

**Children's Extensive Support Waiver
Frequently Asked Questions
May 2009**

The Division for Developmental Disabilities (DDD) has been soliciting public feedback since the Medicaid waiver reform began in 2006 through public meetings with self-advocates, advocacy organizations, the Medicaid Steering Committee and numerous other public forums. Additionally, we have received other verbal and written comments. During this time, DDD has provided information and responses in many different ways, but the level of complexity and amount of change that has been required in order to come into compliance with federal requirements has caused some significant confusion about the impact to self-advocates, families, providers and many others regarding the changes coming to the waivers. Changes to the Comprehensive Services (HCBS-DD) waiver were addressed first, and now we are in the middle of making the needed changes to the Supported Living Services (SLS) and Children's Extensive Support (CES) waivers.

DDD is aware of the concerns about the limited time for public input to the publication of the recent Medicaid waiver applications. While the complexity and amount of change can be overwhelming for everyone, especially self-advocates and families, we are committed to communicating with everyone on a regular basis. We apologize for the limited time for public input to the publication of the waiver, however, the currently approved waivers will end June 30, 2009, and we were required to submit the renewal application by April 1 at the latest.

We have heard your concerns and urge you to continue to communicate with us. We can assure you that your comments do matter and we have made numerous changes to the waiver applications prior to submission to reflect that feedback. In the future, the timeframes will be amended to ensure that self-advocates, families and others have the opportunity to review and understand all that they are hearing and reading.

Below, we have summarized some of the most common questions that we have been receiving and have provided a response.

Eligibility

Question. Are those who are currently covered by HCBS-CES at risk of losing coverage?

RESPONSE: No. There are no proposed changes to the CES eligibility. Eligibility for CES is determined prior to entrance onto the CES waiting list, at initial enrollment, and annually thereafter. Should the child's condition or status improve, he or she may not continue to be eligible for CES. If there has been no change in the child's status or if his or her condition has worsened he or she will most likely continue to be eligible.

Behavioral Rates.

Question. The slide presentation shows line staff for behavioral services paying out at \$31.68/hour, which seems much higher than these staff are paid.. I want to confirm that I understand correctly. Do line staff for behavioral services have to be paid at a flat \$31.68/hour? Or is this a "maximum" rate and staff can be paid less for behavioral services?

RESPONSE: The Behavioral Line Staff Rate was a proposed rate. The State received a significant amount of feedback that this rate was too high. The goal is to have the rate be reflective of market rates. The rate is standard for all services delivered by behavioral line staff. If the line staff is hired by an agency, this is the amount the agency will receive. The agency will utilize some of the funds for administration. The line staff may not be directly paid at this rate. Service Plans are developed using the standard rate per unit. There is no cap on the number of units for behavior services in CES.

Participant Safeguards – Appendix G

Question. *The waiver states that there needs to be a report to the police and Adult Protective – this doesn't make sense to me for kids.*

RESPONSE: We appreciate the feedback from many individuals that identified this error. This reference was removed prior to submission to HCPF and CMS.

Respite

Question. *Please explain the proposed yearly cap of 1880 units and 30 days of respite. Can this cap be set up to allow consideration for exceptions on a case-by-case basis.*

RESPONSE:

Respite shall be billed according to a unit rate or daily rate whichever is less. The total amount of respite provided in one plan year may not exceed 30 days and 1,880 units per plan year. If an individual receives more than 10 hours of respite in one day it will be billed as one day. The state has added an exception to allow for approval of a higher amount based on documented increases in behavioral or medical needs as reflected in the behavior plan for behavioral needs or in the medical records for medical needs. In the event there is an identified need for additional respite units, the CCB will submit a request to the DDD CES program specialist requesting additional respite units. We will set up a system to assure families that need to get special approval for more hours will not experience a delay in the availability of services.

Respite Services under the Children's Extensive Support waiver are Services provided to an eligible child, on a short-term basis, because of the absence or need for relief of the caregiver, or care for the sibling, age 11 or younger, of the eligible child *only* in the event the parents/caregiver must accompany the eligible child to a Medicaid or waiver service provided to the eligible child.

