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Nevada Specialized Foster Care Program

1915(i) State Plan Amendment (SPA)
Home and Community Based
Services (HCBS) Application



Discussion Items

- Overview of Nevada's 1915(i) HCBS Draft Application



Nevada Specialized Foster Care

- The Division of Child and Family Services and the Division of Health Care Financing and Policy, with support from a contractor, have been working to develop a federal authority HCBS application.
 - Part of the application will seek to resolve some of the issues that resulted from the unbundling of services.
 - Application will allow for enhanced services that bring true value to the children it serves and promote permanency.
- Stakeholder Engagement Activities
 - Met with stakeholders from the State, Washoe County, Clark County, provider groups, and other representatives to solicit input on what enhancements and services they would recommend for the program.



1915(i) SPA HCBS Application

- Nevada met with the Centers for Medicare and Medicaid Services (CMS) who recommended the State pursue at 1915(i) HCBS SPA
- The 1915(i) federal authority:
 - Provides HCBS to individuals who require less than institutional level of care and who would therefore not be eligible for HCBS under 1915(c). May also provide services to individuals who meet the institutional level of care.
 - States can offer a variety of services under a State Plan HCBS benefit.
 - Establish separate additional needs-based criteria for individual HCBS.
 - Can define the HCBS included in the benefit, including state-defined and CMS-approved "other services" applicable to the population.



1915(i) SPA HCBS Application

- The following slides provide an overview of the key components of the 1915(i) application.
- Application content (such as service definitions) may have been summarized for this presentation due to space limitations. Detailed language may be located within the draft application itself.



Administration and Operations

- When the Medicaid agency (DHCFP) does not directly conduct an administrative function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency.

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
1 Individual State plan HCBS enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Eligibility evaluation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Review of participant service plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Prior authorization of State plan HCBS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Utilization management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 Qualified provider enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7 Execution of Medicaid provider agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Establishment of a consistent rate methodology for each State plan HCBS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Rules, policies, procedures, and information development governing the State plan HCBS benefit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Quality assurance and quality improvement activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Conflict of Interest Standards

- **Conflict of Interest Standards:** The state assures the independence of persons performing evaluations, assessments, and plans of care. The state assures the independence of persons performing evaluations, assessments, and plans of care. Written conflict of interest standards ensure, at a minimum, that persons performing these functions are not:
 - related by blood or marriage to the individual, or any paid caregiver of the individual
 - financially responsible for the individual
 - empowered to make financial or health-related decisions on behalf of the individual providers of State plan HCBS for the individual, or those who have interest in or are employed by a provider of State plan HCBS; **except, at the option of the state, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified entity in a geographic area, and the state devises conflict of interest protections.**



Conflict of Interest Standards

- *Conflict of interest protections the state proposes to implement:*
 - ✓ The Care Manager or Wraparound Facilitator is DCFS-authorized to perform evaluations, assessments, and develop plans of care. The Care Manager or Wraparound Facilitator is not authorized to provide direct services without prior approval from the Quality Improvement Organization (QIO)-like vendor employed by the DHCFP.
 - ✓ A QIO-like vendor, an independent State entity, will make the final eligibility determination and provide authorization for the Plan of Care (POC).
 - ✓ DCFS will provide oversight for the Care Managers and Wraparound Facilitators by engaging in quality management activities to promote adherence to care management policies and procedures.
 - ✓ State will utilize a Governance Board comprised of family members, advocates, providers, community supports and state leadership (including representation from the DHCFP) to provide oversight of the State's DCFS Quality Improvement plan and performance measures.



Needs-Based Criteria

- **Needs-Based Criteria to receive 1915(i) services:**
 1. **Impaired Functioning & Service Intensity:** The Care Manager or Wraparound Facilitator, with the Child and Family Team (CFT), will use a comprehensive biopsychosocial assessment and a level of care decision support tool such as the Early Childhood Service Intensity Instrument (ECSII) for youth ages 0-5 or the Child and Adolescent Service Intensity Instrument (CASII) for youth ages 6-18. The Wraparound Facilitator and CFT will review clinical indicators of impaired functioning such as prior placement history and prior treatment history.
 2. **Other Community Alternatives:** The accessibility and/or intensity of currently available community supports and services are inadequate to meet these needs due to the severity of the impairment without the provision of one or more of the services contained in the HCBS Benefit, as determined by the DCFS or its designee.



Needs-Based Criteria Continued

- **Needs-Based Criteria to receive 1915(i) services:**

Risk Factors include:

- Children and youth in treatment level care who have been disrupted from a placement within the past six months;
- Children and youth who are placed in emergency shelter or congregate care due to behavioral and mental health needs;
- Children and youth returning or stepping down from residential treatment centers or other higher level of care placements; and
- Prior less restrictive placements or interventions, such as traditional family foster care and/or community treatment services, have not been successful.



