

APPENDIX- A

1. PURPOSE OF THE AMENDMENT

Describe any significant changes to the approved waiver that are being made in this amendment application:

The Waiver Amendment adds new services, amends existing service descriptions, and reimbursement methodologies, adds new provider types and qualification standards and includes requirements to conform with the new Home and Community-Based Services (HCBS) requirements under 42 CFR 441.301 of the federal rulemakings by proposing new conflict-free requirements for case management and person-centered planning to comply with these regulations. It also includes a CMS required HCBS settings Transition Plan to explain how the District's assisted living facilities enrolled under the Waiver will comply with the setting requirements under 42 CFR 441.301.

The Amendment also establishes a new service delivery method or pathway by designating a new government entity for EPD Waiver application assistance, provider referral, and options counseling, and a new Long Term Care Services and Supports (LTCSS) contractor to administer a conflict-free face-to-face assessment tool to determine level of care (non-financial eligibility) for EPD Waiver services. Additionally, changes were made to elect the Spousal Impoverishment option under Appendix B to determine a person's eligibility for services, and modify the service delivery parameters for participant-directed-services, which is an already approved service delivery method under the existing Waiver.

The major changes are as follows:

The Waiver Amendment introduces three new services- adult day services, and occupational and physical therapy services.

Adult day health services will enable persons enrolled under the EPD Waiver to live in the community by offering non-residential medical supports and supervised, therapeutic activities in an integrated community setting, to foster opportunities for community inclusion, and to deter more costly facility-based care. These providers will be compliant with all the new HCBS "setting" requirements pursuant to the District's new Provider Readiness Review process.

Occupational therapy and physical therapy services were added to be provided by licensed professionals under a Home Care Agency or by licensed individual practitioners

The personal care aide service description will be modified to mirror the PCA Service Authorization request and submission procedures in accordance with the District's Medicaid State Plan PCA services rulemaking (Chapter 50 of Title 29 of the DCMR) to include the utilization of a face-to-face standardized needs-based assessment tool that determines each person's level of need for services. Changes were also made to allow the order for PCA services to be signed by an advance practice registered nurse (APRN) or a physician; conduct beneficiary re-assessments every twelve (12) months to update plans of care; and eliminate any annual caps for the receipt of services.

Homemaker and chore aide service descriptions were amended to clarify the existing language under the service. A new provider category – general business providing housekeeping services in the District of Columbia- will be added to the list of allowable providers of homemaker and chore aide services. The training criteria for chore aides were also amended .

The Environmental Accessibility Adaptation (EAA) service description was modified to amend the requirement that both renters, and certified home-owners need to initially obtain a denial letter from Handicap Accessibility Improvement Program (HAIP), administered by the District of Columbia Department of Housing and Community Development prior to applying for EAA services under the Waiver, as HAIP is only applicable to certified home-owners. Although no change to the total rate is proposed, the disaggregated cost limits associated with each type of EAA modification was removed. The limitations on amount, duration, and scope are to be modified to clarify that the total rate is inclusive of costs associated with the home inspection.

Case management and person-centered planning requirements were amended to conform to the new HCBS standards under the federal regulations. These include that any new entity cannot enroll as a Medicaid reimbursable provider of case management services if that entity is a Medicaid provider of personal care aide (PCA) services or any other direct services under the EPD Waiver, or has a financial interest, as defined under 42 CFR §411.354, in a Medicaid provider of PCA or any other direct services under the EPD Waiver. Additionally, person-centered planning needs to be “person-driven” and focus on the needs, strengths, goals, and preferences of the person receiving services.

The case management rate reimbursement methodology was changed to a new Per Member Per Month (PMPM) payment structure. The capitation rate approach will provide a better correlation between reimbursements and the number of beneficiaries receiving case management services.

The Transition Plan included under Attachment # 2 explains the assessment, compliance, and monitoring processes that the District will undertake to ensure that assisted living facilities will conform with all the new setting requirements prescribed under 42 CFR 441.301.

The new service delivery method describes the District’s Memorandum of Agreement (MOU) between DHCF and the Office on Aging (DCOA), which designates DCOA’s Aging and Disability Resource Center as a one-stop-resource to provide information, referral and assistance, options counseling for persons enrolling in the EPD Waiver. It also changes the processes for eligibility under the EPD Waiver by designating a DHCF LTCSS Contractor to make all level of care determinations by conducting a face-to-face assessment of the individual’s physical, cognitive and behavioral health care and support needs, to determine the individual’s level of need for Waiver services and supports.

The eligibility section was amended by electing to use spousal impoverishment rules to determine eligibility for the home and community-based waiver group, whereby a certain amount of the couples’ combined income and assets are protected for the spouse not receiving services under the HCBS waiver, to be effective in EPD HCBS Waiver Year 4, or upon approval by CMS.

