



North Dakota
Cross Disability
Advisory Council

FEB 21, 2024

**CROSS-DISABILITY
ADVISORY COUNCIL**



AGENDA

- I. Action Items and Points of Business
- II. Status Update on CDAC's Progress Accomplishing Council Goals
- III. Summary and Continuation of January Discussion: Services and Case Management
 - a. Highlighting Integrated Support Options Across Life Domains: Part 2
 - b. Expanding on Life Transitions and the Support Families Need
- IV. Understanding CDAC Member Experiences with Self-Direction
- V. Looking Ahead to Next Session: Quality

ROLL CALL



MINUTES



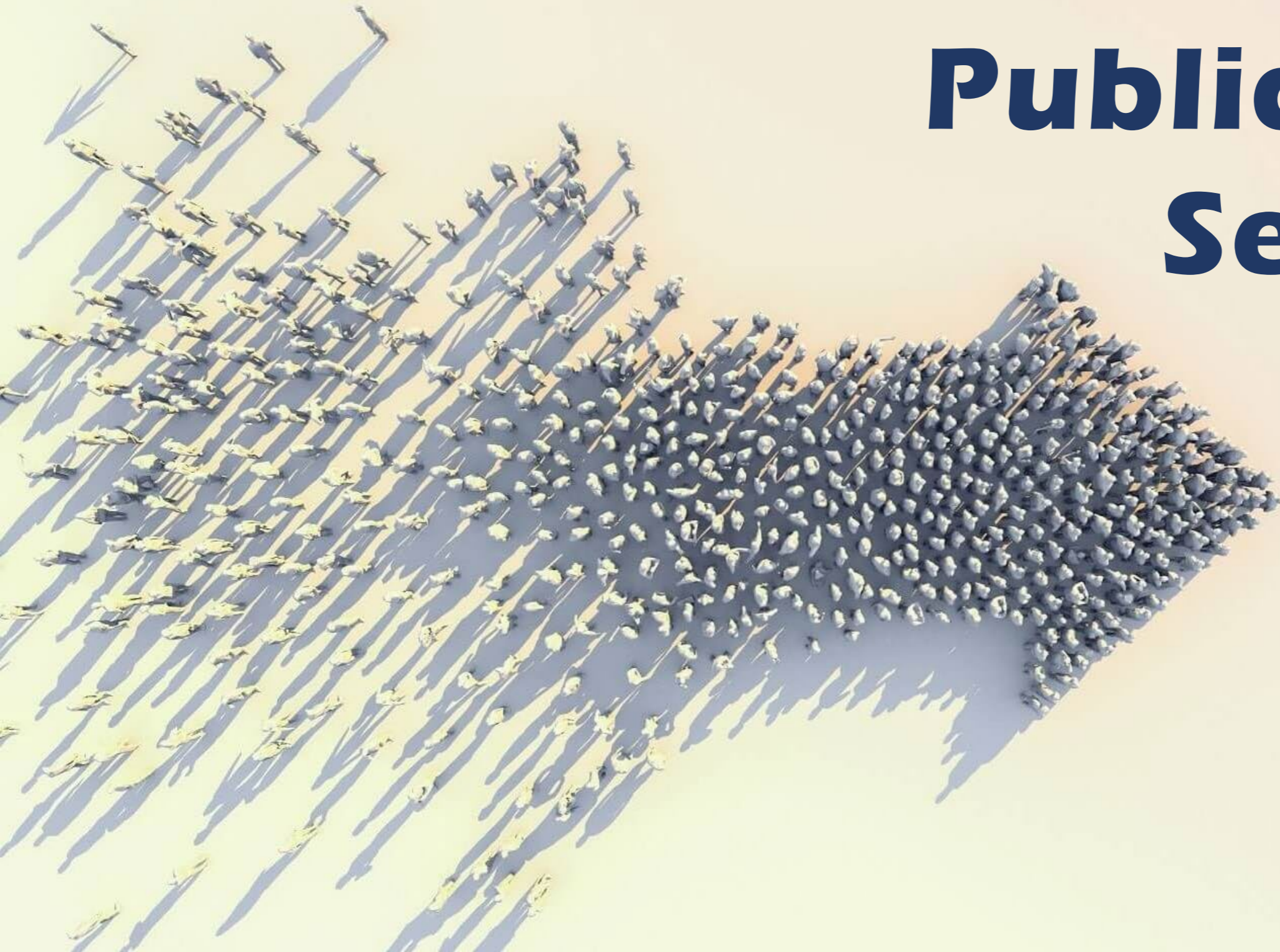
FUTURE MEETING DATES

- **Mar 14th - Thursday**
- **Apr 11th - Thursday**
- **May 9th - Thursday**

9:30am to 4:00pm



Public Input Sessions



North Dakota
Cross Disability
Advisory Council

TOPICS: COVERED OR FUTURE

- **The Right People Are NOT Qualifying For Services - Covered**
- **Case Management Issues - Covered**
- **Paid Family Caregiver - Future**
- **Complaint Roadmap - Future**

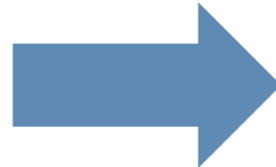
CDAC Progress Update: How Are We Doing?