Target Group

- Youth must meet all of the following:
 - Youth must be under 19 years of age at the time of enrollment; they may continue in HCBS benefit up to age 19 if still enrolled in high school;
 - Children for which the State of Nevada or county child welfare jurisdiction (Clark County Department of Family Services (CCDFS), Washoe County Human Services Agency (WCHSA)) is the legal custodian and who are admitted in the specialized foster care program;
 - There must be clinical evidence the child or adolescent has a serious emotional disturbance (SED) and continues to meet the service intensity needs and medical necessity criteria for the duration of their enrollment; and
 - Youth must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) diagnosis.



Home and Community-Based Settings

- The State plan HCBS benefit will be furnished to individuals who reside and receive HCBS in their home or in the community, not in an institution.



Person-Centered Planning & Service Delivery

- There is an independent assessment of individuals determined to be eligible for the State plan HCBS benefit. The assessment meets federal requirements at 42 CFR §441. 720.
- 42 CFR §441. 720 states “For each individual determined to be eligible for the State plan HCBS benefit, the State must provide for an independent assessment of needs, which may include the results of a standardized functional needs assessment, in order to establish a service plan.”



Enhanced Services

- Based on stakeholder feedback, the table below lists the services that will be available to 1915(i) service recipients who meet the clinical requirements for the services.

Proposed Enhanced Services		
Intensive In-Home Services and Supports	Supported Employment	Crisis Stabilization Services
Family Supports Services	Crisis Respite Services	Non-Medical Transportation
Prevocational Services	Planned Respite Services	

- The amount, frequency and duration of these services is based on the child's assessed needs and documented in the approved POC.



Enhanced Services

- **Intensive In-Home Supports and Services**

- Evidence-based interventions that target emotional, cognitive, and behavioral functioning within a variety of actual and/or simulated social settings. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence.
- Regular support and technical assistance to the treatment parents in their implementation of the treatment plan and with regard to other responsibilities they undertake.
- Assessing behavioral problems and the functions of these problems and related skill deficits and assets, including identifying primary and other important caregiver skill deficits and assets related to the youth's behaviors and the interactions that motivate, maintain, or improve behavior.



Enhanced Services

- **Intensive In-Home Supports and Services**

Recommendation:

- Service Limitation Without Coaching: Maximum of 2 hours per day, 7 days a week.
 - **Rate:** 22.08/hr
- Service Limitation With Coaching: Maximum of 1 hour per week.
 - **Rate:** 84.94/hr
- **Provider Type(s):** Intensive Home-based provider/individual, Specialized Foster Care Agency, Child Welfare Jurisdiction



Enhanced Services

- **Supported Employment**

Supported employment services are individually designed to prepare children with severe disabilities age 14 or older to engage in paid work. Provided to the individual, small group or customized.

Recommendation:

- Service Limitation: Maximum number of service hours per day is 4 hours, 3 days per week.
- **Rate:** Per diem of \$153.53
- **Provider Type(s):** Supported Employment providers, Specialized Foster Care Agency



Enhanced Services

- **Prevocational Services**

- Prevocational services are individually designed to prepare a youth age 14 or older with SED to engage in paid work. Services that provide learning and work experiences, including volunteer work, where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings.
- Prevocational services include activities that are not primarily directed at teaching skills to perform a particular job, but at underlying habilitative goals (e.g., attention span, motor skills, interpersonal relations with co-workers and supervisors) that are associated with building skills necessary to perform compensated work in community integrated employment.



Enhanced Services

- **Prevocational Services (continued)**

Recommendation:

- Service Limitation: Maximum number of service hours per day is 4 hours, 3 days a week.
- **Rate:** Per diem of \$153.53
- **Provider Type(s):** Prevocational service providers, Specialized Foster Care Agency



Enhanced Services

- **Crisis Stabilization Services**

- Crisis Stabilization services are short-term, outcome-oriented, and of higher intensity than other behavioral interventions that are designed to provide interventions focused on developing effective behavioral management strategies to secure child and family/caregiver's health and safety following a crisis. These services may only be delivered in an individual, one-to-one session and are available in the child's home.



Enhanced Services

- **Crisis Stabilization Services (continued)**

Recommendation:

- Service Limitation: Maximum number of service hours per day is 4 hours for up to 40 hours per month
- **Rate:** Billable unit: \$19.42/ per 15 minutes (mins); \$77.67/hr
- **Provider Type(s):** Child Welfare Jurisdiction, Specialized Foster Care Agency



Enhanced Services

- **Planned Respite Services**

- Planned respite services are provided to participants because of the absence or need for relief of those persons who normally provide care for the participant. These short-term services are provided out of the home or in their home when the specialized foster care parent is unable to care for the participant or would benefit from a period of relief from caregiving.
- Service must be prior authorized by DHCFP or designee.



Enhanced Services

- **Planned Respite Services (continued)**

Recommendation: The amount, frequency and duration of this service is determined through an ongoing youth-centered planning process used to determine and assess the child's needs, with specific outcomes to be achieved, and is documented in the approved POC.