Respite Service is provided in an age appropriate manner and is not for typical childcare. For younger children who would typically require supervision, respite may be provided to assist with additional cost of care if it is above and beyond the average cost or for the parent/caregiver to receive an occasional break. For example: If a child is 3 years old, and the parent works outside of the home, it is a typical parental expense to provide supervision for any 3-year-old child and CES will not cover the cost of child care. If the child is 3 years old, CES may pay for occasional and temporary respite for the parent(s), but this would not be on an ongoing basis due to parent's need to work. However, if a child is 3 years old, and needs typical supervision because the parent works outside the home and the supervision costs more because the child has a disability, then CES could appropriately pay the additional cost of supervision. For example, if the rate for supervision is typically \$10.00 per hour, but due to the child's disability, the cost is \$15.00 per hour, then CES can pay the additional \$5.00 per hour.

In the event a child is beyond the age where most typical children require supervision during the time parent's work, then CES can be used to pay for supervision. For example, if the child is 16 years old, and requires supervision during parent's work time, it would be an appropriate use of CES to pay for supervision during that time.

Recreation

Comment. *Paying for zoo passes may seem unnecessary, but to those of us who care for children (and others) with severe physical and mental limitations, our choices for outdoor public engagement are rather limited. We cannot simply go to the soccer field, go trail running, or even access many public parks. In short, the zoo is one of the few outdoor public facilities that we can use as families*

RESPONSE: One of the guiding principles of the CES waiver is to assist families to explore community resources to support the child and family in the community. Support options should come from many different sources in a community and should not focus on just financial funding through CES. Families, communities, CCB's and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child.

By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. The Denver Zoo, Butterfly Pavilion and many family focused attractions sponsor free days at least once a month.

Documents

Comment. “Selecting a Service Agency: A Guide to Provider Selection” and “Getting the Most out of Your Planning Meeting”. I searched for these on the DDD website, but couldn’t find them.

RESPONSE:

We have attached the current version of the document “Getting The Most From Your Planning Meeting: A Family Guide”. The final version of the waiver did not include the reference to these documents as they are still in development. The provider guide is still in draft form but will be widely distributed as soon as it is complete.

Home Modifications/Vehicle Modifications/Assistive Technology

Comment. Many families need to purchase special door and window locks, special vehicle restraint systems and other ways to keep the child from wandering out of the house or causing an accident on the highway. The only thing I saw that applies is fences (which can be really hard to design for the talented Houdini escape artist). This is also the place where we see the biggest delays in getting this equipment in place for families in our area.

RESPONSE: The service descriptions for Home and Vehicle Modifications have not changed under the new waiver. Those adaptations are available to ensure “the health, welfare and safety of the participant” There is no language that prohibits a child with behavioral disorders from accessing those services. Assistive Technology service also has not changed. Assistive technology device means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. There is no language that prohibits a child with behavioral disorders from accessing this service if needed.

Comment. I do not understand why you eliminated the cost of safety and security improvements from the home modifications. Many children with autism escape, even when supervised on a 24/7 basis. . I strongly urge you to put door alarms and locks back into the waiver.

RESPONSE: The proposed CES Home Accessibility Adaptations allows “Those physical adaptations to the primary residence of the participant’s family, required by the participant’s Service Plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home.” This would include modifications to the family home that assure the safety of any child in CES regardless of whether they qualify based on medical condition or behavioral condition.

SIS

Comment. Use of the SIS is listed as part of Participant-Centered Planning – Appendix D. I didn’t know that the SIS was norm-referenced on kids. Also, it seems that any child that qualified for CES would be at least a 5 or a 6.

RESPONSE: The SIS is not currently normed for children. Inclusion of the use of the SIS in the CES waiver was in error and the reference has been removed.

Water Therapy

Question. I would like to comment on the discontinuing of Water therapy on the CES waiver. I have been given two different reasons on why it is being discontinued. First I was told because there was not enough justification for it

and that the OT does not have to take continued education to administer water therapy like a PT does for Hippo. I spoke to my therapist about this and she said that she does have further water credentials. The benefits of water therapy are very similar to Hippo therapy and just another modality to help the child. I was also told that it is being discontinued because Medicaid should cover it. What do you do if your provider does not take Medicaid and there is not another water therapy program in your area.