Our Goal: Creating a New Cross-Disability Children's Waiver

ND can achieve its vision to fill the gap for people with developmental disabilities and autism by modernizing its existing waiver system

Current State

ID/DD Waiver



Future State

Updated, Comprehensive ID/DD Waiver

- Services designed for high-needs and complex people (children and adults) with Intellectual Disabilities, Developmental Disabilities and / or Autism .
- *Note that children 0-3 will continue to be served on this waiver .*
- Modernized Level of Care (Phase Two)

ASD Waiver

Medically Fragile
Waiver



New Children's Cross Disability Waiver

- Services designed for children with mild to moderate support needs living in the community
- New LOC for children ages 3-5 that matches IDEA Part B
- Modernized Level of Care for children 6+ (uses ID/DD LOC, Phase Two)
- Targeted to children ages 3-18 or 3-21, not a lifespan waiver
- ***CDAC input is critical to waiver design and implementation***

Reminder: How Medicaid Waivers Work



Medicaid funds long-term services and supports (LTSS)

- Medicaid is the primary funder of LTSS in the United States
- Medicaid provides LTSS through both:
 - institutional care (i.e., intermediate care or nursing facilities), or
 - home and community-based services (HCBS).



HCBS waivers provide LTSS in community-based settings

- States develop home and community-based services waivers (HCBS Waivers) to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting



HCBS Waivers offer medical and non-medical services

- HCBS Waivers provide both medical and non-medical services
- Examples services include:
 - Service coordination
 - In home supports
 - Respite
 - Habilitation services
 - Employment supports, and more.



HCBS programs must meet federal program guidelines

- HCBS Waiver programs must:
 - Demonstrate that providing waiver services won't cost more than providing these services in an institution
 - Ensure the protection of people's health and welfare
 - Provide adequate and reasonable provider standards to meet the needs of the target population
 - Ensure that services follow an individualized and person-centered plan of care

The CDAC's Purpose

Plain Language Purpose

The Department of Health and Human Services (HHS) is planning to create a new cross-disability children's waiver. The Cross-Disability Advisory Council (CDAC) was created by law to help by sharing ideas. These ideas will help HHS develop the new waiver.

This initially includes:

1. How people can apply to the new waiver, once created.
2. What supports people need.
3. What supports from case management are helpful.
4. What quality looks like.

Core areas for advisory input (as defined in statute)

Access

How people can apply to the waiver

Services

What supports people need

Case Management

What supports from CM are helpful?

Quality

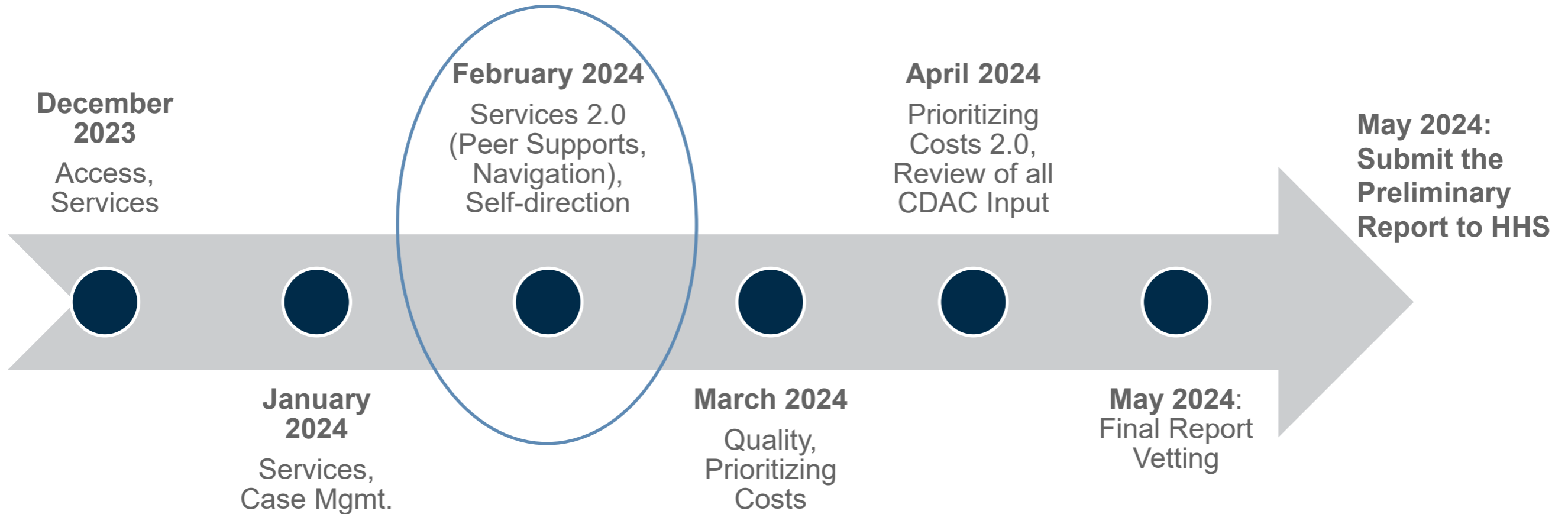
What does quality look like?



