



Comprehensive and Community Support Waiver Renewal Public Comment

This document contains a summary of the public comments collected in response to the Comprehensive and Community Support Waiver Renewal Applications. Public comment was taken from November 25, 2015 through December 25, 2015. A notice regarding the Comprehensive and Community Support Waiver Renewal Applications was posted in The Columbia Tribune, Independence Examiner, Kansas City Star, Springfield News-Leader and The St. Louis Post Dispatch on November 25, 2015. The Comprehensive and Community Support Waiver Renewal Applications were available to the public on November 25, 2015. There were five public forums held across the state (St. Louis, Jefferson City, Kansas City, Sikeston, and Springfield). In accordance with Centers for Medicare and Medicaid Services (CMS) guidance, the Comprehensive and Community Support Waiver Renewal Applications were made available for public comment for 30 days after November 25, 2015 to allow all self-advocates, providers and stakeholders an opportunity to provide input to the applications. Paper copies of the State's Comprehensive and Community Support Waiver Renewal Applications were distributed to Missouri Regional Offices and at the public forms. During the public comment period, MO HealthNet Division (MHD) and Department of Mental Health (DMH) received comments from:

County Connections
Alternative Community Training
Community Opportunities
Jefferson County Developmental Disabilities Resource Board
Concerned Care, Inc.
Connections Case Management/JCSFB
Boone County Family Resources
Empowering Individuals through Advocacy and Support
Center for Developmentally Disabled
ICAN Missouri Foundation
Randolph County Developmental Disability Services
Bridges Community Support Services, Inc.
Osage County Community Living/Osage County Special Services
Chariton Valley Association
St. Louis Arc
United Cerebral Palsy of Northwest Missouri
Perry County Services, Inc.
Mississippi County Senate Bill 40 Board
Developing Potential, Inc.
Center for Human Services
Community Support Services of Missouri
Licensed Behavior Analysts (over 25 individual comments)
Missouri Developmental Disabilities Council
Missouri Association of County Developmental Disabilities Services (MACDDS)
Missouri Association of Rehabilitation Facilities (MARF)
Family Members

The following addresses the questions, comments and letters received during the five public forums and public comment period.

Appendix A Waiver Administration and Operation - Comments and questions in this section center on the requirements in Appendix A of the waiver application regarding the Waiver Administration and Operation of MO HealthNet Division and the Division of Developmental Disabilities. There were no comments received for Appendix A.

Appendix B Participant Access and Eligibility - Comments and questions in this section center on the requirements of Appendix B of the waiver application regarding target group(s) of Medicaid beneficiaries that the waiver serves, its scope (i.e., how many persons the waiver serves), and processes associated with entry into the waiver. No changes were made to the waiver application as a result of any comments in this section. There was one comment received for Appendix B.

COMMENT: In Appendix B 1 a. the state specified that individuals must need at least one waiver service and that waiver services must be provided at least monthly. The Partnership Waiver is unique in that it often serves a lower level of need through some services that other waivers don't provide (i.e. dental). Sometimes all that is needed to sustain the needed level of support in a person's home (through the Partnership waiver) is medical equipment or supplies or dental services that are not covered by State Plan. Some of these services are not needed on a monthly basis. It is my understanding that this application will not affect Partnership Waiver eligibility and services at this time.

RESPONSE: In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. We specify in all five waiver applications that individuals need at least one waiver service that is documented in the plan and that we do monthly monitoring if the need is less than monthly for that service.

Appendix C Participant Services - Comments in this section center on the requirements of Appendix C of the waiver application regarding the services that are provided in the waiver. Changes were made to the proposed waiver application as noted below.

APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES - The following is a summary of the issues presented during the community forums and public comment period regarding behavior analysis service changes, state responses, and changes to waiver renewal (if applicable):

Most frequently presented as a concern is the requirement for Registered Behavioral Technician (RBT) credentials for the service of Adaptive Behavior Treatment by Protocol by Technician and the corresponding elimination of the behavioral personal assistant service. Persons making the comments were concerned with the following:

COMMENT: The increased training and qualification requirement would reduce access to behavior analysis services and to the service provided currently by behavioral personal assistants

RESPONSE: The Division has included a 5% collateral authorization to address the requirement for supervision and the associated increased associated cost. Additionally, the

Division is recommending a rate that is \$4 above state plan. The recommended rate and provision for associated costs for supervision should incentivize providers to recruit qualified personnel and ensure access to appropriate services that reflect best practice.

COMMENT: The rate would not support the cost of maintaining personnel with these qualifications and providers would choose to discontinue or not initiate providing the service.

RESPONSE: The unit rate for this waiver service is \$4 above the rate for the proposed state plan service. The new Adaptive Behavior Treatment by Protocol by Technician service definition includes a 5% collateral authorization to address the requirement for supervision and the associated increased cost of supervision. No changes were made as a result of this comment.

COMMENT: Behavior analysis services costs would be increased for agencies providing them due to the extra training and supervision requirements, and the supervision requirement for the registered behavior technician would be difficult to meet in rural areas, therefore decreasing access to services in rural areas.

RESPONSE: The requirement for supervision for the previous service (behavioral personal assistance) was unspecified. However, the expectation was that the service was implementing behavior strategies and therefore under the direction of a behavioral service provider. Supervision for the RBT will require licensed behavior analysts time, but the amount of supervision is at the minimal necessary level. The supervision required for a less qualified staff would likely have been higher. No changes were made as a result of this comment.

COMMENT: Additionally, there was a comment that the elimination of the behavioral personal assistance service through the establishment of the Adaptive Behavior Treatment by Protocol by Technician service did not include provision to address the assistance with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) for people with challenging behaviors.

RESPONSE: The waiver renewal application does not limit an individual from receiving personal assistance with Adaptive Behavior Treatment by Protocol by Technician services concurrently. The proposed service and elimination of the behavioral component of the previous service will allow for more accurate monitoring and ensuring that needs of the individual are being met. The expectation will continue that personal assistants will be trained to implement the behavioral support strategies and that these behavioral supports will be modified and adjusted to less intensive strategies of support as the behavioral outcomes improve. No changes were made as a result of this comment.

COMMENT: The new definitions for Medical and Behavioral Personal Assistant service took away from the planning team the ability and responsibility to define need for oversight and protective supervision provided by the personal assistant service.

RESPONSE: The elimination of Behavioral Personal Assistance and introduction of the Adaptive Behavior Treatment by Protocol by Technician requires the planning team to identify the need for the service. In addition, behavioral personal assistance was not to be utilized solely for the purpose of protective supervision. The proposed service, which more clearly defines the service requirements and mandates behavioral oversight, will ensure the utilization is appropriate. In addition, if necessary, personal assistance can be concurrently authorized. No changes were made as a result of this comment.

Comments regarding the array of behavioral services proposed to replace the current three behavior analysis services are as follows:

COMMENT: The lack of an indirect service code that would allow for treatment planning and data analysis, and the need for this as the state licensure act that established the requirement for licensure for the practice of applied behavior analysis includes in the definition of applied behavior analysis the design, implementation, and evaluation of environmental modifications. Treatment planning typically takes about 20% of Board Certified Behavior Analyst (BCBA) time. The comments suggested a limitation in the code/definition that authorization shall not exceed this number of hours.