RESPONSE: A warm water pool is a location where Occupational or Physical therapy may be provided. We agree that there are definitely many valid and documented benefits to the use of warm water during OT or PT sessions. Adapted Therapeutic Recreational Equipment and Fees is a waiver benefit that includes passes to community recreation centers when used to access professional services. Additional licensure, certification or accreditation is not required for an OT or PT to utilize a warm water pool during the course of treatment. Eligibility for CES includes eligibility for Medicaid “regular state plan benefits” and CES waiver specific services. This means that the child is eligible for services through regular Medicaid, which would include PT, OT, and Speech services among other benefits. The Centers for Medicare and Medicaid Services does not allow for payment of services that are “otherwise available” through the Medicaid plan. As PT and OT are available through the Medicaid State Plan, that is the only mechanism for seeking these services. They cannot be accessed through the waiver.

Hippotherapy is a very specific therapeutic intervention only available to licensed PT, OT or Speech therapist who must also have an appropriate national accreditation. The service provided is Hippotherapy, not PT, OT or Speech. There is a national billing code for Hippotherapy and it is considered different than PT, OT or Speech. Both Warm Water therapy and Hippotherapy provide many benefits to children with disabilities and both are valid methods of treatment with different funding sources. If the provider does not currently take Medicaid, he or she can enroll as a Medicaid provider. Effective July 1, 2009 all service providers must either be an employee of an agency or contract with a Community Centered Board that is a Medicaid provider, or must become Medicaid providers in order to be reimbursed for CES services.

Parent Education

Question. How do we access parent education funds at a cap of \$1000 a year?

RESPONSE: If the proposed “Parent Education” service is accepted by Centers for Medicaid and Medicare it will be available July 1, 2009. Please contact your case manger to include this in your child’s plan.

Comment. Our son has a rare chromosomal deletion, however we are fortunate to belong to a registry of parents that have started an organization that does outreach all over the world and even is actively involved in research. They do a family conference every year where new updated research material is shared; educational seminars are provided from very well known individuals in the fields that affect our kids. However, I am unable to use my son's CES funds to attend because they are often out of state. We used to be able to use the Consumer Involvement Fund to help us attend these conferences, but that is no longer available. If we do in fact have \$ set aside for parents to gain insights and education in caring for their children than please consider allowing families to use this money in the best ways that fit their family.

RESPONSE: The State is interested in supporting families to obtain all of the information they need to support their child. However, the Federal requirements prohibit the use of CES waiver dollars for transportation, food or lodging.

Homemaker Services

Question. How do we access homemaker reimbursement?

RESPONSE: Homemaker service is available to a child enrolled in the CES waiver and is based on assessed need. The need for homemaker services “must be due to the participant’s disability that results in additional household tasks and increases the parent/caregiver’s ability to provide care needed by the participant with a developmental disability”. For example, this would mean if the child has a medical condition that requires a “clean room” environment and the family needs assistance to maintain the “clean room” environment, or if the child has behaviors that result in excessive soiling of the home and the family needs assistance in maintaining a hygienic home. Homemaker service is not to be used to provide typical and routine home cleaning. Homemaker services can be added to your child’s plan if there is an assessed need for it and the plan has not exceeded the \$35,000 per plan year cap. You should discuss this with your case manager.

\$35K Plan Year Cap

Question. The proposed cap on all services annually is \$35K "SLS & CES – Proposed \$35K per year in total per person" across all services (for SLS and CES). According to the presentation: "No overlap with Medicaid State Plan." Does this mean that all services currently covered by Medicaid are capped at 35K for those on the CES waiver including PT, OT, personal care (CNA), medical care (MD), etc?

