

Overview of Texas Medicaid Waivers: Power Point Narrative

Slide 1: None

Slide 2: None

Slide 3: Section 1902 of the Social Security act applies to the state plan requirements and waivers are allowed to “waive” some of the requirements outlined in 1902 of the SSA.

For example, we can limit state wide services by providing services in a specific geographic area of the state (specify the counties services are provided in if it’s not state wide).

Comparability-you can provide community-based services to a population of individuals that would meet criteria for an institution-for example an individual that meets an Intermediate Care facility level of care could receive different benefits than authorized under the state plan.

Waiver income limits for straight Medicaid: individuals who qualify for a waiver could exceed the income limit up to 300% of the federal poverty level

Freedom of Choice

Requirements: Waiver services must:

- protect the individual's health and welfare in the community;
- not be available to the individual through any other source, including Medicaid state plan, other governmental programs, private insurance or the individual's natural supports;
- be the most appropriate type and amount to meet the individual's needs; and

be cost effective.

Slide 4: In the waivers, individuals have the choice in how their services are delivered.

Agency Option-First is the agency option-which is services provided by the waiver provider (licensed HCSSA, certified HCS/TxHmL provider or contractor of the MCO). Provider hires staff, negotiates the rate of pay within the rate, etc. With this option the provider is responsible for managing the day-to-day activities and all business details.

SRO: SRO option is available in programs that have services in managed care-STAR PLUS and MDCP (STAR Kids).

- SRO is a service delivery option available to an individual or legally-authorized representative (LAR) who wants some control over the

individual's service providers but does not want to assume all employer responsibilities, as required by the CDS option.

- Similar to the name of the service: 'service responsibility option', individual is responsible for this component.

In the SRO, the individual, LAR, or representative selects, trains, and supervises a service provider, while payroll and personnel functions remain with the provider. CDS option-Then we also have the CDS option-where the individual manages both the day-to-day and business activities (the individual or their LAR is the employer) and has responsibility for recruiting, screening, hiring, training, managing, and terminating service providers for the services provided through the CDS option. FMS is assistance to members to manage funds associated with services elected for self-direction. This includes initial orientation and ongoing training related to the responsibilities of being an employer and adhering to legal requirements for employers.

Slide 5: Waivers are initially authorized for 3 years and then renewed for 5 years thereafter.

Texas operates six 1915(c) waivers which are all waiver that are a community-base alternative to receiving services in an ICF/IID. Here are the first 4. We will discuss the MDCP and YES waivers a bit later in this presentation.

Slide 6: After we look at the IDD waiver programs, then we'll move onto these additional waiver programs.

MDCP is a community waiver based as an alternative to service in a nursing facility.

In November 2016 the MDCP waiver went from a fee-for-service model to a managed care model.

YES waives off the Institution for Mental Disease.

Slide 7: In CLASS there are not any service that offer a residential option.

Individuals in CLASS have a case management agency (known as a CMA) and a direct service agency (known as a DSA).

The annual cost ceiling is 200% of the institutional average of services to an individual in an ICF.

Slide 8: Related condition = a disability other than an ID or mental illness which originates before age 22 and is found to be closely related to ID because the condition substantially limits life activity similar to that of individuals with an ID, and requires treatment or services similar to those required for individuals with an ID (e.g., cerebral palsy, epilepsy, spina bifida, and head injuries).

CLASS does not have a residential component

It is divided into 2 provider types: Case Management Agency (CMA) and Direct Services Agency (DSA)

Slide 9: Specialized Therapies are unique services in CLASS and include: massage therapy, recreational therapy, music therapy, aquatic therapy, and hippo therapy (horseback riding).

Other items not on this list are dietary services, financial management services, and dental.

CLASS does not have a residential option.

The acronym 'CDS' means Consumer Directed Services.

Slide 10: None

Slide 11: The annual cost is 200% of the institutional average of an ICF.