RESPONSE: The service Adaptive Behavior Treatment by Protocol Modification includes in the service description the modification by Qualified Health Care Provider (QHCP) of the treatment protocol. While the majority of the service would take place face-to-face, a reasonable proportion of the service units could be utilized for protocol modification. This would include revision of the treatment plan procedures and data analysis to determine if modification were necessary. The definition will be revised to include that up to 10% of units authorized in a plan year for this service would be appropriately utilized for protocol modification and data analysis. This would require documentation as with all other units in addition to the written modified protocol and geographic display with current data and progress report describing the analysis and effects of intervention strategies related to the analysis. Observational Behavioral Follow-Up Assessment will also be revised to include units for the development of initial treatment protocol.

COMMENT: An objection to including the stipulation that behavioral services are to be short term in nature stating that by definition a developmental disability is generally a lifelong disability and that some individuals will need ABA services over several years and then may need periodic follow-up.

RESPONSE: All services under the Medicaid waiver must meet the requirement of being medically necessary and are, therefore, short term and not life-long in nature. Behavioral services do not treat the disability diagnosis, which is life-long in nature, but rather the learned and established behaviors that are placing the person at risk for health and safety and membership in the community. The premise and principles of behavioral treatment stand on the assumption and empirical validation that behaviors can be acquired, refined, and eliminated through the consistent application of the strategies; that these learned behaviors are generalizable to other situations; and that intensive strategies can be faded. No changes were made as a result of this comment.

COMMENT: There were several comments regarding the difficulty for the system that would result from the changes in the services because of an initial and ongoing need for training to understand the new services. It was noted that service coordinators, state staff, and contracted providers must understand how to implement these new service definitions without creating gaps in service that will negatively impact individuals. This issue should be monitored by the Division of Developmental Disabilities and MO HealthNet Division to make sure individual's needs are being met and gaps in service have not been created as a result of implementing new service definitions.

RESPONSE: There is planned training and follow up to prepare system personnel to understand and utilize the proposed services including the changes to behavioral services. To

ensure that individual's needs are being met and gaps in services are not created, language will be added to state: *"Upon waiver approval, individuals and support coordinators will revise the individual support plan (ISP) during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval."*

COMMENT: There was also a comment that the change of behavior analysis services to align with state plan services would result in a costly systems problem, since the qualifications for various definitions of services are not consistent with the services needed by people with DD. Waiver services are intended to be non-duplicative with state plan services. If an individual can receive state plan services, they should access this, and not have waiver services. The Behavior Analysis Services needed by people who have developmental disabilities are different from what is needed by the general population and require specialized knowledge and adaptations to specific disabilities, stage of life, and living situation.

RESPONSE: The behavioral services categories, principles, and strategies within the waiver application are generalizable to all populations. While a child with Autism Spectrum Disorder (ASD) might require some specialized strategies that are different from those required by an adult with intellectual disabilities having significant behavioral issues, the strategies can all be categorized under the proposed service definitions. Having consistent service definitions and codes allows for consistent planning as children with ASD transition to adult services. In addition, consistent service categories between systems, including private insurance, results in easier navigation by service providers. No changes were made as a result of this comment.

COMMENT: There were comments that the designation of qualified health care professional which includes licensed psychologists, licensed professional counselor, and licensed social worker as possible service providers of behavior analysis services created a discrepancy as the definition allows a counselor or social worker to provide supervision of ABA treatment, however they cannot supervise RBTs. Only board certified behavior analysts or assistant analysts can do so.

RESPONSE: The QHCP is defined by Missouri statutes for licensure in the professions identified. The scope and practice in the licensure codes for licensed psychologists, licensed professional counselors, licensed social workers and licensed behavior analysts all specify the use of applied behavior analysis. The service definitions for RBT related service specifies that supervision must be done by a licensed behavior analyst to accommodate the national credential requirements. No changes were made as a result of this comment.

Person Centered Strategies Consultation - There was one comment regarding the Person Centered Strategies Consultation service. No changes were made as a result of this comment.

COMMENT: Previously, this consultative service has been authorized concurrent with other services. It is recommended that this provision be stated in the definition, as the service could include an observation of a person in a setting in which another waiver service is being provided.

RESPONSE: Person Centered Strategies Consultation services may be concurrently authorized with other services. No changes were made as a result of this comment.

Community Transition – Comments were received related to the Community Transition service. The following is a summary of the comments and the states responses. No changes were made as a result of the comments.

COMMENT: Service definition revisions clarifying that the service covers expenses to transport furnishings and personal possessions to the new living arrangements is fantastic. Additionally, adding this service definition to the Community Support waiver will be a valuable service to waiver participants.

RESPONSE: The Division appreciates the collaboration with providers, stakeholders, family, and waiver participants that occurred months before the waiver application was drafted. The collaboration led to these valuable changes.

Employment Services - Comments were received related to employment support definitions for Career Planning, Prevocational Services, Supported Employment and Job Development. The following is a summary of the employment services comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: One comment was regarding Prevocational Services preserving a group option as it is conducive to developing cooperative teamwork skills, communication and social skills as well as other portable job skills. Even though the service is time-limited to six months, the provision to exceed six months if warranted by a person's needs is appreciated.

RESPONSE: The Division appreciates the collaboration with providers, stakeholders, family, and waiver participants that occurred months before the waiver application was drafted. The collaboration led to these valuable changes.

COMMENT: Three comments were regarding the reducing the maximum size of group supported employment from an allowance of 8 individuals to 4 individuals.

RESPONSE: Reducing group sizes promotes individualized services to the highest possible degree in accordance with HCBS. No changes were made as a result of this comment.

COMMENT: Six comments requested further clarification on the following terms contained within the service definitions: Annual review, fading, job development, measurable outcomes, integrated and workplace.

RESPONSE: This is industry standard language that will be further clarified in upcoming training. No changes were made as a result of this comment.

COMMENT: Six comments were related to the current rate structure and further evaluation on rate methodology. They noted the Rate Method Evaluation for Supported Employment, Prevocational, and Career Planning services are in line with what should be paid given the professional development required to be successful with these services. However, in reviewing the rate reflected for Prevocational Services, Group and Group Supported Employment under Appendix J-2 is a decrease as the reduction in group size, combined with the reduction in rate for providers whose services occur predominantly in off-site settings will lead to providers experiencing a cut in funding.

RESPONSE: We recognize the comment noting that the Rate Method Evaluation for Supported Employment, Prevocational, and Career Planning services are in line with what should be paid

given the professional development required to be successful with these services. The adjustment of group sizes and the elimination of on/off site will promote independence and autonomy in integrated competitive employment in accordance with HCBS. No changes were made as a result of this comment.

COMMENT: Three comments were related to clarification in the waiver application on employment support provider qualifications.

RESPONSE: The waiver application indicates employment support provider qualifications are contained in the DMH provider contract. No changes were made as a result of this comment.

