

Stakeholder Engagement on Day Habilitation - 1:1, Tier 3 Services - Initial Meeting

September 1, 2022

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COLORADO

Department of Health Care
Policy & Financing

Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



Purpose of Meeting:

- To engage stakeholders on 1:1, Tier 3 Day Habilitation services
- To discuss the long-term implementation of 1:1 Day Habilitation services
- To receive feedback on proposed long-term implementation of 1:1 Day Habilitation services

Agenda

1. Outline current issue
2. Review current Day Habilitation services
3. Review 1:1, Tier 3 Day Hab. services & utilization
4. Clear up misinformation
5. Discuss responses received via stakeholder survey
6. Outline proposed long-term changes to implement 1:1, Tier 3 services
7. Receive feedback from stakeholders
8. Determine next steps

Current Issues

- 1:1, Tier 3 Day Habilitation services only exist within [Operational Memo 21-025](#)
- Without the long-term implementation of 1:1, Tier 3 services, prior to the Public Health Emergency (PHE) ending, Day Hab. services will return as they were pre pandemic
 - Rates typically only support group Day Hab. services

Current Day Hab. Services

- Typically provided in groups & congregate settings
 - Allows for less individual choice of activities
- Rates are according to Support Level
- Specialized Habilitation (SH) services are typically more center-based day services
 - Settings Final Rule requires a level of community integration
 - Assists members with increased level of self-sufficiency
- Supported Community Connections (SCC) services are provided entirely out in the community
 - Supports skills & abilities necessary for members to access typical activities & functions of community life

1:1, Tier 3 Day Hab. Services

Implemented on March 1, 2021 through OM 21-025:

- Created 1:1 Day Hab. services billed at a higher rate
- Allowed providers to render services using a safer, 1:1 approach while also meeting members' needs
- Required services received to remain budget neutral in order to be implemented
- Allowed members to opt to receive 1:1 services, within the member's pre pandemic utilization limit
- Members can also substitute pre pandemic Supported Employment utilization for 1:1 Day Hab. services



1:1 Services Utilization

Since the March 1, 2021 implementation date:

- 164 members are using/have used 1:1 services
- 145 members have utilized 1:1 SCC
- 19 of members have utilized 1:1 SH
 - About 11.59% of 1:1 services provided
- 18 of 20 Community Centered Boards (CCBs) have added 1:1 services to a member's PAR
- 60 providers are providing/have provided 1:1 services
 - 14.7% of providers offering 1:1 services
- 9,203 total members receiving Day Hab. services
 - 1.8% of members receiving 1:1 services



Clearing Up Misinformation

- Members who did not previously receive Day Hab. services are still eligible for 1:1, Tier 3 services
 - No member is denied Tier 3 services
 - Members who prior to the pandemic did not receive Day Hab. or Supported Employment services are considered “new members”
 - Members new to the DD & SLS waivers are also considered “new members”
- New member dollar limits are based on the average utilization for members of the same support level, prior to the pandemic
 - These limits have been shared with each CCB

Clearing Up Misinformation

- Members can receive both group & 1:1 services
 - Combination of group & 1:1 services must be within the member's annual dollar limit
- Members who previously received 1:1 services for a prior Service Plan year, do not have to stay within annual dollar limit for the next SP year, if no 1:1 services are received
- Members who have extremely low individual dollar limits or exceptional needs can request additional funding through the Day Hab. Exception Request form
 - Form to be completed by the Case Manager



Stakeholder Survey Responses

- Received 92 responses
- Over half of respondents were parents/guardians/advocates, along with some Day Hab. providers & a few Case Management Agency staff
- Overwhelming majority stated that 1:1 Day Habilitation services should be implemented long-term, even if the individual dollar limits remain as is
- All but 2 respondents said that the option to receive Spec. Hab. services 1:1 should be available beyond the PHE

Stakeholder Survey Suggestions

- Increase the rates for 1:1 services to be equal to Support Level 6 or Community Connector rate
 - Would allow for better training of staff
 - Would allow for the hiring of quality Direct Care Providers
 - Would decrease the likelihood of provider turnover
- Recruit more Direct Care Providers
- Residential provider should be allowed to also provide SCC
 - This topic will be discussed further during our stakeholder meeting on Sept. 29th
- Rate should be increased to include transportation or reimburse for transporting members



Stakeholder Survey Suggestions

- 1:1 Spec Hab. should continue to be provided in member's home to access their personal setting
- Remove requirement to go into the community
- Remove building requirements for PASAs
- There should be established need for extensive 1:1 Spec Hab., medical or behavioral, as proven on the SIS - members need to go out into the community & socialize
- The need for written goals for what Day Hab. is working on
 - Generated by the team
- There needs to be a distinction between residential vs day services
 - Confusion on what service is being provided

