

COLORADO DEPARTMENT OF HUMAN SERVICES
Division for Developmental Disabilities Waiver Amendments FY 2011-12

Based on July 2010 - February 1, 2011 Actual Medicaid Data
 Revised 4-12-11

Program	Procedure Code	FY 10-11 YTD Unduplicated Consumer Count	FY 10-11 YTD Total Units	FY 10-11 YTD Total Amount	FY 10-11 YTD Avg Cost Per Unit	FY 10-11 YTD Units per Person	FY 10-11 YTD Units per Person Annualized	FY 10-11 YTD Total Cost Annualized	FY 11-12 Units per Person with Limits	FY 11-12 Total Cost with Limits	FY 11-12 Projected Adjustments
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All Waivers Combined											
Behavioral Services											
Plan Assessment											
HCBS-CES	T2024	15	9,189	9,189	\$1.00	613	1,051	\$15,765			
HCBS-DDW	T2024	63	93,224	93,217	\$1.00	1,480	2,537	\$159,831			
HCBS-SLS	T2024	8	9,567	9,567	\$1.00	1,196	2,050	\$16,400		New Rate \$26.25	
Total		86	111,980	111,972	\$1.00	1,302	2,232	\$191,952	40	\$90,300.00	\$101,652

Behavioral Services											
HCBS-DDW	H2019	1,040	98,226	1,986,203	\$20.22	94	161	\$3,385,637			
HCBS-SLS	H2019	151	16,555	288,456	\$17.42	110	189	\$497,149		New Rate \$26.25	
Total		1,191	114,781	2,274,659	\$19.82	96	165	\$3,894,927	80	\$2,501,100.00	\$1,393,827

Dental Services											
HCBS-DDW	D2999	3,215	1,287,645	1,285,796	\$1.00	401	687	\$2,204,222	15%	\$1,873,588.36	\$330,633

Day Habilitation		Number Individuals Above 4,800 Units	Average Units Over 4,800	Cost for Those Over 4,800 Units	Average Cost Per Unit						
HCBS-DDW	T2021	928	601,699	\$2,087,896.00	\$3.47						
HCBS-SLS	T2021	178	110,906	\$340,481.00	\$3.07						
Total				\$2,428,377.00							\$2,428,377

Total Adjustments Day Habilitation, Behavioral and Dental Services											\$4,254,489
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TCM Analysis		Served in	Cap	Annualized Units	Unit Rate	Total Cost	
TCM EI		3,066	6	72	\$14.23	\$3,141,301	
TCM Adult		7,979	12	144	\$14.23	\$16,349,928	
Total						\$19,491,229	
Add: Quality Assurance/Utilization Review						\$2,821,938	
Revised Total TCM						\$22,313,167	
FY 2011-12 Projected Expense as of 4-11-11						\$24,542,519	
Adjustments Due to Unit Cap						\$2,229,352	\$2,229,352

Total Annualized Adjustments All Waivers											\$6,483,841
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Adjustments From SIS Audits											
Number of Reassessments						689					
15% Estimated Change in Levels						103					
Average Cost Change Level 6 to 5						\$29,207					
Average Cost Change Level 5 to 4						\$17,948					
Average Cost Change = \$17,948+\$29,207/2						\$23,577					
Estimated Savings = 103 X \$23,577						\$2,428,415					\$2,428,415

Total Adjustments Cost Containment Strategies											\$8,912,256
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Amount of Adjustments Necessary for FY 2011-12 Shortfall											\$13,491,398
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Amount Still Remaining for Other Adjustments											\$4,579,142
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Proposed Amendments for the HCBS-DD and HCBS-SLS Waivers

