The Mental Retardation Services System and Waiver Waiting List Procedures

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DMHMRSAS
Raymond R. Ratke, Deputy Commissioner
Lee Price, Director, Office of Mental Retardation Services

DMHMRSAS VISION

Our vision is of a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of consumer participation in all aspects of community life including work, school, family and other meaningful relationships.

Profile of Virginia's Service System

- Over 26,000 individuals identified by CSBs as having intellectual disabilities
- About 1,400 individuals live in one of five state operated training centers
- 6,852 individuals enrolled in the MR Waiver
- 283 individuals enrolled in the Day Support Waiver

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Providers of Community Based Services

- 40 Community Services Boards (CSBs)
- 295 licensed providers which provide services in:
 - 684 group homes
 - 139 day support programs
 - A variety of other support venues

FY 2006 Financial Commitment to Mental Retardation Services

Medicaid Waiver \$	325.6 Million
Day Support Waiver \$	1.8 Million
State Training Centers \$	216.3 Million
Private ICFs/MR \$	26.1 Million
State GF for Community \$	20.1 Million
Local Tax Dollars	76.5 Million
SPO Case Management \$	22.0 Million
Acute Care And Transportation\$	87.5 Million

Total Effort \$775.9 Million

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Average Annual Cost/Individual In 2006 Receiving Services In:

■ ICF/MR \$115,663

MR HCBS Waiver \$ 62,296

MR Day Support Waiver \$ 18,781

MR Waiver Services

- Comprehensive services tailored to the specific needs of each individual
- Varying levels of intensity
 - services to enable individuals to remain in family homes (e.g., Environmental Modifications, Respite)
 - more intensive out-of-home services (e.g., Congregate Residential)

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Oversight

- OMR
 - approves services prior to initiation
 - provides training and technical assistance to CSBs and providers
- DMAS
 - enrolls qualified providers
 - conducts Quality Management Reviews of providers
- DMHMRSAS
 - licenses most provider agencies
 - approves licensed providers' Human Rights Plans and ensures membership in LHRC

Accessing the MR Waiver

 Individual requesting MR services is screened by CSB case management to determine eligibility

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MR Waiver Eligibility Criteria

- Diagnostic: Documentation of mental retardation (or at developmental risk for those < 6)
- Functional: Meets at least two "Level of Functioning Survey" criteria
- Financial: Medicaid eligible per DSS

Person-Centered "Triage"

- Once found eligible, an individual's urgency of need is assessed
- Three waiting lists:
 - Urgent Needs
 - Non-urgent Needs
 - CSB Planning List

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Person-Centered "Triage"

- CSBs allocate available slots to the individual with the most urgent needs at the time of slot availability
- Per MR Waiver regulations slots unavailable to those on the Non-urgent Needs list until all on the Urgent Needs list have been served

Urgent Criteria

- Meets Waiver diagnostic and functional criteria
- Needs services within 30 days
- Would accept services, if offered
- Meets one or more of urgent needs criteria

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Urgent Needs Criteria

- Primary caregiver(s) are 55 yrs or older
- Unpaid caregiver can no longer provide care
- Individual at risk of abuse, neglect, or exploitation
- Primary caregiver(s) unable to care for individual due to own physical or psychiatric condition
- Individual becoming homeless
- Health/safety risk to someone in the home due to individual's behaviors or physical care needs

Non-Urgent Criteria

- Needs services within 30 days
- Meets diagnostic and functional criteria for Waiver
- Does not meet URGENT criteria

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Statewide Waiting List

Urgent Needs (2011*)

- + Non-urgent Needs (1836*)
- = Statewide Waiting List (3847*)

OMR is the keeper of the Statewide Waiting List

*Figures as of 6/1/07

CSB Planning List

- Individuals who need services in the future
- Not part of the Statewide Waiting List

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Placement on the Statewide Waiting List

- Case manager places individual's name on the statewide waiting list if:
 - he/she meets eligibility criteria
 - he/she meets urgent or non-urgent criteria AND
 - there is no MR Waiver slot available

Process for Placement on the Statewide Waiting List

- Case manager (CM) sends to OMR
 - request to enroll the individual
 - verification that the individual has chosen MR Waiver over ICF-MR
- OMR confirms receipt
- CM sends appeal rights to the individual since services will not commence immediately

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Slot Distribution to CSBs

On July 1 of each year that new slots are funded, slots are distributed to the CSBs by this formula:

$$1 + (N/B \times (A - 40))$$

N = # of persons on the CSB Urgent Needs WL

B = # of persons on statewide Urgent Needs WI

A = # of slots that are made available

Slot Distribution to CSBs (cont'd.)

- The formula assures that:
 - Each CSB gets at least 1 slot
 - A fair distribution of slots is made across the Commonwealth relative to the number of persons waiting

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Slot Assignment

- Each CSB is responsible for developing its own method of determining the most urgent need. The CSB must be willing and able to defend their process.
- Any slot that cannot be used by a CSB becomes available to the region for re-assignment.
- CMS Reviewed Va. Procedure in 2004 and approved it.

Statewide Urgent Needs Waiting List

- Grows at a rate of more than 1 slot per day
- Slots funded in recent years have not kept pace with this rate of growth:
 - FY07 =145 Community + 110 Children's
 - FY06 = 300 Day Support Slots
 - FY05 =700
- More than 1,500 persons have been added to the Urgent Needs Wait List in the last 1,000 days

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Long-Term Projections

- Our school systems are serving:
 - 1,702 individuals diagnosed with MR between 18 and 22 years old ("transition-aged")
 - 10,986 individuals diagnosed with MR between 3 and 22 years old
 - 7,910 children diagnosed with a developmental disability < 6 years old
 - 583 children diagnosed with Autism Spectrum Disorder < 6 years old

Developing Options for the Future

- The DMHMRSAS is conducting a study of the Mental Retardation service system
- This study is due for completion in September 2007
- This study is being conducted with broad stakeholder involvement

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