COMMENT: Six comments expressed concern on the ability to have services approved through the utilization review process when requesting individualized services which exceed standard service limits and with services which have service limits which are of shorter duration than the standard ISP. It was noted: The breadth and depth of the Vocational and Prevocational Services covered under the waiver is appreciated and supported. There is a concern with the number of definitions for this service and the ability to move throughout the various services in a smooth, seamless manner, as dictated by a person's needs. They noted it will be difficult to predict which employment services will be provided within a given month as needs change and individuals progress. "It will be crucial for there to be some flexibility in the UR process for projection of units, as well as expediency in the UR process should someone need to switch from one service to another quickly (i.e. Job Development to Supported Employment) as a delay in employment services could result in job loss."

RESPONSE: The state understands the need for a seamless transition to the understanding of the amended service definitions and will update the waiver renewal to allow time for the individuals, support coordinators, and providers to make this transition at the individual's next annual person centered plan development meeting. Language will be added to state: *"Upon waiver approval, individuals and support coordinators will revise the individual support plan (ISP) during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval."* Additionally, during this transition, tools and resources will be developed for training for the utilization review committees, providers and support coordinators to support smooth seamless services for individuals. The tools and trainings will include appropriate use of services and when Vocational Rehabilitation is considered a comparable benefit.

COMMENT: A comment requested further information on how to assess individual need related to the provision of employment services.

RESPONSE: Division staff and Employment First Specialists are located in the Division's regional offices and can provide technical assistance on assessing individual need related to the provision of employment services. Additionally, during this transition, tools and resources will be developed for training for the utilization review committees, providers and support coordinators to support smooth seamless services for individuals. The tools and trainings will include appropriate use of services and when Vocational Rehabilitation is considered a comparable benefit. No changes were made as a result of this comment.

COMMENT: Five comments were submitted expressing acceptance of service limits for prevocational services; however, concerns were expressed with the extent of the reduction. Suggestions varied from increasing service limits from 60 units/week, as currently written in the

waiver, to either 80 units/week or 100 units/week within a 6 month period. There were four comments requesting supports be authorized for 1 year instead of 6 months.

RESPONSE: Although there are standard service limits, the prevocational service definition allows for an exception review should additional time or units be needed. Based upon the feedback from stakeholders, the waiver application will be amended to set new service limits of 80 units/week not to exceed six months. Requests exceeding these thresholds would need to complete the exception review.

Comment: One comment requested retaining previous service definition of co-worker supports.

RESPONSE: Based on analysis of historical utilization Co-workers supports service has not been utilized and therefore not needed as a waiver service. No changes were made as a result of this comment.

COMMENT: Two comments requested clarification on billing of Career Planning and Job Development services authorized at same time (residential) and day services (specific to the provision services where the individual need not be present). In order for this to occur without billing difficulty they recommended adding clarification. It was noted the job development definition currently reads that "any combination of non-residential services may not be billed during the same period of the day" which will make the flexibility of providing the service without the individual and at times convenient for the business virtually impossible to achieve.

RESPONSE: Job Development and Career Planning are consultative services by an employment support professional which coordinate, evaluate, assess and support individuals. The definition will be revised to state: *"Providers of this service may coordinate, evaluate and communicate not only with the individual but, also with their caregivers, their support team, employers and others who can assist with discovering an individual's skills, abilities, interests, preferences, conditions and needs. This support and evaluation should be provided in the presence of the individual to the maximum extent possible and should be conducted in the community to the maximum extent possible but completion of activities in the home or without the presence of the individual should not be precluded."*

COMMENT: Two comments were related to evidence based practices in providing Career Planning in accordance with national best case practices which support evaluating an individual in their natural setting, with other individuals meaningful to the individual (family, residential staff, guardians, teachers, previous employers, etc.) and the completion of Benefits Planning. It was noted the current service definition does not provide allowance to service being provided in the home nor the allowance for the individual to not be present when conducting Benefits Planning or interviewing other meaningful individuals.

RESPONSE: In the delivery of Career Planning services it is an industry standard expectation that interviews be conducted with others meaningful to the individual who can assist with discovering an individual's skills, abilities, interests, preferences, conditions and needs. This support and evaluation should be provided in the presence of the individual to the maximum extent possible and should be conducted in the community to the maximum extent possible but completion of activities in the home or without the presence of the individual should not be precluded. The definition will be revised to state: *"Providers of this service may coordinate, evaluate and communicate not only with the individual but, also with their caregivers, their support team, employers and others who can assist with discovering an individual's skills,*

abilities, interests, preferences, conditions and needs. This support and evaluation should be provided in the presence of the individual to the maximum extent possible and should be conducted in the community to the maximum extent possible but completion of activities in the home or without the presence of the individual should not be precluded.”

COMMENT: One comment was regarding “Assigning to the Division the role of routinely inspecting private employment sites is not appropriate and potentially stigmatizing to the employees being supported. Monitoring the adjustment/success of the worker and offering guidance to the employer should be the role of the Supported Employment provider, not state employees. Monitoring the job site is a step backward as it relates to the values and philosophies of “normalization and integration.” Employers are already inspected by many entities, including fire departments, health agencies, emergency responders, OSHA, and insurance companies, to name just a few. There is no statutory or regulatory basis for the Division to impose a monitoring requirement on a private business, and the impact is likely to be a disincentive for employers to hire a person with a developmental disability.

RESPONSE: The waiver does not address DMH inspecting private employment sites. However, DMH is required by CMS to assess waiver services being provided to ensure the setting is compliant with the HCBS rule through ongoing monitoring, such as support coordinator monitoring, quality reviews, and provider relation reviews. No changes were made as a result of this comment.

COMMENT: Two comments requested further clarification on circumstances when the use of Vocational Rehabilitation would be viewed as a comparable service as a component of service coordination and utilization review.

RESPONSE: Tools and resources will be developed for training support coordinators, utilization review committees, and providers to support smooth seamless services for individuals. The tools and trainings will include appropriate use of services and when Vocational Rehabilitation is considered a comparable benefit. No changes were made as a result of this comment.

COMMENT: One comment requested the provision of Benefits Planning as a component of Career Planning service definition.

RESPONSE: Benefits Planning on the impact of earned income on Social Security and Medicaid funded services is an allowable activity in Career Planning as detailed in the service definition. No changes were made as a result of this comment.

COMMENT: Two comments were received on rate setting for employment services being varied throughout the state and providers with lower rates having to evaluate the ability to continue to provide services given the implementation of service limits.

RESPONSE: Employment support services outlined in the waiver applications will be established as flat rates for all providers delivering employment support services (i.e. Career Planning, Prevocational Services, Job Development and Supported Employment). No changes were made as a result of this comment.

COMMENT: One comment noted the change to career planning to match CMS as understandable. However, the term “discovery” is important philosophically to this service. Including “discovery” as part of the definition would promote “employment first” through an

actual discovery process that is composed of getting to know an individual in a new way, rooting out unknown interests, desires and experiences, intentional involvement by the multi-disciplinary team, etc. This is opposed to not being person-centered and targeting involvement in typical service and maintenance jobs.

RESPONSE: As the term “discovery” is an industry specific term related to career planning, this concept will be added to the service definition for Career Planning.

COMMENT: One comment indicated the new definition for prevocational services indicates volunteering being an allowed component with time limitation but no definition of what that limitation is.