CDAC members are the experts on their own lives and will provide advice and feedback to HHS based on what they have experienced, what is working well, and what could be better in the future. It is the State's responsibility to use CDAC feedback to define specific technical elements of the waiver such as level of care (LOC).

Timeline Overview of the CDAC Engagement Process

CDAC will meet monthly from December 2023 – May 2024 to provide input regarding the design of the new cross-disability waiver



Note that CDAC will continue to meet quarterly following submission of the May 2024 report

We Are Currently In Phase One – Designing the Waiver

Phase #1: Implement New Cross-Disability Children's Waiver

- Outline service array that includes community-based interventions to help families and their children
- Build strong support for service navigation, person-centered planning, and self-direction
- Combine existing ASD / MFW / IDD Level of Care for children during waiver launch to ensure continuity
- For children 3-5: Include expanded eligibility to address “cliff” that happens when children turn 3



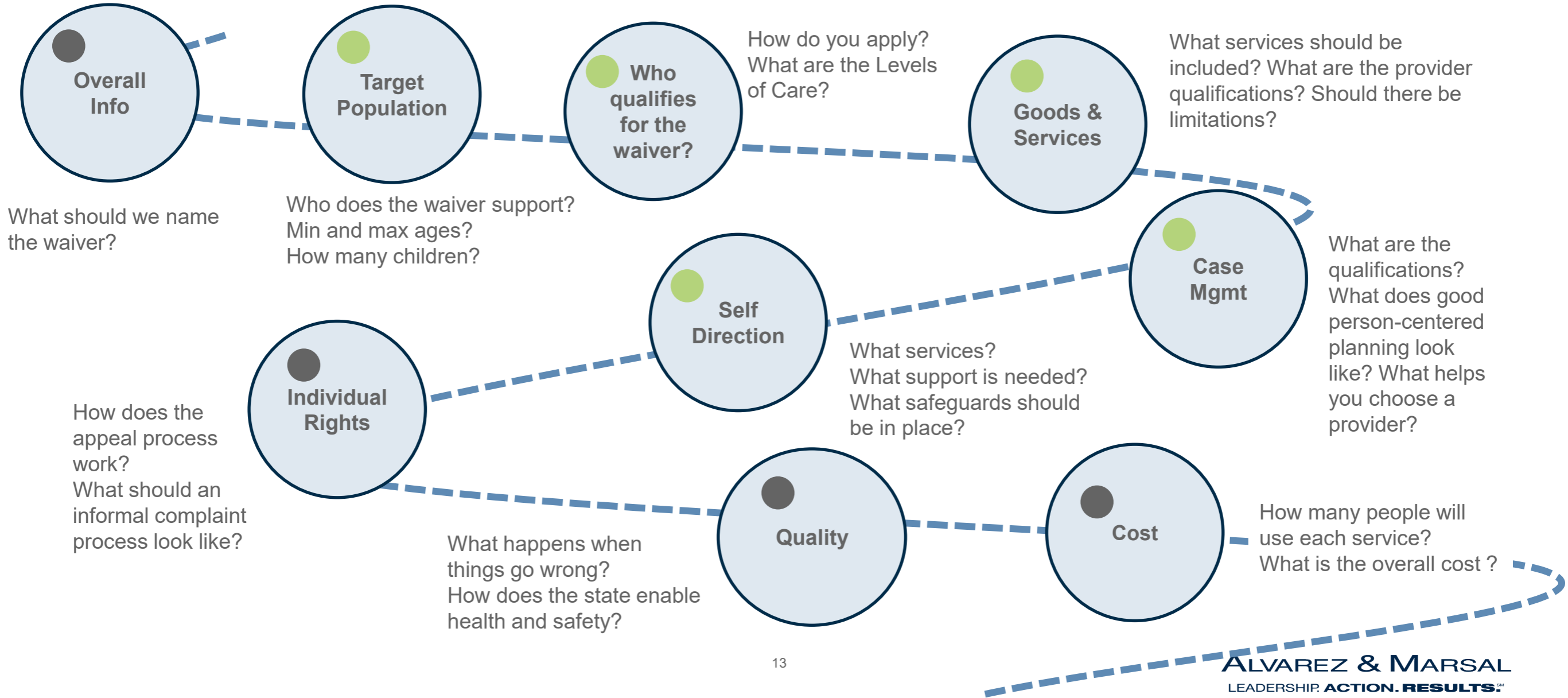
Phase 2: Refine LOC Across Waivers, Including New CDW and Existing I/DD Waiver

- Create modernized level of care for comprehensive IDD waiver to match AAIDD, DSM-5, and ICD-11 definitions
- For children 5+: Use the new IDD LOC to modernize who qualifies for both the comprehensive IDD waiver and the Cross-Disability Children's Waiver
- *Critical note: significant testing will be necessary to ensure there are no unintended effects of LOC changes; parallel testing will be needed*

