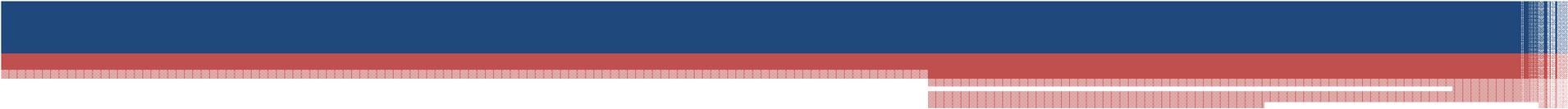


# Assistive Daily Living Services 1915(c) Waiver Amendment

**Public Webinar/Teleconference  
February 18, 2016**





# Agenda

- History
- Self Direction
- Why make changes?
- Review proposed changes
- How does this impact me?
- Timeline



# History

- Established in 1994
- Waiver gets renewed every 5 years, unless an amendment is completed before that 5 year period
- 2011 amendment to remove earned income from cost share
- Current waiver 2012-2017



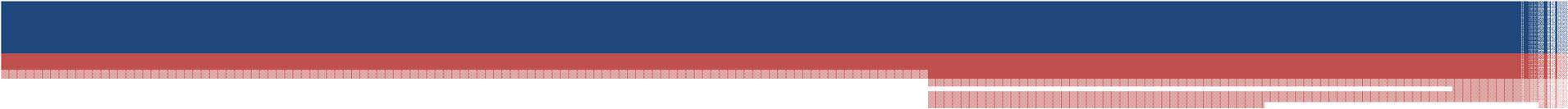
# Self-Direction Philosophy

- Department of Human Services (DHS) had a State Attendant Care program with limited funding for people with spinal cord injuries.
- DHS and participants developed the ADLS waiver with a philosophy in favor of consumer control and advocated for independence in managing/directing their own Personal Attendants.



## What is Self-direction in the waiver?

- Participant hires, trains, schedules, supervises, and if necessary, fires, their own personal attendants
- Allows family members/friends to be personal attendants if they meet the hiring criteria
- Participant decides who comes into their home to provide the services
- Participant trains the PA to perform tasks using methods they prefer and are safe/efficient
- Participants learn valuable directing/managing skills with help from Consumer Preparation Specialist
- ADLS Waiver will continue to have a strong self-direction philosophy

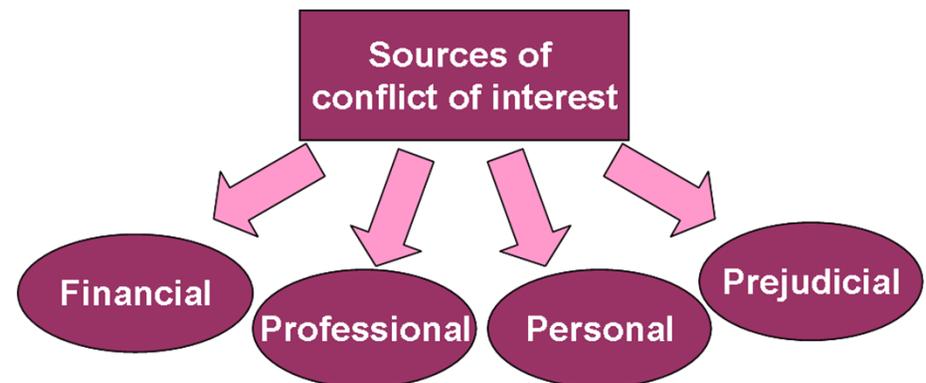


## Why make changes?

- Since 2013, Division of Rehabilitation Services (DRS) listened to concerns from participants and providers.
- Survey sent to participants in summer 2015. Indicated improvements needed.
- Workgroup established in fall 2015 provided comments & feedback for potential changes
- New required Home and Community Based Services (HCBS) regulations went into effect March 17, 2014

# HCBS Regulation Requirements

- Requirements regarding true community integration in residential and non-residential settings
- Requirements for Person-Centered Planning
- Requirements for Conflict Free Case Management



# What is Conflict Free Case Management?

- 1915(c): Requirements at 42 CFR 431.301(c)(1)(vi)
- States required to separate case management (person-centered service plan development) from the service delivery function
- Currently, providers of case management also providing services, such as Consumer Preparation, Employer of Personal Attendants, Skilled Nursing services.