RESPONSE: Volunteering is an industry specific term with specific rules and regulations governed through the US Department of Labor (DOL) Fair Labor Standards Act and Wage and Hour Laws. Any limitations on location or duration of volunteer work are established through DOL. No changes were made as a result of this comment.

COMMENT: One comment noted the definition for supported employment states that "Individual Supported Employment Services are the ongoing supports to individuals and their employers..." In the next section, it lists services that may be provided under the waiver, but there is no reference to education and support provided to co-workers and supervisors. Recommend adding language that allows for this to occur and allowing for this portion of Supported Employment Services to be billable without the individual present.

RESPONSE: In the delivery of supported employment services it is an industry standard expectation that training and support are provided to the individual performing the job, co-workers and the employer. This support and training should be provided in the presence of the individual, as per individual need and is not an activity which would be provided or billed when the individual is not present. No changes were made as a result of this comment.

COMMENT: Two comments note the waiver fails to encourage employment.

RESPONSE: The waiver application contains a variety of service definitions which are intended to meet the support needs of individuals. Service definitions have been developed to assist individuals with developing career plans, conducting benefits planning, exploring social security work incentives, developing skills which promote community employment, assistance with securing employment and assistance with retaining employment. The service definitions affirm individuals' rights to pursue competitive, integrated employment and contain assurances that support does not exceed individualized assessed need. No changes were made as a result of this comment.

COMMENT: Job Development services have been removed from the current Community Employment definition and have been placed in a standalone Job Development definition. Many of the points in the Supported Employment definition, as related to self-employment, share common ideas for supports now held in the Job Development services definition. What is the benefit of separating Job Development, but leaving them for self-employment?

RESPONSE: Job Development is the service definition which supports an individual with completing applications, job interviews and locating potential employers. When a person is receiving supported employment services, employment supports are provided to the individual to assist with completing the essential functions in the performance of their job and in the

development of natural supports in the work environment. For those self-employed, supported employment supports would be delivered for these same needs. No changes were made as a result of this comment.

COMMENT: One entity submitted multiple questions which sought guidance on the effective implementation of service definitions.

RESPONSE: The state understands the need for a seamless transition to the understanding of the amended services definitions and will update the waiver renewal to allow time for the individuals, support coordinators, and providers to make this transition at the individual's next annual person centered plan development meeting. Language will be added to state: *"Upon waiver approval, individual and support coordinators will revise the individual service plan (ISP) during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval."* Additionally, during this transition, tools and resources will be developed for training for the utilization review committees, providers and support coordinators to support smooth seamless services for individuals.

Personal Assistance - Comments were received related to Personal Assistance Service. The following is a summary of the personal assistance services comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: There were thirteen comments related to the current rate for the personal assistant service. These comments included the reimbursement for the service being inadequate which leads to fewer providers, less retention of current providers and less choice of providers for individuals. The rate does not cover the cost for the required trainings, does not cover the cost of doing business, the rate does not support requirement for a CNA, and the current rate does not support quality levels of service. It is difficult to employ someone at the current rate that can use Tactile Sign. In setting the maximum reimbursement rate at the fixed rate for State Plan PCA, the DD providers receive a lower rate to provide a wider array of service outcomes.

RESPONSE: A rate increase for the personal assistant service will need legislative appropriation. No changes were made as a result of this comment.

COMMENT: There were three comments requesting clarification regarding the following statement contained in the personal assistant service definition: "Duties of the Personal Assistant will not require skills to be attained from the training requirement."

RESPONSE: This sentence will be deleted from the service definition.

COMMENT: There was one comment requesting clarification about the definition not being habilitative and requested an example of when it is appropriate to use the service personal assistant.

RESPONSE: Personal care services under the state plan differ in service definition, in limitations of amount and scope, and in provider type and requirements from personal assistant services under the waiver. When an individual's need for personal assistance is strictly related to ADLs and can be met through the MO HealthNet state plan personal care program administered by the Division of Senior and Disability Services (DSDS), he or she will not be eligible for personal assistant services under the waiver, in accordance with the requirement

that state plan services must be exhausted before waiver services can be provided. No changes were made as a result of this comment.

COMMENT: There was one comment recommending that the service definition include “the state plan service of personal care must be exhausted first if and/or when the assistance required by the individual is consistent with what the state plan service can provide.”

RESPONSE: This is addressed in the waiver application; not accessing state plan personal care services has been a concern in the past and so the following information has always been included in the service definition:

Personal care services under the state plan differ in service definition, in limitations of amount and scope, and in provider type and requirements from personal assistant services under the waiver. When an individual’s need for personal assistance is strictly related to ADLs and can be met through the MO HealthNet state plan personal care program administered by the Division of Senior and Disability Services (DSDS), he or she will not be eligible for personal assistant services under the waiver, in accordance with the requirement that state plan services must be exhausted before waiver services can be provided. No changes were made as a result of this comment.

COMMENT: There were three comments requesting clarification about the following staff training requirement: “Crisis intervention training, due to challenging behavior by the Individual, the assistant will also be trained in behavioral intervention techniques such as NCI (Nonviolent Crisis Intervention), MANDT, or others approved by the Division of DD.

RESPONSE: This sentence will be revised to read “Crisis intervention training *as needed* due to challenging behavior by the Individual, the assistant will also be trained in *crisis* intervention techniques such as NCI (Nonviolent Crisis Intervention), MANDT, or others approved by the Division of DD.”

COMMENT: There was one comment stating there is no subcategory for Specialized Behavioral Personal Assistance. DMH –DD had indicated in prior drafts this would be covered under the ABA. However, under the ABA Technician there is no provision to address the assistance with ADLs or IADLs. People with challenging behaviors may certainly need this level of assistance in conjunction with assistance in reducing abhorrent/intrusive behaviors

RESPONSE: The service to address these individual needs is “Adaptive Behavior Treatment by protocol by technician” which is done by the Registered Behavior Technician (RBT). Individuals receive this service in addition to Personal Assistance. No changes were made as a result of this comment.

COMMENT: Two comments included clarification needed for the personal assistance definition because it contains similar and ambiguous statements which are also addressed in other proposed waiver services including Day Habilitation and Community Integration. The duplicate or similar wording creates confusion and inconsistency in the appropriate application and authorization of the services. The recommendations for the personal assistant waiver definition:

- a. Mirror the State Plan PCA and waiver PA definitions.
- b. Establish a Fixed rate for PA Waiver Services equal to with Sate Plan Personal Attendant Services.

Remove the following from the proposed service definition for Personal Assistance:

- a. Social interaction, recreation, leisure, problem-solving necessary to achieve increased independence, productivity and inclusion in the community.
- b. Personal assistance may directly perform some activities or may provide support that promotes independence for the individual to learn to perform the activities.

RESPONSE: If the waiver personal assistance definition mirrors the state plan personal care definition then there would be no need for personal assistance services in the waiver. Waiver services do not supplant state plan services; they are services above and beyond what state plan services provide. No changes were made as a result of this comment.

COMMENT: The Division received four comments regarding concerns that discontinuing Behavioral Personal Assistance would cause individuals and families that self-directed services to lose staff because of rate decreases.