Stakeholder Survey Suggestions

- Specific to the individual dollar limits, comments include:
 - Remove individual dollar limits entirely
 - Develop a daily or weekly limit on 1:1 services
 - Consistent dollar limits for all members vs individualized
 - Dollar limit should be the same as the cost of Tier 2 services unit maximum
- Information about service options should be given to members & families
- 1:1 services should be offered in Tier 2 category
- Change name from Day Habilitation as the name is ambiguous & services are not just provided during the day
 - **Suggestion - Community Habilitation**

Key Points

If the Department were able to implement 1:1, Tier 3 Day Habilitation services, at a higher rate, without an individual dollar limit, it would be done. However:

- Budgetary restrictions
 - Impacts increasing the 1:1 rate
 - Impacts the increase/removal of individual dollar limits
- Pursuing these increases, at this time, would delay the long-term implementation of these services
 - 1:1, Tier 3 services would no longer exist prior to the end of the Public Health Emergency

Budgetary Estimates

- Estimate to remove individual cap:
 - \$2.1 million - **current utilization only**
- Estimate to increase 1:1 rate:
 - At least \$62,000 - **current utilization only**
- Cost to remove individual cap & increase 1:1 rate
 - \$3.7 million - **based on 75% increase in utilization**
- Cost to remove individual cap & increase 1:1 rate:
 - Almost \$11 million - **based on 475 members accessing 1:1 services**

Proposed Regulation

Implementation of 1:1 Services

- Implement 1:1 Supported Community Connections services into regulations and DD & SLS waivers
- Implement requirement for members opting to receive 1:1 SCC services, to stay within an annual dollar limit
- Implement an exception process for members with extraordinary needs for funding beyond that of their annual dollar limit



1:1 Specialized Habilitation

Services would terminate at the end of the PHE as these services:

- Do not comply with current regulations that state:
 - Day Hab. services... **take place in a nonresidential setting, separate from the Client's private residence or other residential living arrangement, except when services are necessary in the residence due to medical or safety needs (8.500.5.B.2.)**
 - Day Hab. services **are to be provided outside of the person's living environment, unless otherwise indicated by the person's needs, through meaningful employment, activities & community participation (8.609.9.A.1.)**
- Do not comply with Settings Final Rule requirement for Community Integration
 - Setting supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to...engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS

1:1 Specialized Habilitation

Services would terminate at the end of the PHE as these services:

- Do not align with the intent of Day Habilitation services
 - Day Hab. services provide training, support & supervision activities which maximize functional abilities & skills necessary to **enable adults to access the community and/or provide the basis for building skills which will assist individuals to access the community (8.609.9.A.)**

Other HCBS waiver services available which provide similar support

- Residential Habilitation Services & Support, Respite, Behavioral Services, & Personal Care Services

Exception for members with medical or safety needs:

- If Day Hab. services cannot be provided outside of the living environment due to a person's medical or safety needs, **this shall be documented (8.609.9.A.1)**
- Services... take place in a nonresidential setting, separate from the Client's private residence or other residential living arrangement, **except when services are necessary in the residence due to medical or safety needs. (8.500.5.B.2.)**

Potential Future Changes

- Increase 1:1 rate to be similar to Support Level 6 rate
- Increase annual dollar limits
 - For example a \$1,500 increase for all members
- Update annual dollar limits
 - Currently based on pre pandemic utilization
- Increase annual dollar limits to cost of Tier 2 maximum
- Remove annual dollar limits entirely
 - Combined unit limit would still be required
- Add 1:1 Specialized Habilitation services
 - If service can comply with Settings Final Rule & current regulations for Day Hab. services



Feedback on Proposed Changes

Proposed change: implement 1:1 SCC services into DD & SLS waivers, with the requirement to stay within an annual dollar limit, however there would be an exception process for members with extraordinary needs for additional funding

- What questions or concerns do stakeholders have about the proposed changes?
- What feedback do stakeholders have about the proposed changes?

Proposed name change: from “Day Habilitation” to “Community Habilitation”

- What feedback do stakeholders have about this proposed change?

Feedback on Proposed Changes

Please complete the following survey to submit feedback based on the current proposal:

www.surveymonkey.com/r/M23777Y



Next Steps

- Submit additional questions & feedback to HCPF_HCBS_Questions@state.co.us
- Follow up stakeholder engagement meeting on **Thursday, October 27, 2022**
11:00 a.m. - 12:30 p.m.
- If approved, the Department will draft waiver & regulation changes to implement 1:1 Supported Community Connections services long-term
- If approved, the proposed changes will go out for public comment





Questions?



Contact Info

HCPF_HCBS_Questions@state.co.us

For those interested:

RHSS/SCC - Direct Care Provider Stakeholder Meeting

Thursday, September 29, 2022
11:00 a.m. - 12:30 p.m.



Thank you!