Current Waiver Language	Proposed Waiver Language
<p>DAY HABILITATION SERVICES AND SUPPORTS</p> <p>Day Habilitation includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a nonresidential setting, separate from the participant's private residence or other residential living arrangement, except for the occasion of extreme medical and/or safety needs when the service is preapproved by DDD/DHS. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the person's Service Plan. Day Habilitation Services and Supports encompass two types of habilitative environments: Specialized Habilitation (SH) and Supported Community Connections (SCC).</p> <p>Specialized habilitation (SH) services focus on enabling the individual to attain his or her maximum functional level or to be supported in such a manner to allow the person to gain an increased level of self-sufficiency. These services are generally provided in nonintegrated settings where a majority of the persons have a disability, such as program sites and supervised work settings. Such services include assistance with self feeding, toileting, self-care, sensory stimulation and integration, self-sufficiency, maintenance skills, and supervision. Specialized habilitation services may serve to reinforce skills or lessons taught in school, therapy or other settings and, where appropriate, are coordinated with any physical, occupational, or speech therapies listed in the Service Plan. Day habilitation does not include sheltered workshop activities.</p> <p>Supported Community Connection supports the abilities and skills necessary to enable the individual to access typical activities and functions of community life such as those chosen by the general population, including community education or training, retirement and volunteer activities. Supported Community Connection provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment to provide services and supports as identified in a person's Service Plan. These activities are conducted in a variety of settings in which participants interact with nondisabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills and personnel to accompany and support the individual in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention or improvement. Supported Community Connections may be provided in a group setting (or groups traveling together into the community) and/or may be provided on a one-to-one basis as a learning environment to</p>	<p>Day Habilitation includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a nonresidential setting, separate from the participant's private residence or other residential living arrangement, except for the occasion of extreme medical and/or safety needs when the service is approved by DDD/DHS. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. 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provide instruction when identified in the Service Plan. The number of units available, without special authorization from the State, for Day Habilitation in combination with Supported Employment is 7,112 units. This number of units is the equivalent of 1,778 hours of service per year or on average 7 hours a day for 254 service days.

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PREVOCATIONAL SERVICES

N/A

PREVOCATIONAL SERVICES PREPARE A PARTICIPANT FOR PAID COMMUNITY EMPLOYMENT. SERVICES INCLUDE TEACHING SUCH CONCEPTS AS COMPLIANCE, ATTENDANCE, TASK COMPLETION, PROBLEM SOLVING AND SAFETY THAT ARE ASSOCIATED WITH PERFORMING COMPENSATED WORK. SERVICES ARE IDENTIFIED IN THE PARTICIPANT'S SERVICE PLAN AND ARE DIRECTED TO HABILITATIVE RATHER THAN EXPLICIT EMPLOYMENT OBJECTIVES. SERVICES ARE PROVIDED IN A VARIETY OF LOCATIONS SEPARATE FROM THE PARTICIPANT'S PRIVATE RESIDENCE OR OTHER RESIDENTIAL LIVING ARRANGEMENT. PARTICIPANTS ARE COMPENSATED IN ACCORDANCE WITH APPLICABLE FEDERAL LAWS AND REGULATIONS. PREVOCATIONAL SERVICES CAN BE DIFFERENTIATED FROM SUPPORTED EMPLOYMENT SERVICES BY USING THE FOLLOWING CRITERIA: 1) COMPENSATION IS PAID AT LESS THAN 50 PERCENT OF THE MINIMUM WAGE (AGENCIES THAT PAY LESS THAN MINIMUM WAGE SHALL ENSURE COMPLIANCE WITH DEPARTMENT OF LABOR REGULATIONS); AND, 2) GOALS FOR PREVOCATIONAL SERVICES ARE GENERAL IN NATURE AND ARE NOT PRIMARILY DIRECTED AT TEACHING JOB SPECIFIC SKILLS.

THE INTENDED OUTCOME OF PREVOCATIONAL SERVICES IS TO OBTAIN PAID OR UNPAID COMMUNITY EMPLOYMENT WITHIN FIVE YEARS. PREVOCATIONAL SERVICES MAY CONTINUE LONGER THAN FIVE YEARS WHEN DOCUMENTATION IN THE ANNUAL SERVICE PLAN DEMONSTRATES THIS NEED AND THE NEED IS BASED ON AN ANNUAL ASSESSMENT. A COMPREHENSIVE ASSESSMENT AND REVIEW FOR EACH PERSON ENROLLED IN PREVOCATIONAL SERVICES SHALL OCCUR AT LEAST ONCE EVERY FIVE YEARS. THE PURPOSE OF THIS ASSESSMENT AND REVIEW IS TO DETERMINE WHETHER OR NOT THE PERSON HAS DEVELOPED THE SKILLS NECESSARY FOR PAID OR UNPAID COMMUNITY EMPLOYMENT.

