

KENTUCKY

Cabinet for Health and Family Services

HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER REDESIGN

JANUARY 11, 2017



Session Timeline

Time	Topic
9:30 – 10:15 AM	Review of Input from Session 2
10:15 – 11:45 AM	Key Redesign Questions (Continued from Session 2)
11:45 – 12:15 PM	Required Changes for Implementation
12:15 – 12:30 PM	Next Steps

Review of Input from Session 2

Key Goals of Redesign

Goals

- **Access and Quality:** Ensure that individuals receive the services that they need, that they have access to these services, that the services are of high-quality, and that they are received in a timely manner
- **Collaboration:** Create an environment that fosters continuous feedback, learning, and improvement, establishes trust among stakeholders, and encourages ambassadors for change
- **Communications:** Develop clear and consistent communications so that all stakeholders receive the same information in an understandable manner
- **Consistency:** Make waiver services more consistent (across waivers and across the state): more predictable and efficient processes(including enrollment)
- **Simplification:** Streamline and simplify processes and documentation and reduce redundancies
- **Sustainability:** Design programs that will work for the long-term and are aligned/compliant with the HCBS Final Rules, and create a financially sustainable program design with adequate provider rates
- **Flexibility:** Seamless system that serves people across the lifespan, recognizing that events occur, and gives them what they need (a supermarket/menu of services to support their needs)

The Super Seven

First Vote Top Critical Elements		Second Vote Top Critical Elements	
Routine examination of rates to reflect true cost and ensure adequate reimbursement (21)	1	Create consistency in service definitions, provider qualifications, reimbursement, process, and messaging (17)	
Create consistency in service definitions, provider qualifications, reimbursement, process, and messaging (20)	2	Make caps and limits person-driven and based on independent assessment (12)	
Formalize a tri-directional communications process – member, provider, cabinet – focused on what people need (11)	3	Increase services for individuals who are medically fragile or have complex health needs (11)	
Make caps and limits person-driven and based on independent assessment (7)	4	Formalize a tri-directional communications process – member, provider, cabinet – focused on what people need (10)	
Increase services for individuals who are medically fragile or have complex health needs (6)	5	Routine examination of rates to reflect true cost and ensure adequate reimbursement (9)	
Improve the flexibility of rates considering acuity, geography, and a tiered system (5)	6	Simplified waiver regulations that provide greater flexibility (7)	
Implement age-appropriate assessment tools (5)	7	Increased flexibility on whether family members can be paid to provider services under PDS (7)	

Number of votes received during vote in (#) after each Critical Element

Key Redesign Questions – Consistency

Element Category	Defining Questions	
<p>Consistency</p>	<ul style="list-style-type: none"> • What does a consistent HCBS waiver program look like? • What components of the waivers are a priority when thinking about consistency? • Does consistency mean standardization or harmonization? • Does consistency mean across service definitions, geographies, or both? 	
<p>Key Discussion Themes</p> <ul style="list-style-type: none"> • Consistency means interpretation, communication, very clear rules and guidelines that both consumers and providers understand • Consistent requirements, best practices across the waivers • “Everyone singing out of the same hymnal” • Definitions for the same service should be the same across the waivers • Predictability – Both individuals and providers know what services are available and the services are responsive to the individuals over time 		

Key Redesign Questions – Services

Element Category	Defining Questions
<p>Services</p>	<ul style="list-style-type: none"> • How should we define caps and limits moving forward? • What criteria should we use to establish caps and limits? • What are the services that we should cap and/or limit? • What should the process be for setting caps and limits? • How do we make additional services more available for the medically fragile population? • What services are most important to this population? • How do we increase access to community services, goods and services, and transportation?
<p>Key Discussion Themes</p>	<ul style="list-style-type: none"> • People need services when they need them, having more fluid access to services that allow the right services at the right time • A better independent assessment tool that is consistent both in the initial and reassessment process • Moving away from fee for service model • Increasing the usage of telemedicine/telehealth to improve access

Key Redesign Questions

Key Redesign Questions – Communications

Element Category	Defining Questions
Communications	<ul style="list-style-type: none">• What types of communications are most important/in most need of improvement?• How frequently should we be communicating?• What are things that are not currently being communicated?• How do we simplify the content/distribution of member messaging?

Key Redesign Questions – Rates

Element Category	Defining Questions
Rates	<ul style="list-style-type: none">• How do we want to examine rates, and how often?• Are there specific rates that need to be assessed?• How do we encourage efficiency and new delivery models?• How do we define adequate reimbursement?• How can we be flexible when setting rates?• What services should be tiered?• What populations should rates be flexible for?• What criteria should be used to vary rates?• How do we maintain budget neutrality?

Key Redesign Questions – Eligibility

Element Category	Defining Questions
Eligibility	<ul style="list-style-type: none">• What does an accurate, age-appropriate assessment tool look like?• What tools should be considered?• Do we want the same assessment tool across waivers for the same age groups?• How do we transition those no longer eligible?• How do we expand eligibility to under-served populations?• If we do not use IQ as criteria for eligibility, what criteria should be used?

Key Redesign Questions – PDS

Element Category	Defining Questions
PDS	<ul style="list-style-type: none">• How do we increase flexibility around family members as employees?• What specific components of the budget process should be reconsidered?

Required Changes for Implementation

Implementation Roadmap

	Required Changes for Implementation		
	Internal Policy/Procedure	State Regulation	Waiver Application
Consistency	✓	✓	✓
Services	✓	✓	✓
Communications	✓		
Rates		✓	✓
Eligibility	✓	✓	✓
PDS		✓	✓

Next Steps



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Next Steps

Over the next few months, we will continue developing the future state design of the HCBS waivers.

Stakeholders will have additional opportunities to provide input into the design of the HCBS waivers and to review the model that is developed prior to its submission to the Cabinet for Health and Family Services (CHFS) leadership.

