

**An Overview of the WV  
Title XIX MR/DD Waiver  
Individualized Budget  
Model**

Family & Advocate Training

# Agenda

- Overview of Roles
- Summary of Receptions
- Year 1 versus Year 2
- Overview of IPP Junctures
- The Role of Advocates
- Myths and Concerns
- Final thoughts
- Resources

# **Bureau for Medical Services (BMS)**

- BMS Office of Behavioral & Alternative Health Care is responsible for the WV Title XIX MR/DD Waiver Program
- BMS is responsible to the Centers for Medicare & Medicaid Services (CMS)
- BMS contracts administration of services to the BHHF and APS Healthcare, Inc.- WV

**WV- DHHR**  
**Bureau for Medical Services**  
**Office of Behavioral**  
**& Alternative Health Care**  
is responsible for the  
**WV Title XIX Home &**  
**Community Based**  
**MR/DD Waiver Program**

BMS contracts with OBHS and APS Healthcare, Inc-  
WV to carry out  
distinct components of the Waiver Program

**Bureau for Behavioral Health**  
**& Health Facilities**  
**Office of Behavioral Health Services**  
**manages for BMS**

- \*The program eligibility determination process
- \*The Waiver Summary Review process for provider enrollment
- \*The Quality Review program for assessing the quality of care and services
- \*Provider education, technical assistance, and consultation

**APS Healthcare, Inc.-**  
**West Virginia**  
**provides for BMS**

- \*A process for the fair & equitable distribution of available Waiver funds
- \*State-of-the-art system for making service, support, and provider selections
- \*Individual and family education
- \*Provider education, technical assistance, and consultation

# **BHHF Manages for BMS:**

- Program eligibility determination process
- Maintaining list and identifying data of current members
- Service Coordination “Gate Keeping”
- Waiver Summary Review process for provider enrollment
- Maintaining list of current providers (locations, services, contact names)
- Quality Review Program for assessing the quality of care and services
- Provider education, technical assistance, and consultation

# **APS Healthcare, Inc.- WV provides for BMS:**

- Stakeholder education
- Unbiased assessment of members' needs, functionality, and supports
- Analysis of the individual, family, and community factors to determine each member's annual Waiver budget
- Review of critical health and safety needs

# **APS Healthcare, Inc.- WV provides for BMS:**

- Referral of purchased supports/ services to individual's preferred providers
- Facilitation of proper reimbursement of purchased services
- Quality improvement activities
- Retrospective consultations

# **APS Healthcare, Inc.- WV provides for BMS:**

- Design and administration of the process and software tool which will compliment and support the state's movement toward a more person-centered planning approach in the Title XIX MR/DD Waiver Program

# **APS Healthcare, Inc.-WV**

## **Staff Roles**

- Service Support Facilitator
- Consumer and Family Educator
- Provider Educator
- Registration Coordinator

# APS Receptions

- APS conducted 98 receptions across the state to meet with those receiving MR/DD Waiver services, and to introduce the concept of the Individualized Waiver Budget
- Most who attended were pleased to hear of the state's shift toward a person-centered philosophy
- 409 Waiver members and their supports attended

# APS Receptions

- Most reported they have a good relationship with their provider, but many noted the absence of needed services (esp. Respite)
- 52% reported they rarely or hardly ever know how much money is spent for their services
- 42% reported they rarely or hardly ever get to decide how the money is spent

# **Individualized Waiver Budget Assessments**

- Determine the fair and equitable distribution of Waiver funds
- Use standardized assessments and a structured interview
- Promote a person-centered philosophy
- Reflect a budget that best meets the member's needs- not a “one-size-fits-all” budget

# Year 1

- Assessments completed based on stratified sample
- Budget based on prior service usage
- Budget provided to consumer and SC within 30 days of Annual IPP