<p>INDIVIDUALS WHO RECEIVE PREVOCATIONAL SERVICES MAY ALSO RECEIVE SUPPORTED EMPLOYMENT AND/OR DAY HABILITATION SERVICES. A PARTICIPANT'S SERVICE PLAN MAY INCLUDE TWO OR MORE TYPES OF DAY SERVICES (I.E., DAY HABILITATION SERVICES AND SUPPORTS, SUPPORTED EMPLOYMENT OR PREVOCATIONAL SERVICES). HOWEVER, DIFFERENT TYPES OF DAY SERVICES MAY NOT BE BILLED DURING THE SAME PERIOD OF THE DAY.</p> <p>DOCUMENTATION IS MAINTAINED IN THE FILE OF EACH INDIVIDUAL RECEIVING THIS SERVICE THAT THE SERVICE IS NOT AVAILABLE UNDER A PROGRAM FUNDED UNDER SECTION 110 OF THE REHABILITATION ACT OF 1973 OR THE IDEA (20 U.S.C. 1401 ET SEQ.).</p> <p>THE NUMBER OF UNITS AVAILABLE FOR DAY HABILITATION IN COMBINATION WITH PREVOCATIONAL SERVICES IS 4,800 UNITS. THIS NUMBER OF UNITS IS THE EQUIVALENT OF 1,200 HOURS OF SERVICES PER YEAR OR ON AVERAGE 24 HOURS PER WEEK.</p>	
<p>The savings is based on 928 individuals who received more than 4,800 units of behavioral services in FY 2009-10 for the HCBS-DD waiver and 178 individuals in the HCBS-SLS waiver. The savings are as follows: DD Waiver – 601,699 excess units at average cost of \$3.47 per unit = \$2,087,896. SLS Waiver – 110,906 excess units at average cost of \$3.07 per unit = \$340,481. Total Savings \$2,428,377.</p>	<p>Calculations for savings due to limiting units</p>

SUPPORTED EMPLOYMENT

Supported Employment services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported employment may include assessment and identification of vocational interests and capabilities in preparation for job development, assisting the participant to locate a job or job development on behalf of the participant. Supported employment is conducted in a variety of settings in which participants interact with nondisabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact. Persons must be involved in work outside of a base site. Included are persons in community jobs, in enclaves, and on mobile crews. Group employment (e.g. mobile crews and enclaves) shall not exceed eight persons. Supported employment includes activities needed to sustain paid work by participants, including supervision and training. When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities. This does not include payment for the supervisory activities rendered as a normal part of the business setting. Participants are required to apply for services through the Division for Vocational Rehabilitation. Supported employment does not take the place of nor is it duplicative of services received through the Division for Vocational Rehabilitation. Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program; payments that are passed through to users of supported employment programs; or payments for training that are not directly related to an individual's supported employment program. The number of units available, without special authorization from the State, for Day Habilitation in combination with Supported Employment is 7,112 units. This number of units is the equivalent of 1,778 hours of service per year or on average 7 hours a day for 254 service days.

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Calculations for savings due to limiting units

The supported employment units are not projected to change. The savings will be based on a combination of supported employment and day habilitation units. See the day habilitation section above.

BEHAVIORAL SERVICES

Behavioral services means individual and/or group counseling, behavioral interventions, diagnostic evaluations or consultations related to the individual's developmental disability and necessary for the individual to acquire or maintain appropriate interactions with others. Intervention modalities must relate to an identified challenging behavioral need of the individual. Specific criteria for remediation of the behavior shall be established. The provider(s) shall be identified in the Service Plan and shall have the minimum qualification level necessary to achieve the specific criteria for remediation. If an individual has a covered mental health diagnosis and is in need of covered mental health services, then those services shall be accessed through the Medicaid State Plan. Individuals with co-occurring diagnoses of Developmental Disabilities and Covered Mental Health conditions shall have identified needs met by each of the appropriate systems without duplication but with coordination to obtain the best outcome for the individual.