An individual may also qualify if they have a condition that will result in Deaf-blindness such as CHARGE Syndrome or Rubella and one additional disability.

Slide 12: None

Slide 13: None

Slide 14: Therapies include:

- Audiology
- Speech/language pathology
- Occupational
- Physical
- Dietary services
- Social work and behavioral support

Slide 15: Residential Assistance includes:

- Host home/companion care
 - Host Home - 1-3 bed (formerly called foster care)
 - Companion Care - listed w/ host home in waiver - individual resides in their own home w/ live-in assistance.
- Supervised living (3-4 bed)
- Residential support (3-4 bed w/ need for 24-hour awake staff)

Slide 16: Unique to this program, all services can be self-directed through the CDS option.

Slide 17: This waiver has the same eligibility as HCS except Medicaid eligibility is up to 100% of the Federal Poverty Level and HCS individuals can go up to 300% of FPL.

Slide 18: None

Slide 19: Must have serious functional impairment or acute psychiatric symptomology and be reasonably expected to qualify for inpatient care under the Texas Medicaid inpatient psychiatric admission guidelines.

Slide 20: Applicant must meet financial eligibility for Medicaid.

Applicant's income must be less than 300% of the SSI Federal Benefit Rate (FBR)

Slide 21: None

Slide 22: None

Slide 23: As of Nov. 1st, 2016, services are now delivered through the STAR Kids and STAR Health programs through a managed care organization.

HHSC did have to maintain the 1915(c) MDCP waiver so it is still active even though services are delivered through STAR Kids in a managed care environment.

There are 10 MCOs across the state to provide STAR Kids services. Individuals in STAR Health remained with their MCO, Superior.

Slide 24: None

Slide 25: Unique service to MDCP-

Flexible Family Support-promotes community inclusion in child/youth activities through the enhancement of natural supports and systems and through recognition that these supports may vary from setting to setting, day to day. The provider can provide personal care supports for activities of daily living and instrumental activities of daily living, skilled care, non-skilled care supports to support inclusion.

Flexible family support services may be used only when the primary caregiver is working, attending job training, or attending school. Flexible family support services may not be used in place of child care that is paid for by the primary caregiver.

Most services are available through the CDS option.

- Flexible family support services
- Respite
- Supported employment
- Employment assistance
- Financial management services

Slide 26: STAR+PLUS is delivered in a managed care environment with five managed care organizations (MCOs) administering the program statewide

Slide 27: When we talk about STAR+PLUS, it's good to think of it in two parts: the first is the regular STAR+PLUS program, and the second is STAR+PLUS HCBS (which incorporated the Community Based Alternatives (CBA) Waiver).

STAR+PLUS is a program that provides services to individuals 21 years and older who would otherwise qualify as meeting medical necessity for nursing facility level of care.

Services in the waivers are an alternative to services in an institution. For STAR+PLUS, services are in the community as an alternative to services in a nursing facility.

Managed Care Organization (MCO) employees provide the service coordination or the MCO may contract out the service coordination function.

Slide 28: None

Slide 29: None

Slide 30: Unlike the previous programs that we discussed, CFC is a state plan benefit that is available to individuals who are Medicaid eligible and meet an institutional level of care, such as a hospital, institution for mental disease, ICF/IID or nursing facility.

Slide 31: None

Slide 32: None

Slide 33: None

Slide 34: **What if I don't have Medicaid?**

People who do not have Medicaid may request to be placed on the interest list by calling **1-855- 937-2372**. You will be asked a series of questions to screen you for other community-based services they may be eligible for while they wait for their name to come to the top of the interest list. As of June 2016, people on the interest list wait less than 9 months for their name to come to the top of the interest list.

HHSC has developed a screening application. Based on you or your caregiver's response to questions, referrals for services are automatically generated, including referrals for the STAR+PLUS HCBS interest list.

Slide 35: None

Slide 36: None

Slide 37: None

Slide 38: None