



Timeline of the Changes to the Medicaid Waivers



November, 2005

The federal Centers for Medicare and Medicaid services (CMS) identifies compliance issues with the 3 Medicaid waivers run by the Division for Developmental Disabilities

- Comprehensive or “Comp waiver”
- Supported Living Services or “SLS waiver”
- Children’s Extensive Support or “CES waiver”).


CMS requires the Department of Health Care Policy and Financing (the state agency responsible for all Medicaid waivers) to bring the Developmental Disabilities waivers into compliance.



March, 2006

The State convenes a group to determine how to meet the requirements of CMS. This group is called the CMS Steering Committee, and is comprised of staff from:

- CCB staff
- Division for Developmental Disabilities
- Department of Health Care Policy and Financing
- Direct service providers
- Advocates



March, 2006 to May, 2008

The CMS Steering Committee works on describing the services to be provided under the Comprehensive waiver.


A sub-committee called the Rates Committee works on developing the rates to be paid to providers.



CMS Steering Committee begins discussion of SLS waiver

June 5, 2008

State staff indicate that the SLS rates will likely be standardized fee for service as required in the compliance issues identified for the Comprehensive waiver. **CCB staff warn that the impact of the issues associated with this kind of standardization is likely to be even greater for SLS than it is for the Comprehensive waiver.**



July 10, 2008

In discussion the Supports Intensity Scale (SIS) on persons in SLS, the State's consultant indicates that the SLS population should have lesser needs. Members of the Steering Committee urged caution with this assumption.



CCB staff also warn that:

- Knowledge of the cap can impact the IDT
- Much of the SLS population reflects lack of access to Comprehensive residential services rather than the true needs of SLS
- Parents may under-describe their adult child's needs during the SIS assessment out of sensitivity to their children or siblings in the room. Family is not allowed to call back and provide more frank information after the interview because in almost all cases the client has to be present.



August 14, 2008

- CCB staff expressed deep concern that standardized rates created significant problems in Comp and that the impact will be equal or worse in the SLS programs.
- Natural supports provided by family members can change instantly if an emergency occurs in the family and the SLS program needs to be able to accommodate changing needs quickly.
- CCB staff ask State staff to learn from the problems in the Comprehensive waiver address upfront the impact of using the same methodology in SLS. If the impacts are anticipated then options to correct the problems can be implemented rather than reactive to problems when they arise.



October 15, 2008

CCB staff recommend increasing the number of days a person can be in respite to 60 consecutive days in order to handle emergencies that may occur with the person's primary caregiver.

Division for Developmental Disabilities responds that individuals may receive up to 30 days of respite annually to remain consistent with other waivers. Hourly respite is limited to 1,880 units per year. Requests exceeding the limit must be prior authorized.



October 23, 2008

CCB staff warn that there will be a negative impact on consumers due to:

- SIS scores, which move people up or down
- Rates, which move dollars up or down.

CCB staff indicate that the rates for any service have to be set so that higher cost areas, like Boulder or the Glenwood Springs area, can afford to pay the market rate for services. If the rate is set lower, consumers in these areas may not be able to find providers for services they are currently receiving.




December 9, 2008

CCB staff stressed the importance of the rate methodology and doing a very thorough fiscal impact analysis.

CCB staff indicated that staying with the current rates is preferable to a phased interim rate approach.

CMS Steering Committee ends.



From January, 2009 to May, 2009

A Rates Committee meets to provide input to the state on the SLS rates. The state is told repeatedly that there will be problems, especially with day habilitation rates.

SLS rates are published in late May, 2009.