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BEHAVIORAL CONSULTATION SERVICES IDENTIFIED IN THE SERVICE PLAN AND DELIVERED BY A QUALIFIED PROFESSIONAL INCLUDE EVALUATIONS, FUNCTIONAL BEHAVIOR ASSESSMENT/ANALYSIS, CONSULTATIONS AND RECOMMENDATIONS FOR BEHAVIORAL INTERVENTIONS AND INDIVIDUAL AND/OR GROUP COUNSELING, RELATED TO THE INDIVIDUAL'S DEVELOPMENTAL DISABILITY THAT ARE NECESSARY FOR THE INDIVIDUAL TO ACQUIRE OR MAINTAIN APPROPRIATE ADAPTIVE BEHAVIORS, INTERACTIONS WITH OTHERS AND BEHAVIOR NEED OF THE PERSON. SPECIFIC GOALS, PROCEDURES AND ASSESSMENTS FOR THE BEHAVIORAL SERVICES MUST BE ESTABLISHED. THE PROVIDER(S) AND SERVICES SHALL BE IDENTIFIED IN THE SERVICE PLAN. INDIVIDUALS WITH CO-OCCURRING DIAGNOSES OF DEVELOPMENTAL DISABILITIES AND MEDICAID COVERED MENTAL HEALTH CONDITIONS SHALL HAVE IDENTIFIED NEEDS MET BY EACH OF THE APPROPRIATE SYSTEMS WITHOUT DUPLICATION BUT WITH COORDINATION BY THE BEHAVIORAL SERVICES PROFESSIONAL TO OBTAIN THE BEST OUTCOME FOR THE INDIVIDUAL. BEHAVIORAL THERAPIES SHALL ONLY BE A BENEFIT WHICH IS NOT AVAILABLE UNDER MEDICAID EPSDT

	<p>COVERAGE, MEDICAID STATE PLAN BENEFITS, AND THIRD PARTY SOURCES, AND/OR NATURAL SUPPORTS.</p> <p>BEHAVIORAL ASSESSMENTS PROVIDED BY THE BEHAVIORAL CONSULTANT ARE TIME-LIMITED IN NATURE AND INCLUDE OBSERVATIONS, INTERVIEW OF DIRECT STAFF, FUNCTIONAL BEHAVIOR ANALYSIS AND ASSESSMENT, AND COMPLETION OF A WRITTEN ASSESSMENT DOCUMENT.</p> <p>BEHAVIORAL CONSULTATION SERVICES HAS AN ANNUAL LIMIT OF 80 UNITS PER SERVICE PLAN (SP) CERTIFICATION PERIOD. THE UNIT LIMIT FOR COMPLETION OF A BEHAVIORAL ASSESSMENT IS 40 UNITS. THERE IS A LIMIT OF ONE BEHAVIORAL ASSESSMENT PER SP CERTIFICATION PERIOD PER INDIVIDUAL PARTICIPANT.</p>
<p>Calculations for savings due to limiting units</p>	<p>The current average annual units per person for 86 individuals receiving behavioral assessments is 2,232 for a total cost of \$191,953. Limiting the units to 40 per person annually at \$26.25 per unit is projected to cost \$90,300 (40 X \$26.25 X 86 = \$90,300). This will save \$101,652 (\$191,953-\$90,300 = \$101,653).</p> <p>The current average annual units per person for 1,191 individuals in behavioral services is 165 at an average cost of \$19.82 per unit for a total annual cost of \$3,894,927 (165 units X 1,191 individuals X \$19.82 per unit = \$3,894,927). By limiting the units to 80 annually at a rate of \$26.25 per unit, for only services provided by a behavioral specialist, the projected costs are \$2,501,100 (80 X 1,191 X \$26.25 = \$2,501,100). This results in a savings of \$1,393,827 (\$3,894,927-\$2,501,100= \$1,393,827).</p>
<p>DENTAL SERVICES</p> <p>Dental services are provided only when the services are not available through the Medicaid State Plan (e.g. anesthesia, emergency extractions, etc.) due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 10 CCR 250510,8.011.11 or available through a third party resource. Dental services include periodic examination and diagnosis; radiographs when indicated; detection of all manifestations of systemic disease; treatment of injuries; restoration of decayed or fractured teeth; retention or recovery of space between teeth when indicated; and payment for dental insurance. Implants are a benefit only when the procedure is necessary to support a dental bridge for the replacement of multiple missing teeth, or is necessary to increase the stability of dentures. Implants shall not be a benefit for participants who smoke due to substantiated increased rate of implant failures for smokers. Subsequent implants are not a benefit when prior implants fail. The cost of implants is reimbursable only with prior approval. Dental services do not include cosmetic dentistry, (e.g. veneers, teeth whitening, etc.) procedures predominated by specialized prosthodontic, maxillofacial surgery, craniofacial surgery, and orthodontia (i.e. elimination of fractures of the jaw</p>	<p>DENTAL SERVICES ARE AVAILABLE TO INDIVIDUALS AGE 21 AND OVER. COVERED DENTAL SERVICES ARE FOR DIAGNOSTIC AND PREVENTATIVE CARE TO ABATE TOOTH DECAY, RESTORE DENTAL HEALTH AND ARE MEDICALLY APPROPRIATE. SERVICES INCLUDE PREVENTATIVE, BASIC AND MAJOR SERVICES. THESE DENTAL SERVICES REQUIRE PRIOR AUTHORIZATION AT THE LOCAL COMMUNITY CENTERED BOARD (CCB) LEVEL PURSUANT TO THE DDD PRIOR AUTHORIZATION REQUEST (PAR) PROCESS.</p> <p>Dental services AVAILABLE UNDER THE WAIVER are provided only when the services are not available through the Medicaid State Plan (e.g. anesthesia, emergency extractions, etc.) due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 10 CCR 250510,8.011.11 or available through a third party resource. Dental services include periodic examination and diagnosis; radiographs when indicated; detection of all manifestations of systemic disease; treatment of injuries; restoration of decayed or fractured teeth; retention or recovery of</p>