# Year 2

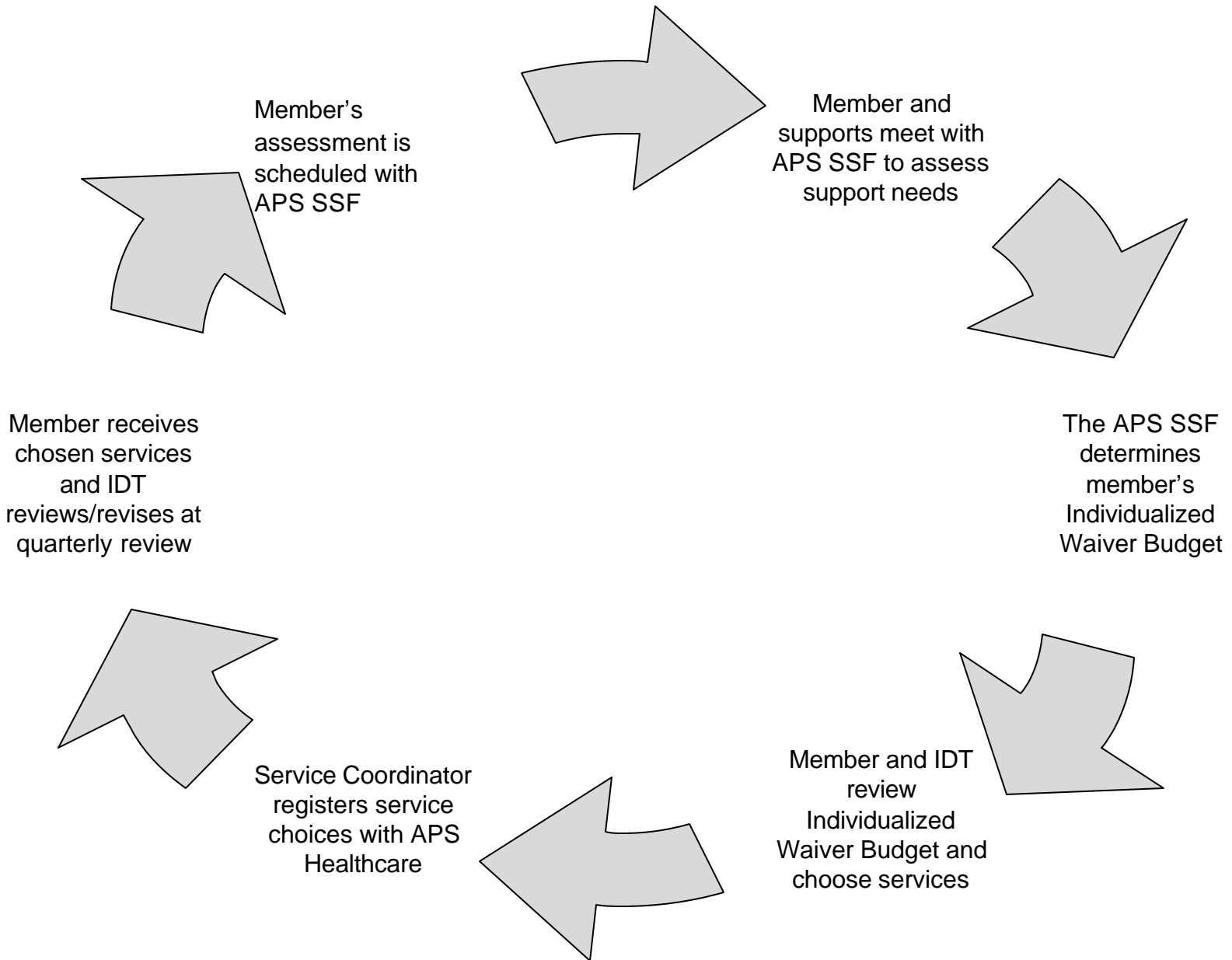
- Assessments completed within 90 days of Annual IPP
- Budget based on assessment findings
- Budget provided to consumer and SC within 2 weeks of Annual IPP

# Year 1

- Dual process (BHHF and APS) for PA of services
- APS Provider Educators/ Staff focus on technical assistance

# Year 2

- All purchased services registered through APS
- All PAs reviewed by APS
- APS Staff offer technical assistance
- APS Provider Educators- Retrospective Consultation



# FYI

- Negotiation of overall budget and/ or service limits can occur if member's needs cannot be met within budget and/ or service limits
- If a member's needs change, a new budget can be provided

# Annual IPP Junctures:

- The Annual IPP “sets the clock” for subsequent quarterly IPPs
- The Annual IPP due date will not change, and will occur around the same time each year (60-day window)

# Quarterly IPP Junctures:

- Quarterly IPPs are recommended until stakeholders are accustomed to the individualized budget/ purchasing of services
- The “window” for changing chosen services is 10 working days prior to and after the identified end of a quarter

# Critical IPP Junctures:

- Any event, typically unplanned, in a member's life that may require a corresponding change to his/ her services and supports
- Critical junctures often necessitate a crisis team meeting and amendment to the IPP

# **Critical IPP Junctures:**

- Change in residential setting
- Change in day setting
- Change in medical/ physical status
- Change in behavioral status
- Change in available natural supports
- Discharge from a program or service
- Need for environmental accessibility adaptation

# **Where Do Advocates Fit In?**

- Assist with determining needed services
- Educate individuals/ families about their rights within the IDT
- Assist with negotiation within the IDT

# Where Do Advocates Fit In?

- In order for the shift toward person-centered services to be successful, it is imperative that Advocates understand the processes and assist in the education of all those involved
- Advocates will have an enhanced role in the evolving MR/DD Waiver process by helping/encouraging individuals and families to take a more active role in their IDT

# Myths and Concerns

- APS does not determine eligibility for the MR/DD Waiver Program
- The ASO is funded through administrative dollars and does not take away from money for member services
- APS will not choose services

# Myths and Concerns

- APS is only a part of the shift toward person-centered planning
- APS' electronic tracking system will encourage/promote a person-centered approach to services

# Final Thoughts

- Advocates will continue to play a significant role in ensuring appropriate services are provided/ received
- APS Healthcare, Inc.- will integrate quality improvement activities throughout all processes
- Individuals and families will have increased knowledge of available services/ supports and providers
- All levels of service provision will have accountability

# **Resources: Assessments/ Structured Interview**

- Inventory For Client and Agency Planning (ICAP)

<http://www.cpinternet.com/~bhill/icap/>

- Supports Intensity Scale (SIS)

<http://www.siswebsite.org/index.w>

- Extraordinary Care Assessment

# **Resources: How To Contact APS**

- Phone: (304) 343-9663
- Toll Free: (866) 385-8920
- Fax: (304) 343-9010
- Web: [www.apshealthcare.com](http://www.apshealthcare.com)