

STATE OF WISCONSIN
Department of Health and Family Services
Division of Mental Health and Substance Abuse Services

DMHSAS ACTION MEMO-2007-17
Date: September 20, 2007
Re: Community Opportunities
And Recovery (COR) Waiver

To: Listserv

For: Area Administrators/Human Services Area Coordinators
Aging and Disability Resource Centers
Area Agency on Aging Directors
Community Support Program (CSP) Coordinators
Comprehensive Community Services (CCS) Program
Coordinators
County Departments of Aging Directors
County Departments of Community Programs Directors
County Departments of Developmental Disabilities
Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
County Long Term Support Coordinators
County Mental Health Coordinators
DLTC Administrator/Bureau Directors
DMHSAS Bureau Directors
Program Office Directors/Section Chiefs
Tribal Chairpersons/Human Services Facilitators

From: John Easterday, Administrator
Division of Mental Health and Substance Abuse Services

Subject: Community Opportunities and Recovery (COR) Waiver



Document Summary

This memo provides information about the new Community Opportunities and Recovery (COR) Waiver and discusses the action plan needed for counties/tribes to be considered for participation in the COR Waiver.

Contained in this memo are the highlights of the new waiver and the Division of Mental Health and Substance Abuse Services (DMHSAS) plan for its implementation. COR is a Medicaid Home and Community-Based Services (HCBS) 1915 (c) Waiver which has now received approval from the Centers for Medicare and Medicaid Services (CMS). The approved implementation date is July 1, 2007 with COR waiver enrollments expected to begin in the fall of 2007. This waiver is a **relocation waiver only**, no diversion slots are available.

Background

At present there are approximately 500 eligible individuals residing in Wisconsin nursing homes, identified as needing specialized psychiatric rehabilitation services for their mental illness, as well as needing nursing care services. They are adults who meet the nursing facility level of care. Many are in county operated nursing homes and present challenges that include behaviors that place them at risk. Numerous individuals would prefer to reside in a community setting, but need services structured to support their specific behavioral, physical, medical, and mental health needs. Because communities have lacked resources and funds to meet their needs, these individuals have remained in a nursing home setting.

In spring of 2005 Wisconsin applied to CMS for a new HCBS 1915(c) Waiver specifically to target this population and make the choice of community living available. COR will focus on choice, recovery, and consumer direction with strong components of peer and advocate supports. The goal of COR is to move people towards an independent self-reliant life in a community setting.

COR Waiver Administration and Operations

The COR waiver will be administered by the Division of Mental Health and Substance Abuse Services, within the Wisconsin Department of Health and Family Services which is the State Medicaid Agency. CMS approved 50 persons for waiver services in year one of the new waiver, 150 in year two and 250 in year three. Given that COR is new and must meet the HCBS requirement to achieve cost neutrality, and will begin with low numbers of participants, the Division of Mental Health & Substance Abuse Services (DMHSAS) will directly manage the approval of persons entering the waiver. Counties/tribes are encouraged to begin identifying potential individuals for relocation who are the most ready and require lower cost supports. Counties will be reimbursed for actual waiver allowable costs incurred which are less than or equal to the approved plan specific rate for each participant. Initially no plan will be approved for over \$100/day in waiver service costs. As the number of people served on the COR waiver increases, we may be able to accommodate individuals who need a higher cost plan. DMHSAS will maintain administrative oversight of the waiver, policies, rules and regulations. Oversight is in keeping with the CMS requirements for the Waiver and State Medicaid Agency responsibilities.

Counties/tribes will serve as the local waiver agencies and have responsibility for their waiver operations at the local level. Counties/tribes will not issue policies, rules, and regulations on COR waiver program matters that differ from those issued by DHFS. The DMHSAS COR waiver staff will establish and approve all policies affecting the COR waiver operational and administrative functions at the state and the local level. The county/tribe waiver agencies will provide and/or contract with service providers to meet the assessed needs of COR waiver participants.

COR Waiver Services

The new COR waiver includes a mix of care management and recovery focused services appropriate to support current nursing home residents who have serious mental illness and co-occurring physical disabilities in the community.

