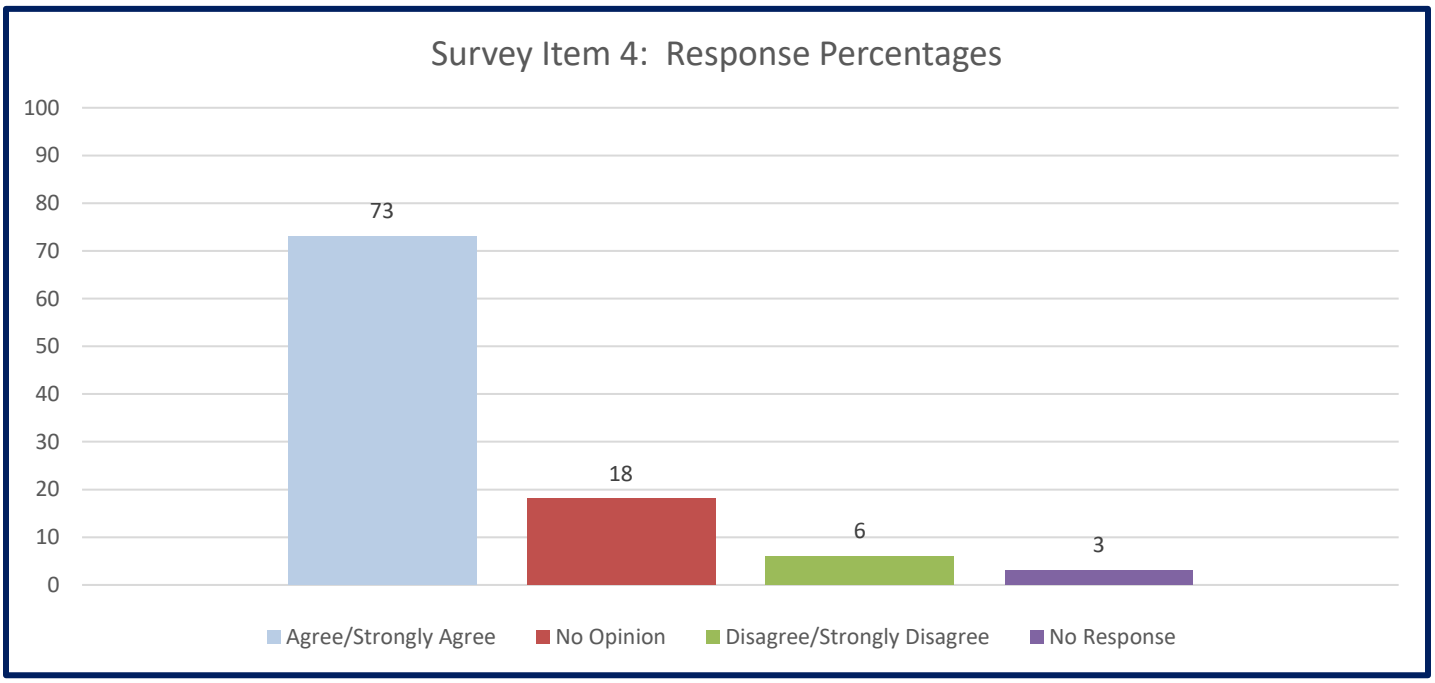

Figure 4: Response Percentages Survey Item 4

Survey Item #5

"*Choose either A or B: A. I think that Participant-Directed Goods and Services (PDGS) should be eliminated altogether – OR—B. I think that Participant-Directed Goods and Services (PDGS) should be limited to music therapy, vision, dental, and gym membership*" focused on opinions related to BMS' proposal to either eliminate or change this service. Currently, PDGS allows for a wide array of items, but data shows that the items identified are the most common in addition to those that can be accessed via Environmental Accessibility Adaptations (EAA). EAA is a service that allows for funds to adapt the member's environment to increase physical accessibility. Additionally, other WV HCBS waivers do not offer PDGS.

