



Deaf Blind with Multiple Disabilities (DBMD) Public Hearing

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Welcome and Introductions

Meeting Purpose

- The Health and Human Services Commission (HHSC) will:
 - Inform the audience of 1915(c), Social Security Act, Home and Community-Based Waiver requirements (HCBS)
 - Identify anticipated changes during the Deaf Blind with Multiple Disabilities (DBMD) waiver renewal
 - Solicit feedback regarding DBMD waiver renewal

HHSC Waiver Programs

- HCBS: provide services to individuals who are eligible in a community-based setting as an alternative to providing services in an institutional setting

Waiver Application Parts

As part of a waiver application, states must provide information to assure the Centers for Medicare and Medicaid Services (CMS) the state has policies and procedures in place to administer a waiver program, including:

- Waiver Administration and Operation
- Participant Access and Eligibility
- Participant Services
- Participant-Centered Service Planning and Delivery
- Participant Direction of Services
- Participant Rights
- Participant Safeguards
- Quality Management Strategy
- Financial Accountability
- Cost Neutrality

Waiver Applications

- Initial waiver applications are approved for three years.
- A five-year waiver renewal application requires the state to meet waiver assurances and other federal requirements.
- The effective date for the DBMD waiver renewal is March 1, 2018.

Overview: DBMD Waiver

The DBMD Waiver provides community-based services and supports to individuals with legal blindness and deafness -- or a condition that leads to deaf blindness -- and at least one additional disability that limits functional abilities.

Overview: DBMD Waiver Service Array

- Adaptive Aids and Medical Supplies
- Assisted Living
- Audiology Services
- Behavioral Support
- Case Management
- Chore Service
- Day Habilitation
- Dental Treatment
- Dietary Services
- Employment Assistance
- Financial Management Services
- Intervener
- Minor Home Modifications
- Nursing
- Occupational Therapy Services
- Orientation and Mobility
- Physical Therapy Services
- Prescribed Drugs
- Residential Habilitation
- Respite
- Speech, Hearing, and Language Therapy Services
- Support Consultation
- Supported Employment
- Transition Assistance Services

Overview: DBMD Waiver Service Array (Continued)

- Supports for Self-direction:
 - Support Consultation
 - Financial Management Services
- The following services are available through the Consumer Directed Services (CDS) Option in DBMD:
 - Residential habilitation
 - Employment assistance
 - Intervener
 - Respite care
 - Support consultation
 - Supported employment

Enrollment

- Individuals are enrolled on a first-come, first-served basis unless they meet the reserved capacity requirements for Money Follows the Person (MFP) and are allowed to bypass the interest list.
- Individuals who are residents of a nursing facility and are enrolled in Medicaid meet the MFP criteria.

CMS Assurances

- What are waiver assurances?
 - Assurances are commitments the state makes to CMS regarding the management of waiver operations.
 - Assurances also address important dimensions of waiver quality.
 - The waiver application provides details regarding how the waiver design ensures the assurances are met.

Required Assurances

- Administrative Authority
- Level of Care
- Service Plan
- Qualified providers
- Health and Welfare
- Financial Accountability

Performance Measures

Each assurance has a set of performance measures reported to CMS, data sources include:

- Department of Family and Protective Services
- HHSC Contract Oversight and Support
- HHSC Contract Administration
- HHSC Utilization and Review
- Multiple Databases

Expected Changes

DBMD Performance Measures

- HHSC will overhaul the performance measures consistent with federal regulations concerning participant health and welfare and other updates to enhance service delivery and provider accountability.
- HHSC will redesign data collection methods to align with CMS assurances.

Global Changes

- Replace references to DADS with HHSC.
- Update contact information.
- Change the number of people who can be enrolled in the waiver at any point in time and the maximum number of unduplicated individuals (Factor C).
- DFPS abuse, neglect and exploitation (ANE) investigation changes.
- Fair Hearing language.
- State Transition Plan update if possible.

Appendix A: Waiver Administration and Operation

- The Health and Human Services system has restructured. As part of the transformation, DADS' operating agency functions are the responsibility of HHSC as of September 1, 2016.
 - Terminology that includes references to DADS will be replaced with HHSC.
 - Performance Measures in Appendix A, which measure HHSC administrative authority over DADS, will be removed and re-evaluated for placement in a different appendix.

Appendix B:

Participant Access and Eligibility

- B-3.f: Clarify roles of the physician and DADS in the level of care process
- B-3.f: Update information for individuals interested in being on the interest list who are military family members and temporarily living out of state
- Clarify eligibility criteria to match Texas Administrative Code (TAC).
- ICD 9 references updated to ICD 10
- Update freedom of choice language in the waiver and institutional services to be provided upon enrollment and annually thereafter

Appendix C: Participant Services

- Amend language regarding financial management services agency (FMSA) monitoring.
- Correct frequency of verification and licensure survey of home and community support services agencies (HCSSA) providers.
- Correct facility specifications.
- Update HCSSA provider language.
- Update HCSSA required screening for employees and volunteers.
- Amend Participant Services to ensure compliance with TAC 49.522.
- Add licensed professional counselor (LPC) and licensed clinical social worker (LCSW) as qualified behavioral support providers.

Appendix D: Participant-Centered Planning and Service Delivery

- Continue the DADS to HHSC revisions and remove administrative oversight language.
- Amend language regarding the methods used to record enrollment and utilization review processes.

Appendix F: Participant Rights

- Clarify Fair Hearing language for consistency.
- Clarify complaints vs. grievances and the process for addressing them.

Appendix G: Participant Safeguards

- G-2: Significant review of safeguards concerning restraints and restrictive interventions .
- G-3: Administration of Medication and follow-up (assisted living facilities (ALF) and HCSSA).
- Methods for Remediation/Fixing Individual Problems.
- Clarify DADS regulatory monitoring of HCSSA.
- DFPS ANE: changes to investigation procedures and reporting.
- Update ANE notification rules for HCSSA.
- Clarify penalties vs. plan of correction for HCSSA.

Appendix J: Cost Neutrality Demonstration

- Change the number of individuals who can be enrolled in the waiver at any point-in-time (PIT) and the maximum number of unduplicated individuals (Factor C).

Additional Information

- At this time, there are no known changes to Appendices E, H, or I.
- As we move through the renewal development process further changes might be necessary. The comments we receive today are critical to developing a quality waiver renewal application.

Important Dates

- September 29, 2017 – DBMD waiver renewal is submitted to CMS.
- March 1, 2018 – Effective date of the DBMD renewal.

Contact Information

- For general questions regarding DBMD or the renewal please contact HHSC policy staff.

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**HHSC staff will take a
10 minute break to review
questions and discussion items.**
