



Medicaid waiting lists and IDD – what states, providers and clients need to know

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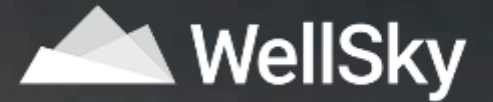
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About the presenter

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Objectives

Prepare for the challenges that lie ahead

This webinar will examine the various ways states are addressing their Medicaid challenges – and how potential Medicaid changes could impact you and your IDD program. You will learn:

- The ramifications of waiting lists that keep clients off of services for years
- Prioritization factors that should go into a defensible waiting list
- Provider challenges, and ways to maintain a healthy, satisfied provider network

Definition of IDD

What are Intellectual and Developmental Disabilities (IDDs)?

Intellectual and developmental disabilities (IDDs) are disorders that are usually present at birth and that negatively affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems.

Intellectual disability starts any time before a child turns 18 and is characterized by problems with both:

Intellectual functioning or intelligence, which include the ability to learn, reason, problem solve, and other skills; and

Adaptive behavior, which includes everyday social and life skills.

The term "developmental disabilities" is a broader category of often lifelong disability that can be intellectual, physical, or both.

"IDD" is the term often used to describe situations in which intellectual disability and other disabilities are present. (Definition from the National Institutes of Health)

Waitlists and IDD

What is a Waitlist?

- It varies state by state as to how a waitlist is used and for what services.
- Medicaid Enrollment Waiver Waitlist vs State HCBS services Waitlist
- The waitlists we are talking about today is the Medicaid Enrollment Waiver Waitlist for services that are funded through the federal home and community based services Medicaid waiver. (1915c)
- Why is there a waitlist?
 - Lack of funding.
 - There are a limited amount of funds each year for the waiver programs.
 - Each state has a specific number of people that they can take each year.

State Waitlists: Medicaid Waiver Enrollment

Each state has different programs under the HCBS waiver. The states with the longest waitlists seem to be concentrated in the South and Southeast.

2016 Waitlists

Texas, Florida and Ohio have the highest amount of people on their waitlists.

Arizona, Vermont and Rhode Island do not have 1915c waivers. They fund their HCBS through a different waiver.

New Mexico and Texas also reported waiting lists from other waivers too.

Home and Community-Based Services Waiver

What is a HCBS Waiver?

“Within broad Federal guidelines, States can develop home and community-based services waivers (HCBS Waivers) to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting. In 2009, nearly one million individuals were receiving services under HCBS waivers.

Nearly all states and DC offer services through HCBS Waivers. States can operate as many HCBS Waivers as they want — currently, more than 300 HCBS Waiver programs are active nationwide.” [Medicaid.gov](https://www.Medicaid.gov)

Home and Community-Based Services Waiver

States provide a range of different services through the waivers,

- Case management
- home-based services (including personal care, companion services, home health, respite, chore/homemaker services, and home-delivered meals)
- Day services (including day habilitation and adult day health services)
- Nursing/other health/therapeutic services
- Round-the-clock services (including in-home residential habilitation, supported living, and group living)
- Supported employment/training
- Other mental health and behavioral services (including mental health assessment, crisis intervention, counseling, peer specialist)
- Equipment/technology/modifications (such as personal emergency response systems, home and/or vehicle accessibility adaptations)
- Other services (including non-medical transportation, community transition services, payments to managed care, and goods and services)