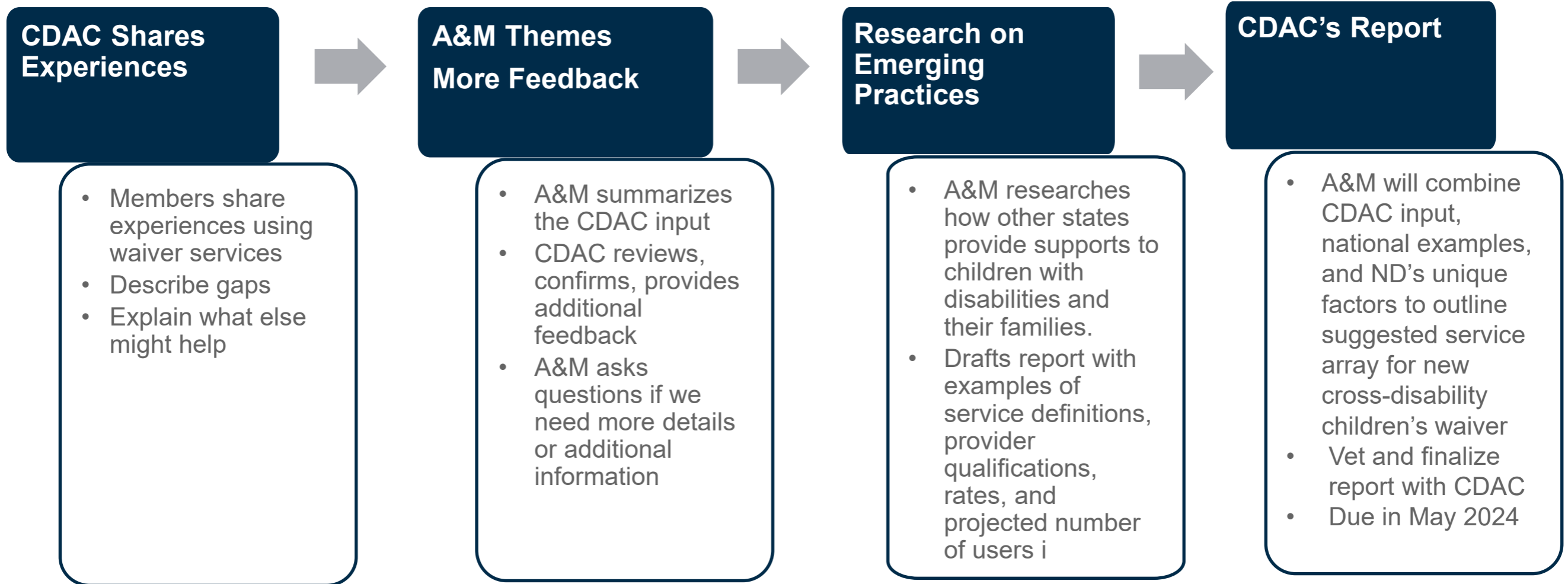
How the CDAC Helps: Advising on HCBS Design Elements

- Complete
- Delayed
- On Track
- Not Started

To create the Cross Disability Children’s waiver, ND will need to submit an application to the Centers for Medicare and Medicaid Services. The CDAC advises the state on what to include in that application. We are on time and on track to complete this work.



Example: How CDAC Input Informs the Service Array for the New Waiver





Example of How CDAC Input Informs Services: Healthy Living

Below is one example of how we are using CDAC input to guide the creation of the new waiver



Here's the major themes we've heard so far from you, the CDAC members, about healthy living:

- Key needs in this area include therapies, nutritional supports, and complex care coordination
- Access is impacted by appointment availability outside working hours, transportation, and additional assistance such as “para” supports at a doctor appointment
- Families use a mix of community-based and technology-based supports to help support health and wellness, including gym memberships (YMCA), home fitness or therapy equipment, and technology reminders for things like medication, nutrition, and hydration



These are some of the national examples we've pulled together to explore how to address these needs:

- **Wisconsin Health and Wellness:** This service supports a child's access and inclusion in health and wellness activities in their community, including classes and other opportunities to build healthy habits
- **Missouri Health Assessment & Coordination:** This telemedicine service allows real time support and coordination to assess health symptoms and identify next steps
- **Pennsylvania Family Medical Support Assistance:** This service assists with management of medical services within the participant's private home, and is targeted to individuals using medically necessary tech