and face; elimination of major handicapping malocclusion and congenital disfiguring oral deformities; and treatment of handicapping malocclusion.) Dental services under the waiver are limited to the most cost effective and efficient means to alleviate or rectify the dental issues associated with the individual. The total amount of dental services provided in one plan year may not exceed \$1,000 without prior authorization/additional review from DHS/DDDD.

space between teeth when indicated; and payment for dental insurance. GENERAL LIMITATIONS TO DENTAL SERVICES (E.G., FREQUENCY) WILL FOLLOW DEPARTMENT GUIDELINES USING INDUSTRY STANDARDS AND ARE LIMITED TO THE MOST COST EFFECTIVE AND EFFICIENT MEANS TO ALLEVIATE OR RECTIFY THE DENTAL ISSUES ASSOCIATED WITH THE INDIVIDUAL. Implants are a benefit only when the procedure is necessary to support a dental bridge for the replacement of multiple missing teeth, or is necessary to increase the stability of dentures. Implants shall not be a benefit ARE NOT COVERED SERVICES for participants who smoke due to substantiated increased rate of implant failures for smokers. Subsequent implants are not a benefit when prior implants fail. The cost of implants is reimbursable only with prior approval. Dental services do not include cosmetic dentistry, (e.g. veneers, teeth whitening, etc.) procedures predominated by specialized prosthodontic, maxillofacial surgery, craniofacial surgery, and orthodontia (i.e. elimination of fractures of the jaw and face; elimination of major handicapping malocclusion and congenital disfiguring oral deformities; and treatment of handicapping malocclusion.) FULL MOUTH IMPLANTS AND/OR CROWNS ARE NOT COVERED. SERVICES NOT COVERED UNDER THE WAIVER DENTAL SERVICES INCLUDE, BUT ARE NOT LIMITED TO COSMETIC DENTISTRY, ORTHODONTIA, EMERGENCY EXTRACTIONS INTRAVENOUS SEDATIONS, GENERAL ANESTHESIA AND HOSPITAL FEES. COSMETIC DENTISTRY IS DEFINED AS AESTHETIC TREATMENTS DESIGNED TO IMPROVE THE APPEARANCE OF THE TEETH AND/OR SMILE (E.G., WHITENING, CONTOURING, AND VENEERS).

Dental services under the waiver are limited to the most cost effective and efficient means to alleviate or rectify the dental issues associated with the individual. The total amount of dental services provided in one plan year may not exceed \$1,000 without prior authorization/additional review from DHS/DDDD. PREVENTATIVE AND BASIC SERVICES ARE LIMITED TO \$2,000 PER YEAR. MAJOR SERVICES ARE LIMITED TO \$10,000 FOR THE LIFETIME OF THE WAIVER.

Calculations for savings due to limiting units

The current projections for FY 2010-11 expenditures in the dental services line are \$2,204,222. Limiting the basic services to \$2,000 annually and the major services to \$10,000 annually is projected to save 15% and cost \$1,873,588 (\$2,204,222 X 15% = \$1,873,588). This results in a savings of \$330,634 (\$2,204,222 - \$1,873,588 = \$330,634).