A comprehensive assessment of an individual's needs determines the mix of waiver services to be provided. An individualized person centered plan of care will be developed that includes both the mental health and physical health community-based services considered necessary to meet the person's unique needs. It will include a back-up plan for periods of intense supervision and supports necessary for the individual to remain safely in the community during a crisis situation. For those counties in which HFS 34 part III certification is in force, it will be necessary to reference the crisis planning and crisis stabilization service functions that fall under the HFS 34 umbrella in the person's back-up plan.

Counties/tribes will be required to **submit a pre-enrollment packet** of initial information and a funding estimate for each individual they wish to enroll in the COR waiver. This pre-enrollment information will be submitted to DMHSAS COR waiver staff prior to submitting a COR waiver applicant packet. This allows DMHSAS staff to check the cost of the card services the person is currently using, and estimate community costs charged to the MA card. Waiver participant approvals will be awarded on a first-come first served basis. After the pre-enrollment packet is approved the county/tribe local COR waiver agency can submit a COR waiver applicant packet to DMHSAS COR waiver staff for review and approval. A COR waiver applicant packet consists of the Long Term Care Functional Screen (LTC – FS), financial eligibility documentation, an Individual Service Plan (ISP) form that includes outcomes, a risk assessment form, a MA Waiver Health form and other required documents as stated in the DHFS MA Waiver Manual.

The COR waiver is designed to work with the Comprehensive Community Services (CCS) Program and/or the Community Support Program (CSP) and the MA card which gives access to other state plan services. If a MA certified CSP exists in the county, the COR waiver participant's CSP case manager is to be the primary care manager for the COR waiver. If a MA certified CCS exists in the county, the COR waiver participant's assigned mental health professional from the CCS Program is to be the person's care manager for the COR waiver. This does not prohibit care management functions being done within the waiver unit and billed under administrative costs. COR provides the array of services not now available under the state Medicaid plan or under mental health plan benefits such as assistance with basic activities of daily living and in-home and residential supports. Like other HCBS waiver programs, MA card services are to be used before waiver services.

COR service definitions are found in the DHFS MA Waiver Manual. The Human Services Reporting System (HSRS) Long Term Support Module SPC/Subprogram codes will include edits for the new COR waiver. The COR waiver services package includes the following services:

- Care Management – supports self direction.
- Respite Care Services: Residential, Institutional, Home Based, or Other.
- Daily Living Skills Training.
- Day Services.
- Vocational Recovery – opportunity for self direction with employer authority.
- Environmental Accessibility Adaptations.
- Skilled Nursing.
- Transportation– opportunity for self direction with employer authority.
- Specialized Medical Equipment and Supplies.
- Personal Emergency Response System (PERS).
- Natural Supports Training.
- Residential Services: Adult Family Home, Community-Based Residential Facilities (CBRF), Residential Care Apartment Complexes (RCAC).
- Home Delivered Meals.
- Financial Management Services.
- Relocation Related Housing Start Up.
- Relocation Related Utilities Start Up.
- Supportive Home Care (SHC) – opportunity for self direction with employer authority.
- Benefit Counseling.
- Consumer-Directed Supports.
- Counseling and Therapeutic Resources.
- Housing Counseling.
- Peer Advocate Supports– opportunity for self direction with employer authority.
- Short-Term Supervision and Observation.

Self-Directed Services

Care management services will include support services when the participant chooses to self-direct some of their waiver services. This availability of participant direction of services with employer authority is included in four distinct COR services. The waiver services which allow for this opportunity include: Vocational Recovery, Transportation, Supportive Home Care, and Peer Advocate Supports.

Employer authority allows the COR participant or their representative to be co-employers or common law employers and to have decision-making authority over workers who provide waiver services. This includes: recruiting, interviewing, hiring, verifying qualifications, conducting criminal background checks, determining duties, wages and benefits, scheduling, orienting, supervising, evaluating, timekeeping, and discharging. Financial management services by the local waiver agency are mandatory and integral to participant direction. A government or third-party entity must perform necessary financial transactions on behalf of the waiver participant.