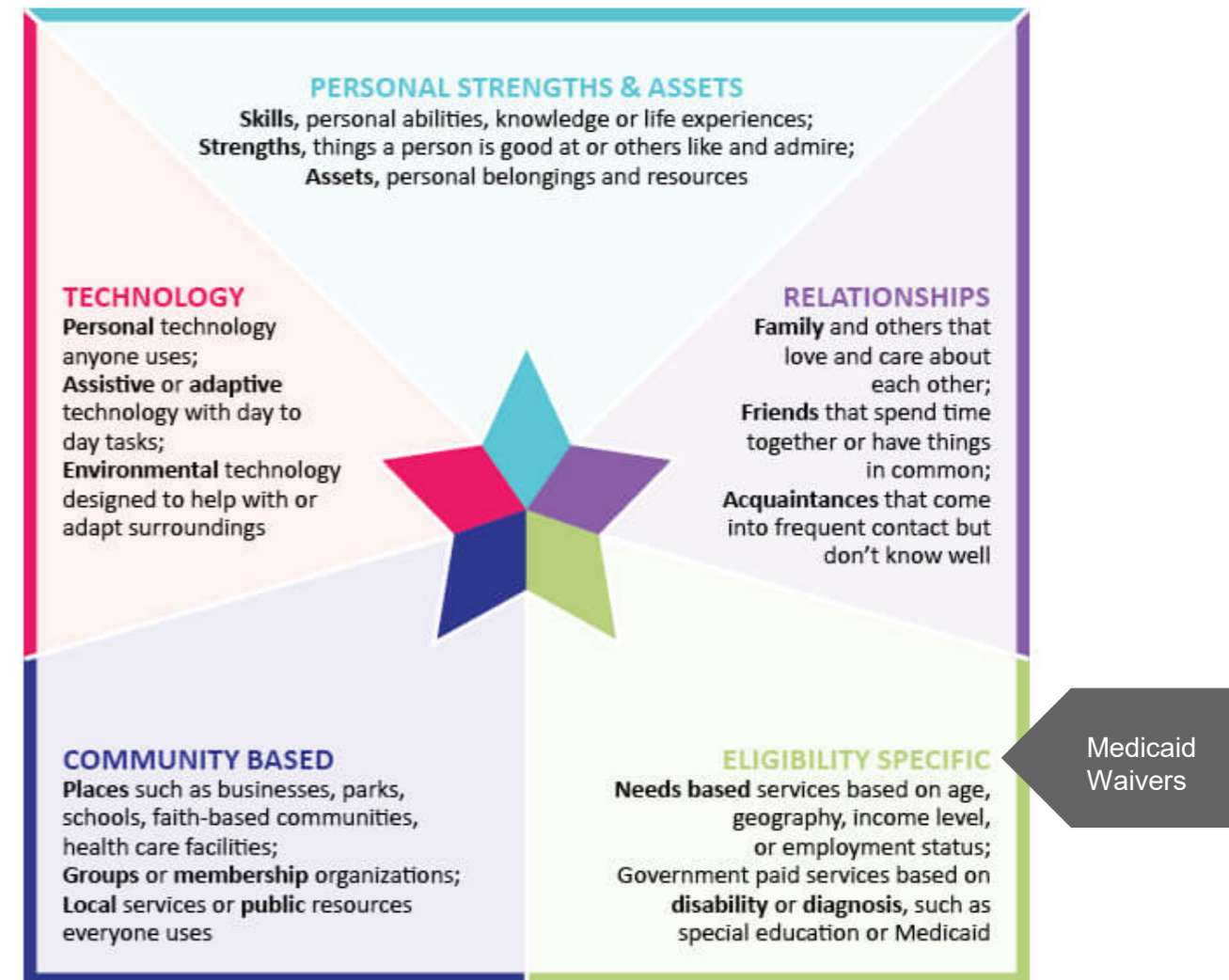
Highlighting Integrated Support Options Across Life Domains

Part 2, Continuation from January's Meeting

Here's Where We Left Off in Our Services Conversation

Last time we met, we brainstormed around the types of integrated supports people need across every life domain

- Last time CDAC met, we talked about **integrated supports** (see integrated supports star, right)
- Supports work best when they are integrated across an array of options, including both eligibility-based supports and natural supports available in the community
- We asked people to think about different types of supports people need to live a good quality life
- To help ensure we thought about all areas of life, we used the idea of **life domains** to organize our thoughts
- Life domains include daily life & employment, community living, healthy living, safety & security, social & spirituality, safety & security, and family support (respite)



Continuing the Conversation: Adding to Our Ideas About Supports and Services

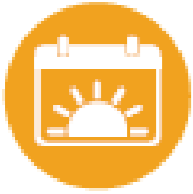
We've pulled together everyone's ideas about this from last session. Now, we want to spend some time reviewing everyone's input and adding any new ideas on supports and services.

Group Activity!



- Let's review what the group shared last time and add any additional ideas about support.
- **For those in person:** We have written each of the seven life domains on a sheet of paper around the room.
 - We will assign each person to start at a different life domain around the room
 - At each life domain, spend a couple of minutes reviewing the ideas shared in January, and think about any other ideas you want to add about what types of integrated supports that are important in this area.
 - Write down your new ideas on a sticky note, label the type of support, and place it on the paper.
- **For those joining virtually:** We have created an online whiteboarding space where you can review the ideas CDAC members shared in January and add your own new ideas virtually.
 - Visit the link in the chat to start
 - Begin at the first slide. Each slide is one life domain. Click between slides by using the arrows on the bottom.
 - We will spend a couple of minutes on each life domain. Review the ideas already there. Add any new ideas on a virtual sticky note and label with the type of support.
- Public attendees are welcome to participate, in-person or virtually; we simply ask that you label (public) on your feedback
- We will come back together as a group and share out thoughts when we have rotated through every station





Daily Life and Employment

What a person does as part of everyday life—school, employment, volunteering, communication, routines, life skills.