Data Summary

- 11% of respondents selected item A—*I think that Participant-Directed Goods and Services (PDGS) should be eliminated altogether.*
- 77% of respondents selected item B—*I think that Participant-Directed Goods and Services (PDGS) should be limited to music therapy, vision, dental, and gym membership.*
- 12% of respondents indicated that they did not prefer either item but rather suggested that there be no change to this service.

Data Analysis, Conclusions and Recommendations

- Overwhelmingly, respondents were in favor of limiting PDGS services rather than eliminating it altogether.
- While not one of the options presented, many respondents expressed that the service should not be changed at all.

Comments and Excerpts from Survey Narrative

- "More information is needed before eliminating PDGS, especially with so many constraints, caps, cuts, etc. How hard is it to get PDGS from these other sources? What caps do they have in place, etc.? There should be an option "c"—no changes to PDGS. Why only A and B?
- "Narrowing Goods and Services categories is not person-centered."
- "Music therapy is a critical treatment piece in our program."
- "Include DME and adaptive equipment not covered by Medicaid/insurance."
- "To also include ABA therapy. To open G and S option to <u>all</u> Waiver members—many adult members could really use this service for vision/dental needs."
- "In some instances, PDGS is requested in conjunction with other funding sources to be able to meet the needs. Why not add goods and services to traditional use as well? This is a need for some."
- "I think the options for this service should be limited, but this will exclude many on my caseload who access it for equine therapy. BUT…..since anything else is normally hard to obtain, I'd rather see it limited over eliminated."
- "I do not agree with either choice, I have seen with families that utilize this service to purchase adaptive equipment for their child to better their quality of life."
- "Add spiritual healing therapies."
- "Plus ART therapy. Some cannot access music therapy."

Survey Item # 5:
Choose either A or B: A. I think that Participant-Directed Goods and Services (PDGS) should be eliminated altogether – OR—B. I think that Participant-Directed Goods and Services (PDGS) should be limited to music therapy, vision, dental, and gym membership.