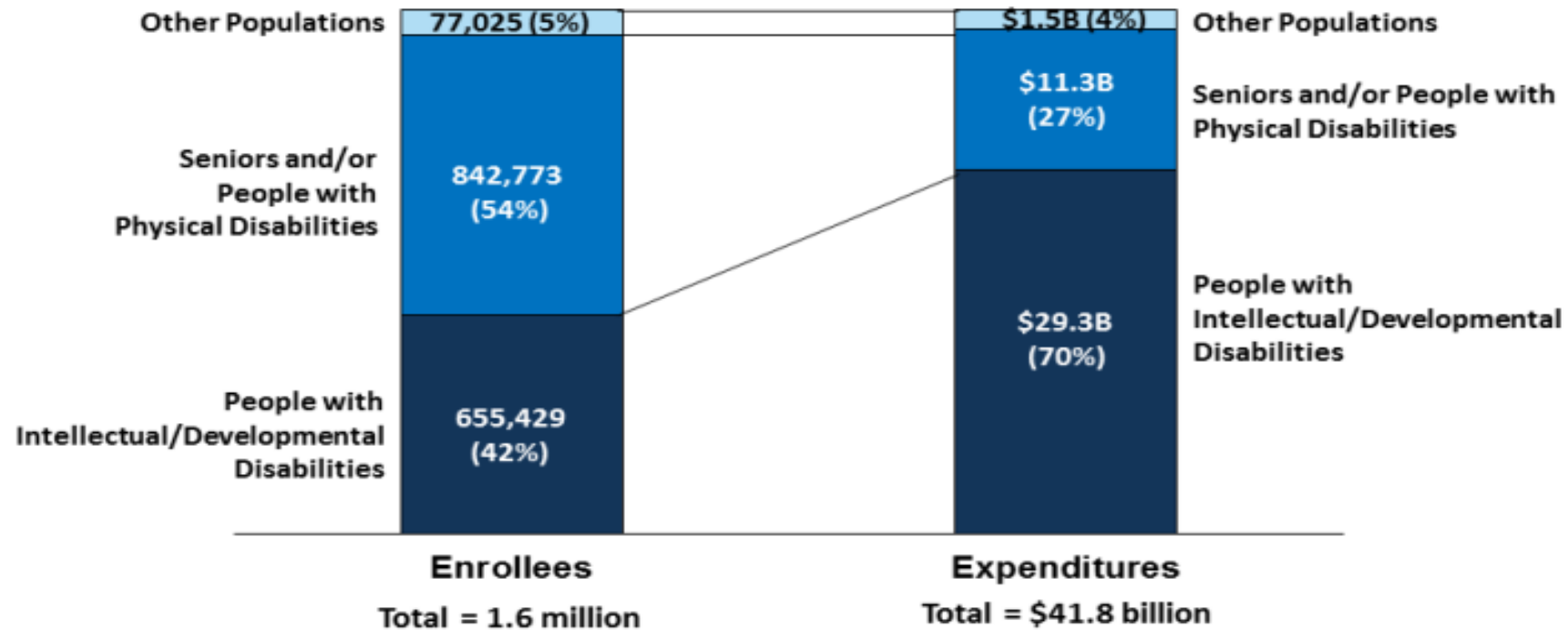
HCBS Enrollment Trends

- Percentage of enrollees are increasing
- Section 1915c waiver programs continue to comprise half of total Medicaid enrollment across three program.
 - Personal Care State Plan Services
 - Home Health State Plan Services
 - Section 1915c Waiver Services
- States across the board offer between one and eleven different programs under the 1915c waiver program
- Enrollment in Section 1915 (c) waivers targeting people with I/DD rose by five percent from 2013 to 2014. (KFF 2014 survey)

Home and Community-Based Services Waiver

Figure 2

Medicaid § 1915 (c) HCBS waiver enrollment and spending by target population, 2014.



NOTES: Percentages may not sum to 100 percent due to rounding. "Other" includes children who are medically fragile or technology dependent, people with HIV/AIDS, people with mental health disabilities, and people with traumatic brain and spinal cord injuries. Excludes enrollment in capitated Section 1115 HCBS waivers.

SOURCE: Kaiser Family Foundation analysis of CMS Form 372 data and Medicaid HCBS program survey conducted in 2016.

1115 Waiver for HCBS

1115 Waivers:

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and Children's Health Insurance Program (CHIP) programs.

Three states use this waiver for HCBS. Arizona, Vermont and Rhode Island use this type of waiver.

Using this waiver may bring more pressure on these states as the Administration is trying to limit the use of 1115 waivers when used for demonstrations or Medicaid expansion.

- Political issues with demonstrations and Medicaid expansion may affect access and funding.

Medicaid changes that may affect IDD overall

The administration has created a new Medicaid Plan which will allow states to place further restrictions on who is eligible for Medicaid. It will include authorizing work requirements through 1115 waivers in Maine and two other states. It will also allow Wisconsin to use questions regarding drug testing.

CMS Congressional Testimony August 21, 2018

Addresses continued use of waiver programs

Budget Neutrality for 1115 Waivers

Designated State Health Programs (DSHP) Funding Phase-Out

Other Policies/Law

- Block grants may come back as a policy to lower Medicaid federal spending
- Mitch McConnell's comments regarding Medicaid
- November Election could have an effect on overall Medicaid spending.
- Work requirements for Medicaid enrollment eligibility may affect caregivers to those with IDD.
- There seems to be an overall policy of controlling spending through cuts and audits of state Medicaid programs.

Doe vs. Chiles

Federal Court of Appeals decision that limited the amount of time a individual could be on a waiting list.

Effects of Doe vs. Chiles?

What can you do next?

- Create programs that tie physical health and mental health services together as much as possible
- Focus on value-based services
- If you do not have a way to look at your data, find a program to collect and review data
- Finally, keep track of your patients other providers and their care plans

Advocate

- Use data to make an argument for a IDD funding carve out in federal legislation.
- Focus on the savings of home health serves for your populations when discussing the issue.
- If you want to advocate, we suggest going beyond state agencies that are over the issue.
- Look at advocating to the governor's office or attorney general.
- Watch your state's budget projections for the next fiscal year. This will give you clues as to your state's priorities.
- Use the same strategies as other health advocates such as those working in the opioid crisis.



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Questions?



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