RESPONSE: The Division will not be decreasing any individual allocation because of the change. No changes were made as a result of this comment.

COMMENT: One comment was about PA/Med behavior (funded by the Lopez Waiver for 16 year old) being provided by the grandmother who is certified CNA. According to the proposed waiver definition changes it is my understanding he will not be able to continue to receive this support unless he is over the age of 21yrs. His parents both work outside of the home these services keep my consumer in his home placement with his family. Is that correct?

RESPONSE: The Division will not be decreasing any individual allocation because of the change. No changes were made as a result of this comment.

COMMENT: There was one comment requesting additional guidance regarding the CNA and Level I Medication Aid performing delegated complex nursing tasks under the medical personal assistance definition.

RESPONSE: Any staff who are paid to conduct a nursing task including medication administration or other nursing tasks determined appropriate to delegate to an unlicensed person by the supervising nurse, must maintain evidence of training for that task/skill by a medical professional, of competency for that task or skill, of assignment or delegation for that task or skill to that staff, and evidence of periodic supervision by the delegating supervising nurse for that task/skill. No changes were made as a result of this comment.

Assistive Technology - Comments were received related to Assistive Technology services. The following is a summary of the Assistive Technology services comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: Raising the limit from \$3,000 to \$9,000 is very positive.

RESPONSE: The Division appreciates the collaboration with providers, stakeholders, family, and waiver participants that occurred months before the waiver application was drafted. The collaboration led to these valuable changes.

COMMENT: There were three comments asking for clarification regarding the Assistive Technology service definition requiring written approval for remote monitoring by the due process committee which is in conflict with the Due Process Directive.

RESPONSE: The definition will be modified and changed to read:

Remote support technology may only be used with full consent of the individual and his/her guardian and *with a completed review by a DMH approved due process committee to ensure the individual's rights are being protected.*

COMMENT: There were three comments with requests to clarify if Level I Med Aides are qualified to set up medication reminder systems.

RESPONSE: Currently a certified DMH Med Aid is not prohibited from setting up a Medication Reminder System (MRS) for use by the individual/consumer as long as they follow their training. There would still need to be documentation for accountability as to who filled the MRS, when, and with what; therefore, some type of medication administration record (MAR) should still be utilized as required with medication administration training, reflecting the doses administered by who into the MRS using a key code on the MAR. The staff overseeing self-administration must be certified med aide therefore they must document as trained. A Medication Aide may never set up medications for another med aide or staff to administer to an individual / consumer. No changes were made as a result of this comment.

Day Habilitation - There were sixteen comments related to the proposed Day Habilitation service. Comments included clarification about where the service can be provided, who can receive the service, is this a group service only, what is needed for the medical or behavioral exception and concerns regarding the provider requirements, and comments about the low rates for this service. The following is a summary of the day habilitation services comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: There were seven comments addressing clarification and concern of the service being available as group only and not as individual and where the service can be provided.

RESPONSE: Day Habilitation is a facility based service that can be provided both on and off site. For individuals with medical, mobility, etc. issues, a medical exception may be sought in order to provide them with the individual assistance that they require. A behavioral exception is available for those individuals who have challenging behaviors that require additional assistance to reduce health and safety risks. No changes were made as a result of this comment.

COMMENT: There was one comment asking for clarification about individuals receiving residential services and day habilitation and how to document that there is no duplication.

RESPONSE: Day Habilitation services would be available for individuals that receive Group Home, Individualized Supported Living (ISL), and Shared Living services if the need for this service is identified in the Individual's support plan and these services are not duplicative in the Group Home rate, ISL budget, or Shared Living budget. No changes were made as a result of this comment.

COMMENT: There were eight comments related to the rate being too low for the Day Habilitation service.

RESPONSE: Day Habilitation can be provided both on and off site under a single rate. This rate will be an average of the current rates. The intent is not to decrease payment for these services. Additional legislative authority is needed to increase overall payments to providers. No changes were made as a result of this comment.

COMMENT: There were seven comments regarding concerns about what is the medical exception and is a physician's order required.

RESPONSE: For individuals with medical, mobility, etc issues, a medical exception may be sought in order to provide them with the assistance that they require. A specific physician order for the day habilitation medical exception is not required. Language in the definition has been revised as follows to provide further clarity: Exceptional medical supports funding shall be utilized to provide enhanced services *as "prescribed to meet medical needs which require the following: services from a Certified Nursing Assistance (CNA), services from a licensed practical nurse, or registered nurse within their scope of practice as prescribed by the state."* A separate rate and code modifier is available for this service. This is to promote individuals ability to access community based services and integration to the fullest extent of their capabilities.

Requests for Exceptional medical supports shall be submitted to the Utilization Review Committee and include the following documentation:

- Written Support Plan which includes clinical outcome data with criteria for reduction of supports as relevant to the identified medical condition(s).
- Written documentation noting the individual's assessed need for services by the individual's medical practitioner.

COMMENT: There were two comments requesting clarification if providers are to bill personal assistance when assisting someone in the restroom during day habilitation.

RESPONSE: The day habilitation service and rate includes assisting individuals with ADL's. No changes were made as a result of this comment.

COMMENT: There were six comments expressing concern of the requirement and cost regarding the need for a CNA for the medical exception day habilitation service.

RESPONSE: Based on comments received regarding the CNA requirement, the day habilitation medical exception will be revised in the waiver application to provide more clarity as follows, "Exceptional medical supports funding shall be utilized to provide enhanced services as prescribed *to meet medical needs which require the following: services from a Certified Nursing Assistance (CNA), services from a licensed practical nurse, or registered nurse within their scope of practice as prescribed by the state."* Additionally, the increased rate for the medical exception day habilitation service considers the hourly rate for LPN, fringe, taxes, leave, and CNA certification expenses.

Community Integration - There were twenty five comments regarding the proposed community integration service definition. The comments were related to the service being time-limited, offered as a group service; concern about what is not community integration, requesting examples of community integration, transportation costs included in the rate, and limited provider types for this service. The following is a summary of the community integration services comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: There was a comment regarding the stand-alone service placing emphasis on building social capital, accessing natural supports, and full participation in community life is appreciated.

RESPONSE: The Division appreciates the collaboration with providers, stakeholders, family, and waiver participants that occurred months before the waiver application was drafted. The collaboration led to these valuable changes.

COMMENT: There were three comments regarding the service being time limited and requesting clarification regarding wording directed at the number of hours authorized or the duration of the service.

RESPONSE: The limit is for the number of hours authorized. The service is limited to 25 hours per week. The service should be to focus on becoming a fully participating member of the community; it is more than just going into the community. No changes were made as a result of this comment.

COMMENT: There were ten comments expressing concern regarding examples of activities of daily living that are not included in community integration: grocery/clothing shopping, haircut, etc. Often these activities are integral to community inclusion and concern about what is community integration and the intent of the service.

RESPONSE: Personal assistance provides a service that assists an individual to go shopping, get a haircut or walk at the mall. Community integration is a service to assist the person in becoming a fully participating member of society in order to reduce barriers to community inclusion. For example, “mall walking” allows for someone to be there without being included versus participating in a community walking group that utilizes the mall as their walking track, which is community integration. Community integration should be based on the area that the individual lives and focuses on increasing individuals’ participation in becoming fully participating members of their community. No changes were made as a result of this comment.

