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Division of Disability and Rehabilitative Services
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To: Division of Disability and Rehabilitative Services participants, providers, families and stakeholders
From: Kylee Hope, Director, Division of Disability and Rehabilitative Services; Cathy Robinson, Director, Bureau of Developmental Disabilities Services
Re: Bureau of Developmental Disabilities Services waiver amendments approval
Date: July 24, 2018

The Division of Disability and Rehabilitative Services has received approval from the Centers for Medicare and Medicaid Services for waiver amendments to the Community Integration and Habilitation and Family Support waivers, with an **August 1, 2018**, effective date. These amendments were specifically designed to restructure the case management service definition to more closely align with person-centered planning expectations and practices. Additional changes to each waiver were made based on input during the public comment period.

Several technology system changes will occur through the implementation process:

- The 5 percent rate increase system change for case management activities on the FSW will be initiated beginning at 5 p.m. EDT on Friday July 27, 2018, and will run over most of the weekend. **Insite will not be available from 5 p.m. EDT Friday July, 27 to 8 a.m. Monday July, 30.**
- All FSW cost comparison budgets will be updated with a monthly per month per individual case management rate of \$131.25 effective August 1, 2018. The FSW cap will remain at \$17,300.
- Functionality for case managers to be paid for targeted case management will be implemented for individuals who are transitioning out of a specified institutional setting onto the CIH waiver. More details on this functionality will be provided directly to case management companies.
- The ability for case managers to add an annual \$150 per member line to the CCB when there is a finalized person-centered individual support plan in the BDDS Portal will be available.

The following additional changes will be implemented effective **August 1, 2018**.

Specific services will be limited for authorization for individuals age 21 and over, due to the existing availability of these services on the Medicaid State Plan. The services limited to individuals age 21 and over are:

- Intensive Behavioral Intervention - Levels 1 and 2
- Occupational Therapy
- Physical Therapy
- Psychological Therapy - Group and Individual



- Speech Therapy

The nurse requirements for structured family caregiving service will be aligned to match the nurse requirements for the wellness service, allowing a registered nurse or a licensed practical nurse working under the supervision of a registered nurse in the provision of structured family caregiving.

The restriction limiting individuals from accessing extended services and prevocational services will be lifted.

The 10 hour community habilitation limit for instances where the individual's residential provider is also the community habilitation provider will be lifted.

Language was modified in the extended services definition to address allowable travel as part of the service for the extended services provider.

Individual choice in accessing residential habilitation hourly or residential habilitation daily for individuals who are designated Algos 3, 4, 5 who share staffing will now specified in the service definitions.