Personal Strengths & Assets	Relationships	Technology	Community Based	Eligibility Specific
<ul style="list-style-type: none"> ➤ Living daily in the actual community ➤ Transfer into home ➤ Ability to decide what you want to do with your day ➤ Knowing where to look for volunteer opportunities ➤ Vision for what they enjoy doing (fun!) 	<ul style="list-style-type: none"> ➤ Parents 	<ul style="list-style-type: none"> ➤ Smart homes ➤ Apps to help travel / use public transit 	<ul style="list-style-type: none"> ➤ School ➤ Affinity groups (ex: Lego clubs) ➤ Volunteer opportunities ➤ Job creations in schools ➤ Church ➤ Grocery stores with accessible shopping carts ➤ Childcare for children 10+ 	<ul style="list-style-type: none"> ➤ Community Connector ➤ Vocational Rehab ➤ Parent training (without judgment) ➤ Individualized day supports



Healthy Living

Managing and accessing health care and staying well – medical, mental health, behavioral health, developmental, wellness and nutrition.

Personal Strengths & Assets	Relationships	Technology	Community Based	Eligibility Specific
<ul style="list-style-type: none"> ➤ Medical home ➤ Gym membership ➤ Has individual health and nutrition plan 		<ul style="list-style-type: none"> ➤ In home fitness equipment ➤ Therapy equipment at home ➤ Technology reminders – supports for medication, nutrition, hydration 	<ul style="list-style-type: none"> ➤ Wellness/gym memberships – for person & caregiver at YMCA, for example 	<ul style="list-style-type: none"> ➤ Therapies (OT/PT/MH) – available outside working hours ➤ Medical home ➤ Nutritional support ➤ Medical supplies ➤ Complex care coordination ➤ Medical “para” support at doctor

Unaddressed needs raised during discussion: Transportation to appointments / therapies



Social and Spirituality

Building friendships and relationships, leisure activities, personal networks, and faith community.

Personal Strengths & Assets	Relationships	Technology	Community Based	Eligibility Specific
<ul style="list-style-type: none"> ➤ Has hobbies and interests ➤ Interest in / belief in faith / higher power ➤ Belongs to / has roles in a faith community 	<ul style="list-style-type: none"> ➤ Peers – “there is someone like me” ➤ Dating / relationships 	<ul style="list-style-type: none"> ➤ Online groups ➤ Social media ➤ Virtual dating ➤ Online education / support for families on how to support socialization 	<ul style="list-style-type: none"> ➤ Church ➤ Sunday school ➤ Support groups 	<ul style="list-style-type: none"> ➤ Special passes, ex: Disney World ➤ Parent to Parent information sharing ➤ Social skills classes ➤ Support for group outings



Safety and Security

Staying safe and secure – emergencies, well-being, guardianship options, legal rights and issues.

Personal Strengths & Assets	Relationships	Technology	Community Based	Eligibility Specific
<ul style="list-style-type: none">➤ GPS tracking device➤ Home is modified for safety➤ Has a service animal	<ul style="list-style-type: none">➤ Familiar first responders	<ul style="list-style-type: none">➤ Remote monitoring / GPS tracking➤ Internet safety precautions➤ Home modifications➤ Other tech to support independent living➤ Systems to monitor home virtually	<ul style="list-style-type: none">➤ Training for first responders	<ul style="list-style-type: none">➤ Supported decision making (funding)➤ Guardianship➤ Safety training for parents



Advocacy and Engagement

Building valued roles, making choices, setting goals, assuming responsibility and driving how one's own life is lived.

Personal Strengths & Assets	Relationships	Technology	Community Based	Eligibility Specific
<ul style="list-style-type: none"> ➤ Has supports to vote ➤ Understands rights ➤ Has had training in self-advocacy 	<ul style="list-style-type: none"> ➤ Parents ➤ Peers supporting self-advocacy 			<ul style="list-style-type: none"> ➤ Paid advocates ➤ Self-advocacy training ➤ Pathfinders ➤ Protection & Advocacy ➤ Funding to attend conferences ➤ Disability Rights Day at the Capitol ➤ Peer to peer (start young)

Unaddressed needs raised during discussion: Transportation and staffing to support advocacy efforts



Community Living

Where and how someone lives – housing and living options, community access, transportation, home adaptations and modifications.