# Case Management Duties

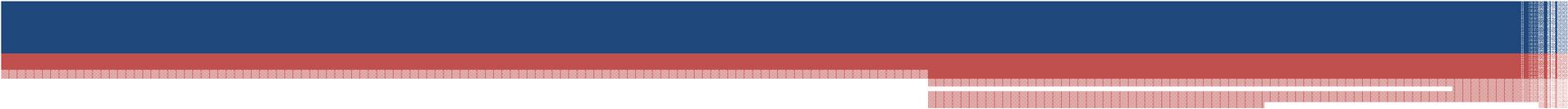
## Case Management

- Assess participant for the program
  - Initially
  - Annually
- Offers choice and assists participant to develop individualized service plan
- Arrange and coordinate non-waiver services
- Monitor services being implemented
- Update service plan as needed



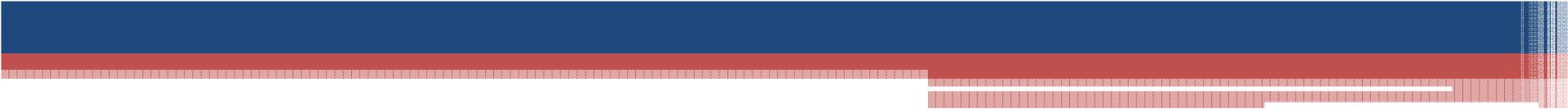
## Proposed Change

- Remove Case Management as a Service delivered by current providers
- Change in waiver to make it an Administrative Medicaid function
- Hire two case manager positions within Dept. of Human Services (DRS Service Coordinators)
  - Provide only case management duties
  - In compliance with HCBS rule
  - Offer true conflict free choice to participants



## Impact to Participants

- Participants will have a new case manager, called a DRS Service Coordinator
- Will not be located within provider agency
- DRS will train and supervise DRS Service Coordinators
- Transition will include hiring and training DRS Service Coordinators, working with current providers as transition takes place
- Implementation planned for July 1, 2016



# Impact to Providers

- ADLS providers will still provide:
  - Consumer Preparation Services-critical service to support you in hiring, managing and directing your own personal attendants
  - Employer to employ your Personal Attendants
  - Skilled Nursing Service
  - Can provide Respite care
- Work very closely with DRS Service Coordinator regarding service plans and ensure implementation of services identified in your plan



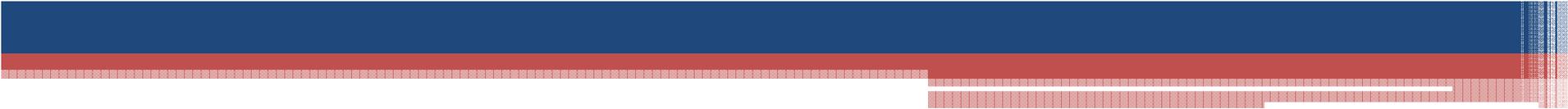
# Adding New Services

- Specialized Medical Equipment and Supplies- i.e. lifts, med dispensers, etc.
- Environmental Accessibility Adaptations- i.e. ramps, bathroom modifications, lowering counters, widening doors
- Respite care
- Vehicle Modifications



## Revising Some Services

- Increase incontinence supply limit from \$100 per month to \$200 per month
- Increase personal attendant services from a maximum of 42 hours per week to 50 hours per week, or more upon approval
- Allow in-home PA services to be provided on a limited basis



# In-Home Services

Specific circumstances to allow to hire in-home services as a supplement to self directed hiring of personal attendants:

- Maximum of 7 hours per week to fill gaps in PA schedule
- As part of backup emergency plan
- When transitioning out of a nursing home for up to 30 days
- Under extraordinary circumstances when DRS deems it necessary to provide health, safety and welfare of participant



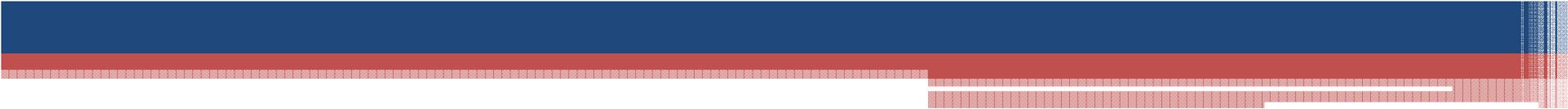
## Other Changes

- Revise Cost Share formula, to still include earned income
- Revise language to allow participants to select a non-legal representative to manage and direct their services, but able to do so without being present while services are being provided
- Use aggregate per capita expenditures under the waiver instead of individual costs.



# When will these changes happen?

- Not all changes can be implemented on July 1, 2016
- Goal:
  - Case management effective July 1, 2016
  - Revised services implemented July 1, 2016
  - Gradual process for other changes to occur (adding services) with full implementation by January 1, 2017.



# Questions/Comments

Slides and recorded webinar posted here:

[http://dhs.sd.gov/drs/il/ADLS%20Waiver/ADLS  
\\_Waiver\\_Amendment.aspx](http://dhs.sd.gov/drs/il/ADLS%20Waiver/ADLS_Waiver_Amendment.aspx)

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