- Planned Respite is billed in 1-hour increments. This service is limited to 336 hours per recipient per year.
- **Rate:** \$11.12/per 15 mins; \$44.49/hr
- **Provider Type(s):** Child Welfare Jurisdiction, Specialized Foster Care Agency, Respite Care Provider



Enhanced Services

- **Crisis Respite Services**

- Crisis respite provides emergency short-term relief for family/caregivers (non-shift staff) needed to resolve a crisis and transition back to the child's successful functioning and engagement in POC activities. Crisis respite assists the family/caregivers in supporting the child's disability and/or health care issues. These services can occur outside of or in the child's home.
- This service may only be delivered in an individual, one-to-one session.



Enhanced Services

- **Crisis Respite Services (continued)**

Recommendation:

- Crisis Respite is billed in 1-hour increments. Crisis respite care is limited to 720 hours per recipient per year.
- **Rate:** \$102.58/hr or \$25.65/per 15 mins
- **Provider Type(s):** Child Welfare Jurisdiction, Specialized Foster Care Agency, Respite Care Provider



Enhanced Services

- **Family Peer Support Services**

The Family Peer Support Specialist provides direct services to a family in a structured, one-to-one strength-based relationship that is culturally and linguistically appropriate. For the purposes of this service, “family” is defined as the persons who live with or provide care to a child served, and may include a parent, spouse, children, relatives, foster family, or in-laws. The purpose of the service is to increase the family’s capacity to contribute to: (1) the reduction of the child’s emotional and/or behavioral symptoms; (2) the improvement of the child’s functioning; and (3) the promotion of the child’s process of recovery. Services will include:

- Emotional Support
- Instructional Support
- Advocacy Support
- Information and Referral Support
- Educational Support
- Child and Family Team Support



Enhanced Services

- **Family Peer Support Services (continued)**

Recommendation:

- The service is automatically authorized for one year for any individual meeting the eligibility criteria of this 1915(i) SPA. Thereafter, the services will be authorized in six-month increments.
- Service limitations: 27 hours per month
- **Rate:** \$14.25/15 mins per individual; \$7.13/per 15 mins in a group setting
- **Provider:** Family Support Organization



Enhanced Services

- **Non-Medical Transportation**
 - Non-medical transportation services allow individuals to engage in normal day-to-day, non-medical activities such as participating in social events and other civic activities or attending a worship service.
 - This service is in addition to the medical transportation service offered under the Medicaid State Plan, which includes transportation to medical appointments and can be arranged at least 48 hours in advance, as well as for emergency medical transportation.



Enhanced Services

- **Non-Medical Transportation (continued)**

Recommendation:

- Non-medical transportation cannot exceed 2 times per week. Written authorization by the DHCFP is required for amounts in excess of the limit.
- **Rate:** \$100.00 per month Maximum
- **Provider:** Transportation agency or individual, Specialized Foster Care Agency, Child Welfare Jurisdiction



Quality Improvement Strategy

Required components:

1. Service plans: (a) address assessed needs of 1915(i) participants; (b) are updated annually; and (c) document choice of services and providers.
2. Eligibility Requirements: (a) an evaluation for 1915(i) State Plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future; (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately; and (c) the 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS.
3. Providers meet required qualifications.



Quality Improvement Strategy

Required components (continued):

4. Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR §441.710(a)(1) and (2).
5. The State Medicaid Agency (SMA) retains authority and responsibility for program operations and oversight.
6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.
7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints.



Next Steps

Due to no additional funding provided through the 2019 legislative session, meetings have been held with Clark County, Washoe County, the Division of Child and Family Services and representation of the Family Focused Treatment Association (FFTA).

- Discussion points include how to start the process without waiting for an additional two years for additional funding.
- Determine what are the foundational services and could be implemented now.
- Determine secondary services to build on going forward.



Next Steps

- Phase One:
 - 1915i application to move forward with foundational services agreed upon by core stakeholders:
 - Intensive In-Home Services
 - Crisis Stabilization
- Anticipated Public Hearing date of December 19, 2019, requesting a retroactive effective date of October 1, 2019.



Next Steps

- Phase Two:

Develop a budget concept and fiscal analysis of secondary services to build into the budget for DHCFP and DCFS (as appropriate) for the 2021 Legislative Session

- Secondary Services:

- Family Peer Support
- Non-Medical Transportation

- Develop a SPA to update 1915(i) with additional services



Next Steps

- Phase Three:
 - Evaluate effectiveness of new services for efficiencies and improved health outcomes, and determine gaps and needs of additional services or changes to current services
 - Services to be re-evaluated
 - Planned Respite
 - Crisis Respite
 - Prevocational Services
 - Supported Employment
- Develop a budget concept and fiscal analysis of secondary services to build into the budget for DHCFP and DCFS (as appropriate) for 2021 and/or 2023 Legislative Sessions
- Develop a SPA to update 1915(i) with additional services.



Questions?