

Departments of Medical Assistance Services (DMAS)  
 And  
 Mental Health,  
 Mental Retardation/Intellectual Disability and Substance Abuse Services  
 Division of Long-Term Care and Office of Intellectual Disability (OID)

| <b>Criteria</b>                    | <b>Medicaid IFDDS Waiver</b>  | <b>Medicaid MR/ID Waiver</b>   |
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| Primary Disability                 | Physical; without a diagnosis of ID   | Cognitive; must have a diagnosis of ID   |
| Number of Persons Currently Served | <b>594 persons enrolled</b>   | <b>7,641 persons enrolled</b>  |
| Waiting List                       | <b>There are currently 635 people on the waiting list.</b> One list maintained by DMAS based on regulatory criteria first come, first serve basis. 139 slots filled in 2007 within 90 days.   | <b>There are currently 2,126 people on the urgent needs waiting list and 2,175 on the non-urgent needs list.</b> Three lists (urgent, non-urgent, and planning) maintained by individual CSBs (40 CSBs), based on regulatory criteria; urgent + non-urgent = Statewide Waiting List maintained by OID.   |
| Average Wait List Time             | <b>3-4 years</b>  | <b>3-7 years</b><br>43 participants have been waiting 7 years<br>89 participants have been waiting 6 years<br>160 participants have been waiting 5 years<br>317 participants have been waiting 4 years<br>480 participants have been waiting 3 years<br><i>Information from The Study of Mental Retardation Services Report to the General Assembly 2007</i> |
| Assessors                          | <b>Child Development Clinics</b>  | <b>Community Service Boards</b>  |
| Slot Allocation                    | Slots assigned within 48 hours through an automated system on a first-come-first-served basis.  | Individual CSBs assign slot based on committee decision of the most urgent need at the time the slot becomes available (the process for assigning slots may differ slightly from CSB to CSB with some CSBs involving community members along with CSB staff in the decision-making process). Slots are managed/approved by OID.                              |
| Independent Case Managers          | <b>Private.</b> Participants have a choice of providers and services. They may switch case managers if they are not satisfied with services or retain their case manager if they move from the area. Case managers' agencies provide only case management services, not other services. | <b>Community Service Boards.</b> Individuals generally receive case management from the CSB in whose catchment area they reside.   |

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| <p>Services Provided and Approved by CMS</p>    | <p><b>Private Case Management</b><br/> Crisis Stabilization<br/> In-home Residential Support<br/> Supported Employment<br/> Day Support<br/> Therapeutic Consultation<br/> Environmental Modifications<br/> Assistive Technology<br/> Skilled Nursing Services<br/> Personal Assistance<br/> Personal Assistance (Cons. Directed)<br/> Respite Care<br/> CD Respite Care<br/> Companion Services<br/> CD Companion Services<br/> Personal Emergency Response</p> <p><b>Family/Caregiver Training</b></p> | <p><b>Public Case Management through State Plan</b><br/> Crisis Stabilization<br/> <b>Congregate Residential Support</b><br/> In-Home Residential Support<br/> Supported Employment<br/> Day Support<br/> Therapeutic Consultation<br/> Environmental Modifications<br/> Assistive Technology<br/> Skilled Nursing Services<br/> Personal Assistance<br/> Personal Assistance (Cons. Directed)<br/> Respite Care<br/> CD Respite Care<br/> Companion Services<br/> CD Companion Services<br/> Personal Emergency Response</p> |
| <p>Cost Containment</p>                         | <p>If threshold on funding for the alternate institutional placement is reached, DMAS staff manage the case to insure services and cost effectiveness of waiver</p> <p>Average Waiver Slot Cost 2010</p> <p>\$33,748</p>   | <p>OIDS Preauthorization staff review cost effectiveness of services. The average cost of waiver services may not exceed the average cost of institutional services.</p> <p>Average Waiver Slot Cost 2010</p> <p>\$69,243*</p>  |
| <p>Customer Service Recipients and Families</p> | <p>Single access point at DMAS-LTC and five full-time staff assigned telephone, electronic and FAX coverage on a daily basis to provide training, education and technical assistance to individuals and their families.</p>  | <p>CSB case managers are available to respond to individuals and their families. OID maintains a staff of 4 regionally-based consultants and 1 supervisor available for electronic &amp; telephonic technical assistance to individuals and their families.</p>   |
| <p>Customer Service Case Managers</p>           | <p>Available daily by DMAS analysts</p>  | <p>OID maintains a staff of 4 regionally-based consultants and 1 supervisor available for electronic, telephonic &amp; on-site technical assistance, as well as training.</p>   |
| <p>Financial Resources</p>                      | <p>Uses exclusively Medicaid Waiver funds for service delivery</p>   | <p>Uses Medicaid Waiver and local funding for service delivery.</p>   |

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| Service Delivery                              | All services are provided by private DMAS approved providers.  | CSBs provide some waiver services and may be involved in developing private providers.   |
| Service Provider Training                     | Provides individualized in person and electronic training for all: <ul style="list-style-type: none"> <li>• new providers;</li> <li>• providers who require additional training;</li> <li>• providers identified in quality management review (QMR) as requiring training for billing and reimbursement.</li> <li>• providers identified in QMR as requiring training for health, safety and welfare.</li> </ul> | Training is provided by OID staff on a scheduled and routine basis, as well as in response to DMHMRSAS Office of Licensing and DMAS QMR findings. OID staff is currently developing web-based training modules to increase accessibility to provider staff. DMHMRSAS Office of Licensure also offers new provider training for all licensed providers of services. |
| Eligibility Redetermination                   | Annual Level of Functioning performed by DMAS staff (care managers). 100% of all cases receive a level of care review<br><br>Service Plan-DMAS coordinates with the Case Manager for service plan authorization annually and as the participants' needs change to ensure service are appropriate and cost effective.   | Annual Level of Functioning Survey completed by CSB case managers for 100% of individuals receiving the MR Waiver. Case managers coordinate annual service plan development for all, as well as when individuals' needs change.  |
| Annual Prior Authorization of Waiver Services | Service plans are reviewed by DMAS care managers before prior authorization is submitted to an independent contractor for review.  | Preauthorization is performed by OID staff. Service plans are preauthorized initially and as plans change significantly. Some services are preauthorized annually.   |

*\*Note that only the MR/ID Waiver covers congregate residential services which average more than \$70,000 per individual per year; the unit costs for the other services are identical between the two waivers.*

*Draft submitted TAS Division of Long-Term Care DMAS to Lee Price, DMHMRSAS, Office of Intellectual Disabilities, September 16, 2008. Revised document received October 9, 2008 and all comments incorporated. Added Cost Containment. Sent to JCHC Staff October 14, 2008 and small changes incorporated on October 15, 2008.*