COR Eligibility

Following are highlights of the eligibility criteria for an individual to be considered for the new COR waiver program:

- COR eligibility will be based on initial and continuing annual nursing home level of care eligibility as established by the LTC FS.
- COR will require the individual to be at least 18 years of age.
- COR will require a diagnosis of serious mental illness.
- COR will require a diagnosis of a co-occurring physical health condition with related functional deficits.
- COR will require the individual's interest in and ability to relocate to a community placement and if appropriate, the support of the guardian.
- COR will use the existing financial, non-financial eligibility and the Long Term Support Functional Screen eligibility processes currently used for the COP-Waiver.
- COR is a relocation waiver only and does not include individuals seeking diversion from nursing home placement.
- On the effective date that a Family Care b/c waiver becomes available in a county, the COR waiver will become unavailable for new people. New people would enroll in Family Care when they are ready to transition from the nursing home to the community. Individuals already enrolled in the COR waiver will be transitioned into Family Care as part of the MCO's transition plan. Family Care is expected to continue to provide the necessary services for the individual to remain in the community, and the waiver allocation will be factored into the capitation rates for that FC agency.

The Division of Healthcare Financing (DHCF) Bureau of Eligibility Management (BEM) issued Operations Memo No. 07-30 on June 30, 2007 outlining the process IM agencies should follow for processing cases for persons being considered for or enrolled in the COR waiver. The Long Term Care Functional Screen has also been edited to allow for the new COR waiver to be a selection.

COR Waiver Process Models

Because the COR waiver will relocate persons from a nursing home who have serious mental illness, it will require that local long-term care and mental health units work together to develop, achieve and maintain the person's relocation. COR will also require that these units work closely with county

economic support units regarding financial eligibility. Memorandums of Understanding (MOUs) will be required between all of these units/agencies (MH, LTC and ES) and will need to spell out roles & responsibilities. The MOU should address which unit has the lead role in working with nursing home staff, consumers, guardians and providers. In some geographical areas, the Aging and Disability Resource Centers (ADRC) role will need to be developed if they are to do the Long Term Care Functional Screen for this population to determine COR eligibility. A copy of the MOU's will need to be submitted to DMHSAS COR staff prior to the approval of any COR enrollments for the county/tribe.

Attached to this Action Memo is a flowchart of the COR waiver process models counties/tribes will use for implementing the new waiver. The chart addresses the waiver activities of eligibility, the waiver application packet, arranging/sustaining services and on-going waiver administration. It also includes the elements that will need to be addressed in each MOU developed between the collaborating agencies. Please refer to it in completing the Action portion below.

ACTION SUMMARY STATEMENT:

This Memo outlines a process for counties/tribes to follow if they are interested in participating in the new COR waiver program. Counties/tribes need to complete and submit a written description responding to each of the items below on how you will implement the new COR waiver program **before** submitting any potential COR participant pre-enrollment packets.

1. Describe the process model the county/tribe will use to operate the COR waiver.
2. Explain how the mental health, long-term care and economic support units will collaborate.
3. Give details about how the county/tribe will achieve cross-training of the mental health and long-term care units.
4. Describe who will oversee daily operations of the COR waiver at the county/tribe level.
5. Explain how the county/tribe will staff the COR waiver operations and meet data reporting requirements.
6. Explain your staffing caseload size requirement, how you will ensure you can adequately support this population in the community and an estimate of the potential COR participants you predict may want to enroll for the first year of the waiver.
7. Provide what percentage of a full-time equivalent (FTE) will be allocated to the waiver, if staff have other duties.
8. Describe who will monitor the waiver provider agencies compliance with the HCBS CMS assurances and COR policies and procedures in the DHFS MA Waivers Manual. Include the monitoring techniques and data that will be used to accomplish this monitoring.
9. In those geographical areas where an ADRC exists, describe their role in the COR waiver enrollment process.
10. In those counties where HFS 34 part III certification is in force, describe how collaboration with the crisis response system will occur for COR participants.
11. Provide county/tribe staff contact information.

Send your written description to:
Betty Blessinger, Relocation Waiver Consultant
Division of Mental Health and Substance Abuse Services
P.O. Box 7851

Madison, WI 53707-7851

DMHSAS COR specific training for state, county, providers and other interested parties will occur after counties/tribes are identified for participation in the new waiver and prior to their submitting any waiver participant pre-enrollment packets.