COMMENT: One comment asked for clarification with Community Integration definition. Recommendation was to add language such as, “Personal assistance may be a component of Community Integration services, but may not comprise the entirety of the service.” It would ensure that activities of daily living wouldn’t become the focus of Community Integration, but would safeguard participants currently using those supports from having their access to the service being cut off because they receive residential services.

RESPONSE: The division agrees and will add this sentence to the Community Integration definition.

COMMENT: There was one comment expressing concern that the Community Integration Service Definition includes the following statement- “The following are examples of activities of daily living that are not included in Community integration: grocery/clothing shopping, haircut, etc. “does not match CMS guidelines.

RESPONSE: CMS technical guidance indicates that the “States’ implementation of the HCBS final rule will contribute to the quality and experience of participants in the waiver programs and will further expand their opportunities for meaningful community integration in support of the goals of the Americans with Disabilities Act and the Supreme Court’s decision in *Olmstead v. L.C.*” The Personal Assistance service definition in the waiver includes activities of daily living

(ADL) and Instrumental Activities of Daily Living (IADL). IADLs include shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities, which is consistent with CMS technical guidance personal assistant definition. Including these IADLs in Community Integration would be a duplication of services, which is not allowable. Community integration is a service to further expand opportunities for the person in becoming a fully participating member of society in order to reduce barriers to community inclusion. No changes were made as a result of this comment.

COMMENT: There were two comments about Community Integration being provided in a group and that the change from allowing groups of six participants to groups of four to one staff will increase provider staff costs.

RESPONSE: Reducing group sizes promotes individualized services to the highest possible degree in accordance with HCBS. Additionally, Community Integration can be billed individually or in a group. No changes were made as a result of this comment.

COMMENT: There were six comments related to the proposed service definition for Community Integration Provider Type as Day Habilitation only. Concerns were that only Day Habilitation providers could provide Community Integration, thus limiting providers and individual choice.

RESPONSE: The Division agrees and will add CARF accredited in "Community Integration" as provider type, as well as CQL or The Joint Commission.

COMMENT: There was one comment that stated Community Integration activities may appear much different in rural areas versus urban areas and defining the allowed activities so narrowly does not allow for the natural differences between communities.

RESPONSE: Community integration should be based on the area that the individual lives and focuses on increasing individuals' participation in becoming fully participating members of their community. No changes were made as a result of this comment.

COMMENT: One comment asked if transportation was rolled in the cost of the community integration service and what formula was used to calculate transport cost and does this include transport to and from a person's home or is that billed under transportation code

RESPONSE: Transportation is included in community integration services. Each provider's rate is set based on reported costs with the condition the rate must not exceed the Medicaid maximum allowable. The rate methodology is described in Appendix I. No changes were made as a result of this comment.

Individual Skill Development - There were twenty-eight comments regarding the proposed Individual Skill Development service. The comments were related to the service being time-limited, requiring a task analysis as part of the plan, requiring a national credential for a provider, clarification about what the service is and who can receive it, the type of provider and transportation as part of the service rate. The following is a summary of the individual skill development services comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: There was a comment that the group option included in the definition of this service delivery was appreciated.

RESPONSE: The Division appreciates the collaboration with providers, stakeholders, family, and waiver participants that occurred months before the waiver application was drafted. The collaboration led to these valuable changes.

COMMENT: There were three comments requesting clarification regarding the time-limit and if it is time limit by objective or can it be continuous. There is a limit of 20 hours per week.

RESPONSE: Individual skill development focuses on the development of an identified skill, with a task analysis and data required to determine progression being made to accomplish the individual's goal. If additional time is needed to accomplish this set goal, it can be reauthorized. Once the skill is mastered to the independence level of that person, the need for the service would end for that goal. No changes were made as a result of this comment.

COMMENT: There were three comments related to ISPs including outcomes and action steps individualized to what the individual wishes to accomplish, learn and/or change, which includes a task analysis of the identified learning objective – including all steps of a Task Analysis. This requirement will make plans long and cumbersome and recommendation is to have them as an attachment.

RESPONSE: We agree that the Task Analysis would make the ISP document long and should be included as an attachment. The provider would do the Task Analysis and determine the action steps based on the Task Analysis. The Task Analysis would be available for monitoring. The waiver does not specify where the Task Analysis is kept. No changes were made as a result of this comment.

COMMENT: There were three comments requesting clarification if Individuals who receive Group Home, Individualized Supported Living, or Shared Living can receive Individual Skill Development because the language has that a person who receives these services may receive Day Habilitation, but may not receive Individualized Skill Development at the Day Habilitation location.

RESPONSE: Individuals that receive Group Home, ISL, or Shared Living may not receive Individualized Skill Development service because it is encapsulated within these aforementioned services and would cause duplication. Individuals that receive day habilitation services may receive Individualized Skill Development if needed just not at the Day Habilitation location, because it should be taught in the home or community. No changes were made as a result of this comment.

COMMENT: There were ten comments regarding concern about the requirement of “a national/state credentialed staff trained in skill development and requested clarification about the credentialing system and how to obtain it and will this requirement need to be completed by July 1.

RESPONSE: Both the national and state certification is a portfolio process that staff will complete to ensure training and experience in providing the service. This requirement will not be expected to be completed by July 1, 2016. The state will train providers on this credentialing system upon approval of the waiver application and allow time for completion of this requirement. Language will be added in the service definition to state: *“Upon waiver approval, individual and support coordinators will revise the individual service plan (ISP) during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval.”*

COMMENT: There were four comments related to the proposed service definition for Individualized Skill Development Provider Type as Day Habilitation only. Concerns were that only Day Habilitation providers could provide Community Integration, thus limiting providers and individual choice.

RESPONSE: The Division agrees and will add CARF accredited in "Community Integration" as provider type as well as CQL or The Joint Commission.

COMMENT: There were two comments that requested clarification if transportation was rolled in the cost of the Individualized Skill Development service and what formula was used to calculate transport cost and does this include transport to and from a person's home or is that billed under transportation code

RESPONSE: Transportation is included in Individualized Skill Development services. Each provider's rate is set based on reported costs with the condition the rate must not exceed the Medicaid maximum allowable. The rate methodology is described in Appendix I. No changes were made as a result of this comment.

COMMENT: There was one comment requesting if there are any activities related to Independent Living (other than employment related services) that are expressly excluded from Individualized Skill Development.

RESPONSE: In general, waiver services provided may not be duplicative. Specific limits on services are identified in the service limitation section of the definition. No changes were made as a result of this comment.

COMMENT: There was one comment stating that the Community Integration or Individualized Skill Development workers could support the individual to learn how to access a barber shop or hair salon independently in order to get a haircut is an activity that could lead to increased independence and/or fuller participation in the community.

RESPONSE: Learning to access a community activity such as using public transportation, completing the process for going to the hair salon, from scheduling an appointment, to salon etiquette, etc. may fall under individual skill development for the person. No changes were made as a result of this comment.

COMMENT: There was one comment stating that by changing the definitions of Individualized Skill Development and Community Integration limiting or identifying specific tasks that can be performed within the definitions, it is essentially converting these services to PA.