The Amendment modifies service definitions for participant-directed community supports (PDCS) (under employer authority) and individual-directed goods and services (under budget authority). Waiver participants who choose to self-direct these participant-directed services (PDS) will have choice and control over how they are provided and by whom. Under employer authority, waiver participants or their authorized representatives, as appropriate, will be the common law employer of the qualified participant-directed workers (PDWs) they hire. Financial management services (FMS) and information and assistance (I&A) supports will be provided to waiver participants who choose to self-direct the aforementioned PDS through a District-wide, IRS-approved Vendor Fiscal/Employer Agent (VF/EA FMS) FMS-Support Broker entity and will be provided as administrative activities. The VF/EA FMS-Support Broker entity will operate in accordance with Section 3504 of the Internal Revenue Code and Rev. Proc. 70-6, as modified by REG-137036-08 and Rev. Proc. 2013-39.

2. BRIEF WAIVER DESCRIPTION

PURPOSE: The Elderly and Individuals with Physical Disabilities (EPD) Waiver serves individuals who are age sixty-five (65) and over, and individuals with physical disabilities ages eighteen through sixty four (18 – 64) in home and community-based settings, including assisted living facilities in lieu of nursing facilities.

GOAL: To ensure the EPD Waiver populations (elders and individuals with physical disabilities) have access to in-home supports including those that are participant-directed that will be enable them to reside in their homes while receiving assistance with their activities of daily living

OBJECTIVES:

- 1) Ensure the target populations remains in home and community-based settings that meet all of the requirements of the HCBS regulation under 42 CFR 441.301
- 2) Ensure that the target populations have access to supports that are participant-directed.
- 3) Enhance the quality of life for the target populations by preserving their independence and relationships with family and friends.
- 4) Expand the range of long-term services and supports available for the target populations. Implement a conflict-free case management and person-centered planning delivery process in accordance with the requirements of 42 CFR 441.301

ORGANIZATIONAL STRUCTURE: DHCF administers the waiver and its processes

SERVICE DELIVERY METHODS: EPD waiver services have defined target populations (elders and individuals with physical disabilities) and specific rules outlining the implementation of services. Provider agencies enrolled by DHCF who serve EPD waiver participants must complete the provider application, meet the waiver service requirements, and have a signed agreement with DHCF.

- 1) The District of Columbia's Office on Aging's, Aging Disability and Resource Center is the first point of contact in the pathway for a DC resident to request long term care services and supports. The ADRC collects general information and demographics and counsels the Applicant on available services. If a person requests long-term care services, an Enrollment Specialist (ES) will be assigned to assist the person with the application process for the EPD Waiver Program.
- 2) The ES will assist the applicant with obtaining and completing the required paperwork. These include the following documents-
 - a) physician authorization (Form 1728)
 - b) 30 AW
 - c) Rights and Responsibilities
 - d) Freedom of Choice form
 - e) Proof of Residency
 - f) Proof of Income and other supporting financial documentation
 - g) Combined Application (if currently not a Medicaid beneficiary)
 - h) LTC Application and Attestation/Case Management Agency (CMA) Selection
- 3) The ES also assists the applicant request that a level of need assessment is conducted by the Long-Term Care Services and Supports Contractor (LTCSS Contractor)
- 4) DHCF's LTCSS Contractor conducts a face-to-face assessment of the person's functional, behavioral, and skilled care needs to determine level of care and determine need for EPD waiver services
- 5) When the LOC is approved via the assessment tool, the ES is responsible for ensuring that the

information is transmitted to ESA and ESA is responsible for determining financial eligibility

- 6) ESA receives the EPD Waiver Certification report/spreadsheet and performs the financial assessment and makes the determination of financial eligibility
- 7) The disposition of financial assessment is sent to DHCF and ADRC via a Report , and eligibility notices are sent to the applicant and Healthcare Power of Attorney (POA)
- 8) The ES contacts the selected CMA on behalf of the applicant, and secures acceptance. The ES will contact CMAs until the applicant is accepted
- 9) DHCF issues a prior authorization to enable the CMA to begin billing
- 10) The ADRC, DHCF, and CMA holds a meeting to transfer the case to the CMA
- 11) The CMA contacts the applicant and creates a person-centered service plan to address all of the needs of the applicant.
- 12) An applicant may appeal a LOC Denial or EPD Waiver Denial through the Appeals Process.

Additionally, all EPD waiver participants will be afforded the opportunity to self-direct the following services: participant-directed community support (PDCS) and individual-directed goods and services. Waiver participants who choose to self-direct these services will have choice and control over how they are provided and by whom. To assist participants choosing to self-direct these services, a District-wide, IRS-approved Vendor Fiscal/Employer Agent FMS-Support Broker entity will provide financial management services (FMS) and information and assistance (I&A) supports as administrative activities.