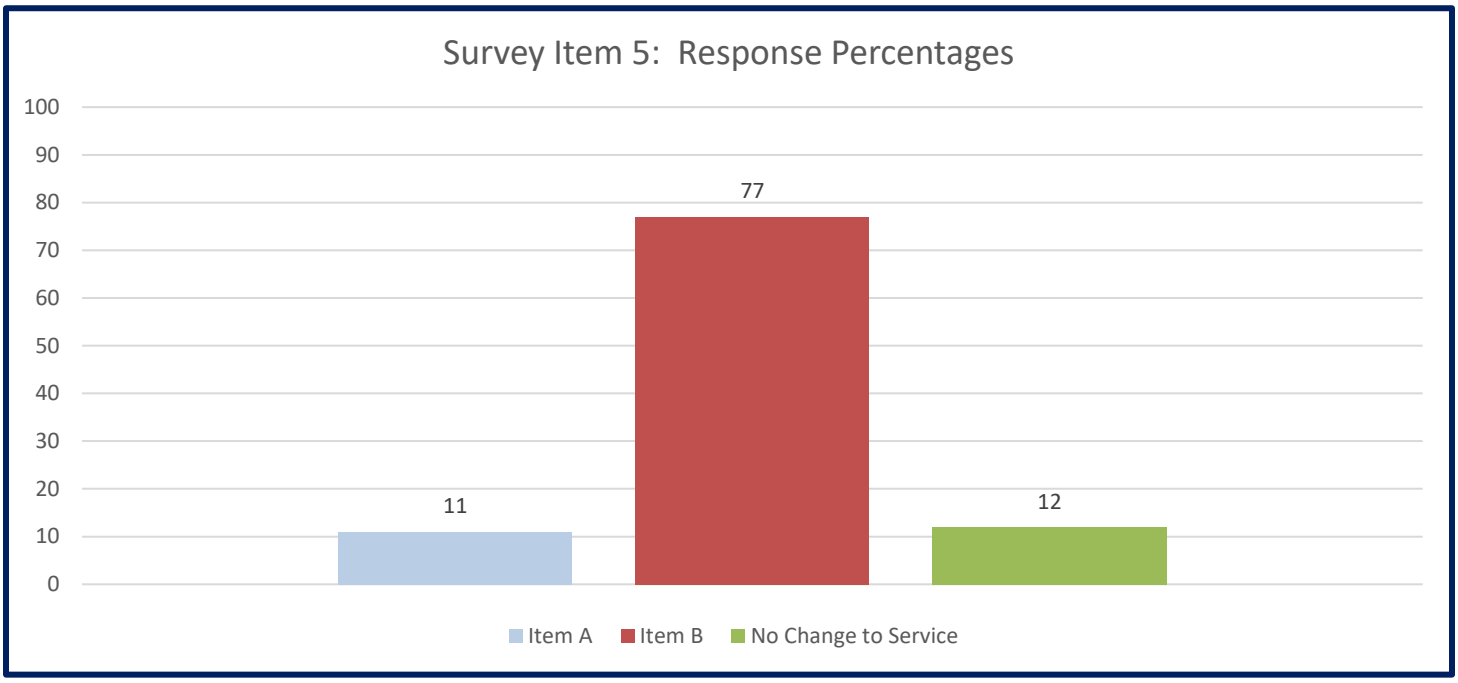

Figure 5: Response Percentages Survey Item 5

Other Topics for Discussion

In addition to the items above, other topics for discussion and feedback were presented as follows:

Independent Service Coordination

Change in Service Coordination services to allow for true separation of this service and all other services—this federal requirement was presented and feedback regarding implementation by anchor date or all at once was solicited. Overwhelmingly, respondents agreed that implementing this change by anchor date rather than all at once would allow for the most effective transition.

Comments and Excerpts from Survey Narrative

- "I think it's a great idea. Gives SC a voice for advocacy."
- "I think separate service coordination should be great. One of the issues in all this is very few agencies have contracts with all of the pediatric therapy providers. Right now, this forces people to choose agencies who might have contracts but might not provide sufficient other waiver services."
- "It would be a total nightmare to make sure this is done at the same time."
- "Absolutely needed true independent SC."
- Independent Service Coordination might be best implemented by the anchor date or chosen by the client if they prefer July 1, 2020.
- "Understand that it is a requirement however it defeats the purpose of Freedom of Choice."

- "As a parent, I like having all my services at one agency. I feel I have a choice now. I trust and know my service coordinator. I feel like an agency handling my child's service is easier than having more than one—meetings, people, etc. Keeping up with one is hard enough. How is the conflict of interest diminished when the service coordinator is still part of my child's team?"
- "Independent case management should be removed. Person served and/or guardian should determine who provides ALL services. At least members/teams should be given choice to be "grandfathered" into regulation change, so they have a choice to keep current SC as well as providers!"

Personal Options Readiness Assessment

Adding a Self-Directed Readiness Assessment—proposal of requiring this assessment was presented and feedback on development and implementation was sought.

Comments and Excerpts from Survey Narrative

- "The PPL program assessment is a great idea BUT there are problems named in this discussion that are NOT necessarily solved by traditional agencies. In our experience, our agency will NOT hire staff except persons found by the family. For many people, neither traditional nor PPL easily meet the need of hiring people. I think that some of the problem is that agencies require participants to go through their agency when they should be looking at other agencies to provide those services."
- "Readiness Assessment—PPL?? Need to reconsider whether you are putting additional barriers in choice."
- "I like the idea of the Personal Options Readiness Assessment."
- "The Readiness tool/assessment for PPL sounds like a great idea. It is not a program for everyone and we need to ensure quality of life is being met."
- "The Readiness Assessment is an excellent idea."
- "Definitely need to complete readiness assessment for Personal Options—have noted families (some) view PO as just getting paid."
- "I believe the family should have the choice. It's not fair that someone can say "they make too many mistakes" so they cannot have this option. It should be what's best for the member and RCs need to develop a training/plan to assist the family's needs to provide this service."