RESPONSE: Individual skill development focuses on the development of an identified skill, with a task analysis and data required to determine progression being made to accomplish the individual's goal. Personal assistance provides a service that assists an individual go shopping, get a haircut or walk at the mall. Community integration is a service to assist the person in becoming a fully participating member of society in order to reduce barriers to community inclusion. For example, "mall walking" allows for someone to be there without being included versus participating in a community walking group that utilizes the mall as their walking track, is community integration. No changes were made as a result of this comment.

Individualized Supported Living - Comments were received related to Individualized Supported Living services. The following is a summary of the individual supported living services comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: Two comments regarding Provider owned or leased facilities where residential habilitation services are furnished must be compliant with the Americans with Disabilities Act. There are no ADA standards for private residences. The standard has always been that the dwelling is accessible to the individuals residing in it. Not all individuals who receive residential services need an accessible environment, not to mention there is a lack of accessible housing in most (if not all) communities. This would significantly inhibit choice.

RESPONSE: This language is consistent with the CMS technical guidance. The Division would expect compliance with this requirement only when applicable. No changes were made as a result of this comment.

COMMENT: There was one comment asking for clarification about the room and board for unrelated live-in personal caretaker is not in the waiver renewal and is it still allowable.

RESPONSE: Yes it is still allowable. This information is in Appendix I-6 of the waiver application.

Environmental Accessibility Adaptations - There were three comments regarding Environmental Accessibility Adaptation service definition. The following is a summary of the environmental accessibility adaptations services comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: Two comments asked if air conditioning could be provided under this definition if the need was due to a significant health condition or if there was an exception for this.

RESPONSE: The CMS technical guidance requires in their core service definition to exclude those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Air conditioning would be considered general utility. The waiver is not to be used to supplant the responsibility of the home owner to maintain the property, or to improve the property's value. No changes were made as a result of this comment.

COMMENT: There was one comment with a concern that most home modification projects cannot be completed within the limit of \$7,500. Bathroom modifications are one of the more common needs, and they cannot be completed within this limit.

RESPONSE: There is an exceptions process that can be accessed. All five Home and Community-Based Waivers for individuals with developmental disabilities cover environmental accessibility adaptations subject to the limit of \$7,500. If an individual's need cannot be met within the limit, an exception may be approved up to \$10,000 by the Regional Director and DD Deputy/Assistant Director to exceed the limit if this will result in a decreased need of one or more other services. No changes were made as a result of this comment.

Community Specialist - Comments were received related to Community Specialist service definition. The following is a summary of the community specialist services comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: There was one comment requesting an individual contractor be included as a provider type for this service.

RESPONSE: There is currently an Individual provider category in the Community Specialist definition with the provider type being Qualified Community Professional. Requirements include having a DMH Contract; the individual must have a Bachelor's degree from an accredited university or college plus one year experience, or be a Registered Nurse (with an active license in good standing, issued by the Missouri State Board of Nursing) or an Associate's degree from an accredited university or college plus three years of experience. No changes were made as a result of this comment.

COMMENT: There were two comments requesting that a Community Integration Provider be included as a provider type for this service.

RESPONSE: The Division currently has State Plan Personal Care providers, ISL, and Day Habilitation as a qualified provider types. Additionally, based on provider comments the Division will also add a qualification which allows CARF accredited or other approved accrediting entity.

COMMENT: There were two comments recommending a group option be considered for Community Specialist services.

RESPONSE: The Division will research this service as a group option and follow-up with stakeholders for comments with the next waiver amendment or renewal. No changes were made as a result of this comment.

COMMENT: One comment recommended that this waiver definition list the other applicable waiver services that the Community Specialist service could be used in conjunction with so there is no ambiguity in its interpretation (ie. can be used in conjunction with Prevocational Services, ISL's, Group Homes, etc.; or stated that it can be utilized in conjunction will all waiver services).

RESPONSE: In general, waiver services provided may not be duplicative. Specific limits on services are identified in the service limitation section of the definition. No changes were made as a result of this comment.

COMMENT: One comment referenced that some participants are allowed to use Community Specialist for driver's education supports because of their disabilities. Other participants are denied Community Specialist to assist them in obtaining their driver's license.

RESPONSE: A community specialist is used when specialized supports are needed to assist the individual in achieving outcomes in the service plan. Community specialist services include professional observation and assessment, individualized program design and implementation and consultation with caregivers. This service may also, at the choice of the individual designated representative, include advocating for the individual, and assisting the individual in locating and accessing services and supports within their field of expertise. No changes were made as a result of this comment.

Out-of-Home Respite - Comments were received related to Out-of-Home Respite service definition. The following is a summary of the out-of-home respite services comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: There was one comment regarding Out of Home Respite. Why can't a home in the community be licensed to provide this service – similar to the license and certification for Individualized Supported Living – but temporary use per individual as authorized/needed?

RESPONSE: The current provider types include Community Residential Facility and State-operated ICF/ID. Based on comments received, the division will add Family Living Arrangement to the provider types for this service.

In-Home Respite - Comments were received related to In-Home Respite service definition. The following is a summary of the comment and state response:

COMMENT: One comment for this service was received. Future planning: Recommend that In-Home Respite be included in all waivers including Partnership for Hope Waiver.

RESPONSE: The Partnership for Hope Waiver contains the service “Temporary Residential Services.” The service was included in that waiver based on the wants and needs from the county partners. This can be addressed with the next waiver renewal or amendment process. No changes were made as a result of this comment.

Physical Therapy - Comments were received related to Physical Therapy service definition. The following is a summary of the comment and state response:

COMMENT: Certified physical therapy assistant (COTA) - (COTA) is a certified occupational therapy assistant – this is the wrong acronym.

RESPONSE: Certified Physical Therapeutic Assistant abbreviation will be corrected from COTA to CPTA.

Transportation- Comments were received related to Transportation service definition. The following is a summary of the comment and state response:

COMMENT: There was one comment received. The definition for Transportation was not changed. May this service be used to purchase accessible vehicles for designated person(s) living in a supported living arrangement? If so, guidance in the definition is requested.

RESPONSE: No this service may not be used to purchase vehicles. This service is reimbursed based upon mileage. No changes were made as a result of this comment.

Appendix D Participant-Centered Planning and Service Delivery - Comments in this section center on the requirements of Appendix D of the waiver application regarding the service plan development. The following is a summary of the Appendix D comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: There were four letters submitted for Appendix D related to conflict-free case management.

Three letters were in support of the language in the proposed waiver renewals. The DD Council believes Missouri's language in the proposed waiver regarding conflict free case management protects the interests of persons with disabilities and their families and complies with the federal Home and Community-Based Services rule.

Community Support Services of Missouri supports the current DD language regarding Conflict Free Case Management.

MARF members fully support the Division's efforts to develop true conflict free case management (CFCM) in the state of Missouri. MARF members and other Missouri organizations that advocate on behalf of individuals with developmental disabilities oppose any CFCM language that does not clearly and specifically represent the intent of the CMS HCBS Rule. We support the language that the Division of DD shared with us on October 27, 2015.