REGIONAL OFFICE CONTACT:

Area Administrators

CENTRAL OFFICE CONTACT:

Betty Blessinger
Relocation Waiver Consultant
Division of Mental Health and Substance Abuse

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MEMO WEB SITE:

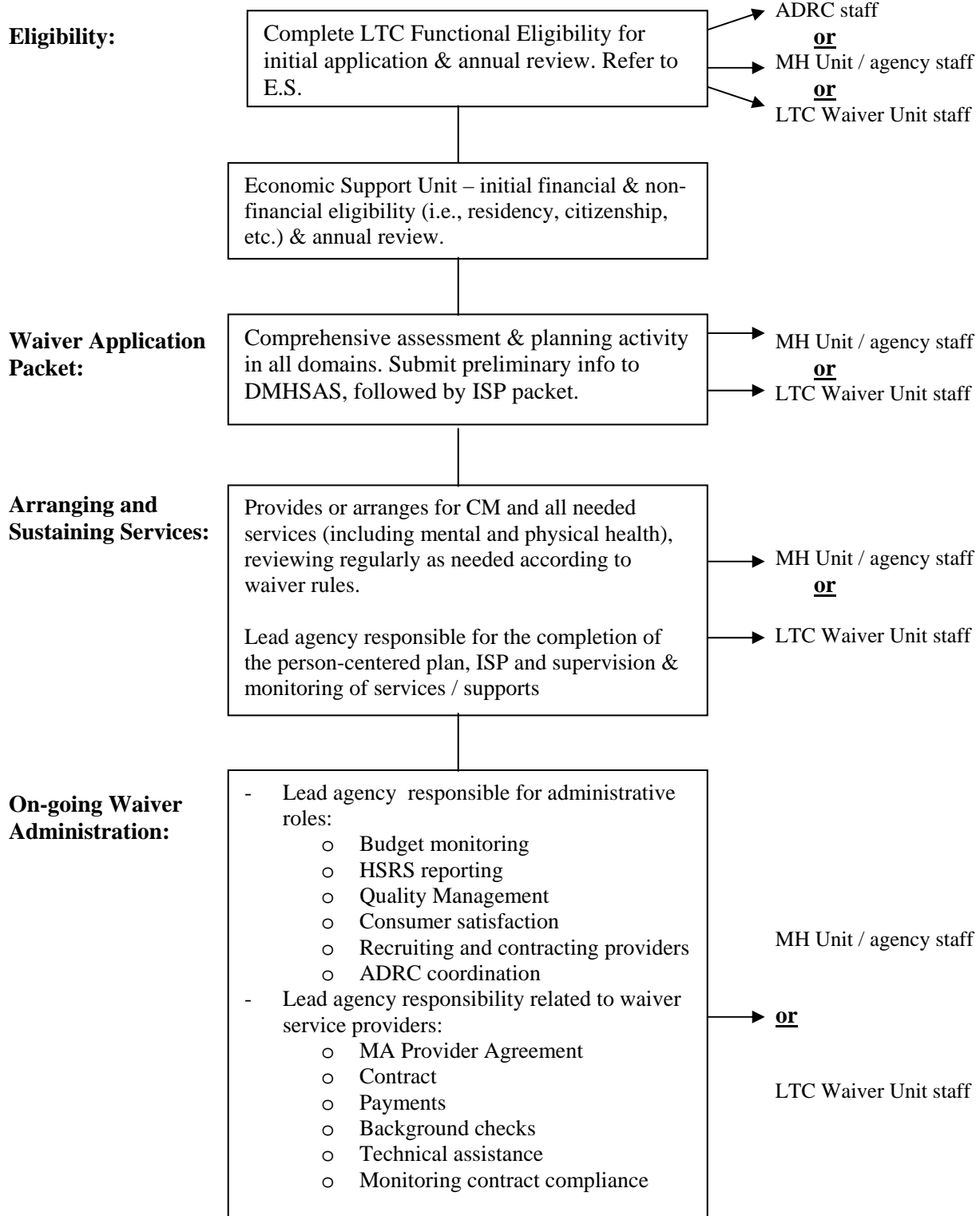
http://dhfs.wisconsin.gov/dsl_info/

Attachment: COR Waiver Process Model

COR Waiver Process Model

Activity

Note: MH Unit can be either 51.42 Board or part of HSD.



Note: If responsibilities for the waiver activities in each category above are shared between the MH unit and LTC unit, a detailed MOU will be required containing each of the elements listed above and which agency is responsible.