RESPONSE: No. All services covered by Medicaid are not capped at \$35K per year. The CES waiver services are capped at \$35K. CES waiver services are those services that are above and beyond what Medicaid "State Plan" provides. The proposed cap under CES Waiver affects waiver services including, Homemaker, Personal Care, Respite, Community Connector, Home Accessibility Adaptations, Vehicle Adaptations, Specialized Medical Equipment and Supplies, Assistive Technology, Adapted Therapeutic Recreational Equipment and Fees, Behavioral Services, Professional Services (does not include PT, OT, Speech, Home Health or any other professional services available under Medicaid state plan benefits), Parent Education and Vision. The \$35K cap is not applied to the regular Medicaid state plan benefits. **This is not a change in the waiver.**

Provider Qualifications

Question. Can you build in time for the lead therapist to confer with the consultant that oversees the ABA program and to evaluate and update data and lesson plans and to make teaching materials. These functions occur in every good home ABA program and are performed by a supervised Line Staff person, but I do not believe that the Medicaid waiver permits the time spent on these activities to be compensated with waiver dollars since the child is not present when they are being performed. Second, you should allow Speech Language Pathologists (SLPs) with Masters Degrees and at least ten years experience supervising home ABA programs to qualify for compensation as a "Lead" under the Behavior Service Rates. If you require that the Lead is a Certified Behavior Analyst, you will in my opinion steer families away from some of the most qualified and experienced people in this field.

RESPONSE: The proposed provider qualifications for behavior Line Staff do stipulate that Line Staff are to work under the direction of a Senior, Lead, or Behavioral Plan specialist. The time for the supervising therapist to develop the behavior plan and supervise line staff should be built into the CES Individualized Plan. The proposed provider qualifications for Lead Therapist include: "Have a Master's degree or higher in one of the behavior or health sciences or credentialed as a related services provider (Physical Therapist, Occupational Therapist, or Speech Therapist) and have completed 1 year of direct supervised experience in behavioral therapies that are consistent with best practice and research on effectiveness for people with developmental disabilities." This would include a Speech Language Pathologist with Masters Degrees and at least ten years experience in supervising ABA program's.

Miscellaneous

Question. Who performed your audit to the Home and Community Based Services (HCBS) waivers? Is the report available for public consumption?

RESPONSE: The audit of the Home and Community Based Services (HCBS) waiver was conducted by the Centers for Medicaid and Medicare Services. In November 2005, after auditing the HCBS waivers operated by DDD, the Centers for Medicare and Medicaid Services wrote a letter to HCPF requiring the following changes to the HCBS-DD waiver:

1. Stop paying for services with a bundled rate and start paying for each unit of service delivered (i.e., fee for service.)
2. Use an audit trail that identifies the amount of money spent for each eligible person receiving services and the type and amount of service purchased for each eligible person.
3. Use a uniform method to set rates throughout the state.
4. Show that the Single State Medicaid Agency, HCPF,
 - a. Maintains administrative authority over the waivers.
 - b. Has an effective quality management system to address incidents and other health and welfare issues, and
 - c. Is knowledgeable of and accountable for all waiver expenditures.

Question. Transparency in reimbursement rates is valuable, but can you please publish them in comparison to the current reimbursement rates so that we will all have a better fundamental understanding? Or is it that we have simply changed the billing structure?

RESPONSE: We cannot provide a comparison between the proposed rates and the current rates. The current rates are all individualized across the State. The entire billing structure is being revised to reflect federal requirements to have a standard rate setting methodology.

Question. Have you asked the federal government for an extension of the waivers or for relief from some of the onerous requirements imposed as a result of the audit? President Obama has identified autism as one of the nation's primary medical concerns on his White House website and you might find that a request for more time would be favorably entertained.

RESPONSE: At this time there is no opportunity for an extension. Federal rules require waivers to be renewed every five years. The current waiver expires June 30, 2009, after which time Colorado will not receive the federal Medicaid funds to deliver service without a new waiver in place.

Question. On slide 28, it is stated that your rate models can be adjusted. How, when, and will this impact? Are we then subject to reduction in benefits?

RESPONSE: The Department does not know when the rate models will be adjusted. We will monitor the rates, utilization, and budget to do our best to ensure the waiver is designed to meet the needs of individuals in service, ensure the availability of service providers, and to stay within our available budget.