One letter recommended the following revisions: Effective July 1, 2017, the Targeted Case Management (TCM) entity may provide waiver services, but NOT to an individual for whom the agency provides support coordination, ***unless that service is transportation, with the following exceptions: 1) if the service is by definition of limited and short duration; 2) if the service or item is purchased by the TCM entity from a supplier and the TCM entity will not benefit from the provision of the item or service; or 3) if the TCM entity is the single source provider of the waiver service.*** Any TCM entity that is also providing a waiver service to the same individual shall notify that individual during the annual plan development meeting, that the individual can no longer receive support coordination and waiver services from the same entity. The individual shall also be presented with the names of eligible TCM entities, along with alternative waiver service providers, to offer the individual a choice of either another TCM entity or waiver service provider.

The Division of Developmental Disabilities (Division) will be responsible for identifying future support coordination options for individuals who chose to continue to receive waiver services from a TCM entity. If the individual does not make a selection within 6 months, then the TCM entity shall make a referral to another TCM entity that agrees to accept the referral of individuals for TCM services. Full transition to a new provider of either waiver services or support coordination should be completed within one year of the annual plan development.

The existing case management provider shall notify DMH of the individual's choice and DMH shall affect the transfer. This system will be fully implemented by **June 30, 2019**.

RESPONSE: The Division will modify the language to read as follows: Effective July 1, 2017, the Targeted Case Management (TCM) entity may provide waiver services, but NOT to an individual for whom the agency provides support coordination, *unless is transportation or specialized medical equipment.* Any TCM entity that is also providing a waiver service to the same individual shall notify that individual during the annual plan development meeting, that the individual can no longer receive support coordination and waiver services from the same entity. The individual shall also be presented with the names of eligible TCM entities, along with alternative waiver service providers, to offer the individual a choice of either another TCM entity or waiver service provider.

The Division of Developmental Disabilities (Division) will be responsible for identifying future support coordination options for individuals who chose to continue to receive waiver services from a TCM entity. If the individual does not make a selection within six months, then the TCM entity shall make a referral to another TCM entity that agrees to accept the referral of individuals for TCM services. Full transition to a new provider of either waiver services or support coordination should be completed within one year of the annual plan development.

The existing case management provider shall notify DMH of the individual's choice and DMH shall affect the transfer. This system will be fully implemented by **December 31, 2018**.

Appendix E Participant Direction of Services - Comments in this section center on the requirements of Appendix E of the waiver application regarding how the waiver affords participants the opportunity to direct some or all of their waiver services. The following is a summary of the Appendix E comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: Three comments were regarding Participant Direction of Services – Appendix E Section iii includes a table of services covered, with services checked that are to be included and Support Broker was not checked. I believe this service should have been checked for Support Broker.

RESPONSE: This service will only be available through agency. The Division has worked over the last two years to increase the number of agency providers including having an agency in each region. State Plan Personal Care providers have been added as a qualified provider type. Additionally, based on provider comments the Division will also add a qualification which allows CARF accredited or other approved accrediting entity.

COMMENT: There were three comments requesting an individual contractor be included as a provider type as the set of provider types is not broad enough.

RESPONSE: This service will only be available through agency. The Division has worked over the last two years to increase the number of agency providers including having an agency in each region. State Plan Personal Care providers have been added as a qualified provider type. Additionally, based on provider comments the Division will also add a qualification which allows CARF accredited or other approved accrediting entity.

Appendix F Participant Rights - Comments in this section center on the requirements of Appendix F of the waiver application regarding how participants are afforded the opportunity to request a Fair Hearing and whether there is an alternate dispute resolution process. There were no comments received for Appendix F.

Appendix G Participant Safeguards - Comments in this section center on the requirements of Appendix G of the waiver application regarding safeguards to assure the health and welfare of waiver participants. There were no comments received for Appendix G.

Appendix H Quality Improvement Strategy - Comments in this section center on the requirements of Appendix H of the waiver application regarding Quality Improvement Strategies. No specific comments were received regarding the performance measures that are in the renewals.

Appendix I Financial Accountability - Comments in this section center on the requirements of Appendix I of the waiver application regarding financial elements of the waiver operations. There was one comment asking for clarification regarding rate determination methods. The following is a summary of the Appendix I comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: The current waiver states that if an individual requests a provider that has a higher rate, a new budget is prepared for the individual. The new budget is sent to the UR Committee. If additional units are not requested, but the budget has increased due to the new provider's rate, the budget is usually approved unless the new rate will cause a program or service

limitation to be exceeded in which case the UR Committee may recommend fewer units of service.

Since provider rates cannot be set in excess of the Medicaid maximum rates and waiver participants in the DD Comprehensive and Community Support waivers do not have any service limitation prescribed on a budget basis. The inclusion of this language serves as a vague basis for denying consumer's access to the level of necessary services just because one provider's rate is higher. The language of this section should clearly show that participants in the waiver may freely choose their provider without fear of losing or even decreasing the amount of their necessary services because one provider has a higher rate.

RESPONSE: The following information has been revised to read: During the person centered planning process when service providers are selected, the participant is informed of provider rates. Also, participants are given a copy of their approved budget which contains the rate for each service they are approved to receive. The language in the waiver application will be revised as follows: *"For non-residential services,"* if an individual requests a provider that has a higher rate, a new budget is prepared for the individual. The new budget is sent to the UR Committee. The following sentence will be removed: *"If additional units are not requested, but the budget has increased due to the new provider's rate, the budget is usually approved unless the new rate will cause a program or service limitation to be exceeded in which case the UR Committee may recommend fewer units of service."*

Appendix J Cost Neutrality Demonstration - Comments in this section center on the requirements of Appendix J of the waiver application regarding cost neutrality. There was one comment regarding Prevocational Services, Group. The following is a summary of the Appendix J comments, state responses, and changes to waiver renewal (if applicable):

COMMENT: In reviewing the rate reflected for Prevocational Services, Group under Appendix J-2, the Prevocational Group rate listed is a decrease from the current Job Preparation Group Off-Site rate.

RESPONSE: Appendix J-2 is an estimated cost based on historical expenditures. The current Appendix J-2 has the average rate per unit for Job-Prep Off-site group as \$3.52. This figure was derived from the average rate per unit billed by providers. Appendix J-2 in the waiver renewal for Prevocational Services Group (previously known as Job-Prep Off-Site Group) has the average rate per unit listed as \$4.66, which will be a flat rate under the waiver renewal. No changes made as a result of this comment.

Other Miscellaneous Comments

COMMENT: There were other letters and comments that were received that philosophical opinions/views, personal views, and comments related to revisions to CSR, low provider rates in general, services being provided in congregate settings and not being individualized in accordance with HCBS, service plans and the denial of services, training on the new services to assure there are no gaps in services for individuals, inconsistency in the utilization review process, and other areas that are not related to the waiver renewal.

RESPONSE: The Division will continue to provide training, tools, and resources to ensure no gaps in services occur with the revised service definitions. Additionally, the Division recognizes that there is always room for enhancing the system and utilizes many stakeholder workgroups and adhoc committees to continue to improve processes. The Division will review these

additional comments and will continue working with providers and stakeholders through the various workgroups and adhoc committees.