Personal Strengths & Assets	Relationships	Technology	Community Based	Eligibility Specific
<ul style="list-style-type: none"> ➤ Budgeting skills ➤ Housekeeping skills ➤ Can prepare food ➤ Can do laundry ➤ Can go grocery shopping ➤ Knowledge of general daily living skills ➤ Knowledge of how to travel / transit ➤ Has driver's license ➤ Has bus pass / transit tickets ➤ Understands how to read a lease 		<ul style="list-style-type: none"> ➤ Door dash ➤ Meal prep services ➤ Laundry service ➤ Cleaning service ➤ Home improvement services ➤ Home modification (ramps, grab bars) ➤ Assistive tech ➤ Smart tech ➤ iPad apps ➤ Facetime ➤ Online communities ➤ Exercise equipment 	<ul style="list-style-type: none"> ➤ Accessible retail and shopping ➤ Accessible salons and barbershops ➤ Food pantries ➤ Public transportation 	<ul style="list-style-type: none"> ➤ Personal care attendants ➤ In home supports ➤ Group homes ➤ Housing vouchers ➤ Modified driver's ed ➤ Para transit buses / support (NDAD) ➤ Field trips to learn about AT ➤ Peer to peer mentoring ➤ Case manager support ➤ Therapies

Key need raised during discussion: balance of individualization / choice while allowing socialization and connection with other families



Supports to Families, Including Respite

What supports do families need, and how can family members take a break from caregiving?

Personal Strengths & Assets	Relationships	Technology	Community Based	Eligibility Specific
<ul style="list-style-type: none"> ➤ Has and utilizes community connections ➤ Engaged in community networks, support groups, etc. 	<ul style="list-style-type: none"> ➤ Friends ➤ Other Family ➤ Parent / family cooperatives 	<ul style="list-style-type: none"> ➤ Medical alerts ➤ Smart devices ➤ Facetime, skype, teams, video ➤ GPS locators 	<ul style="list-style-type: none"> ➤ Church ➤ Sunday school ➤ Support groups ➤ Interest groups ➤ Child care, babysitters ➤ Child care facilities accepting older children (10+) 	<ul style="list-style-type: none"> ➤ Respite facilities ➤ Respite service providers (in home or facility) ➤ Specialized child care ➤ Parent education and training

Group Discussion: Share Your Thoughts on Peer Supports!

We want to learn more about your ideas for peer support opportunities in the new waiver.

Here's what we've heard from you about peer supports so far:

- Peer support helps kids relate to others “there is someone like me” and see a future for themselves
- Peer to peer mentor opportunities are important
- Peer to peer advocacy training feels effective, and is even better when started young
- Peer supports and experiences would be helpful for parents as well

We'd love to hear more from CDAC members about ideas for peer support!

1. Let's talk first about peer supports for family members, including parents:

- What does peer support for families look like now? What gaps are there in peer supports?
- How might a qualified provider of this service differ from informal community supports?
- What training or other qualifications distinguish a friend or family from a provider.

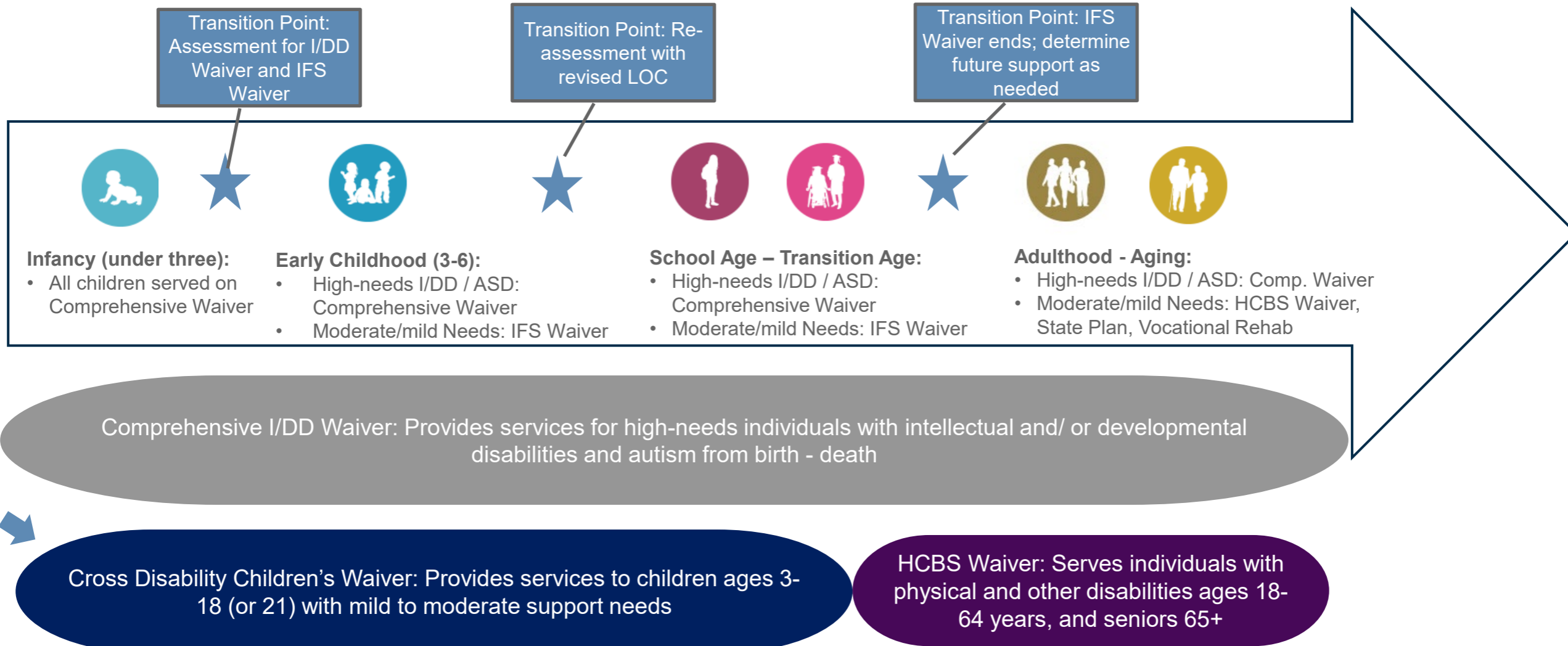
2. Now let's talk about peer supports for kids with disabilities:

Keeping in mind that exact age peers (under 18) may not qualify as waiver providers, let's think about how “near peers”, i.e. young adults with disabilities, could potentially fit into the picture of waiver services

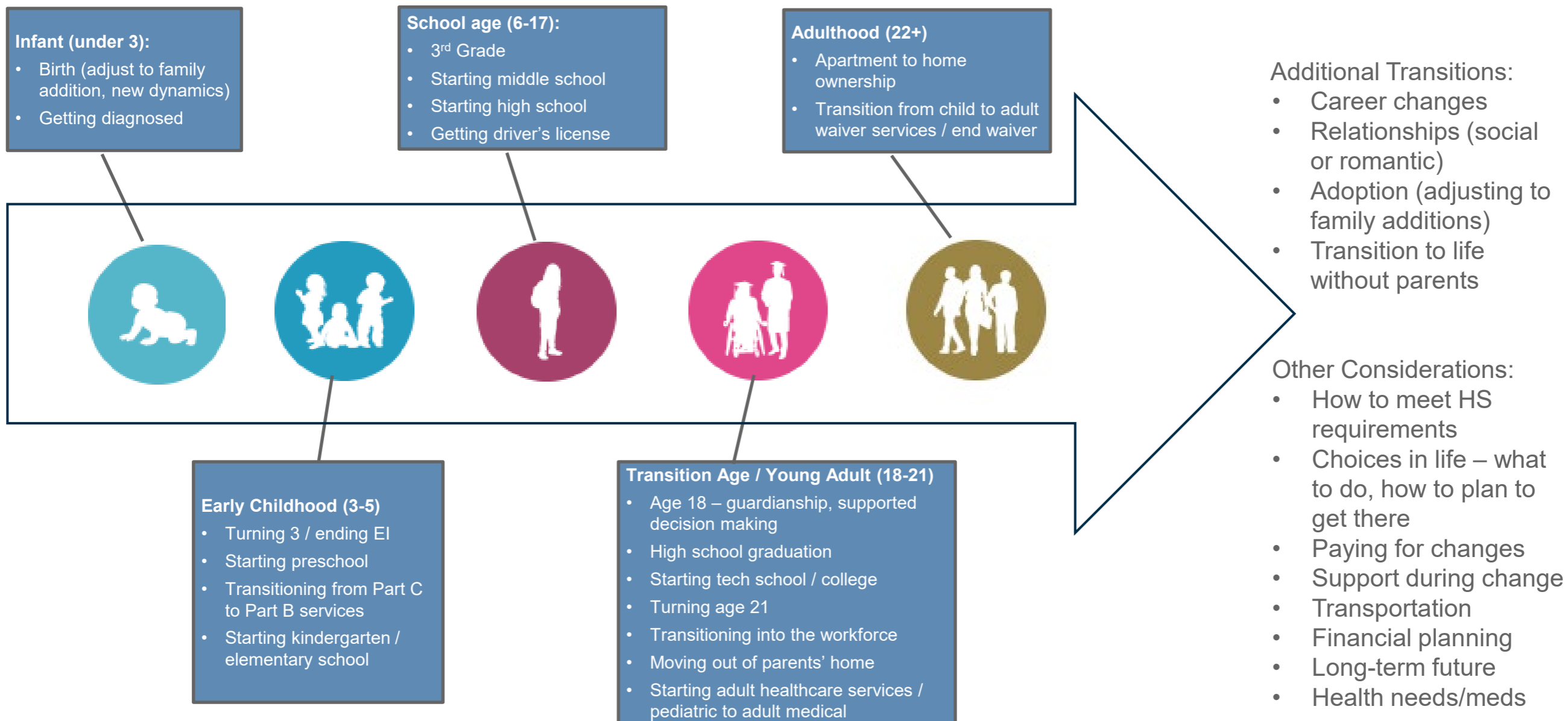
- Are there opportunities for near peers to serve as mentors, or in a “big brother/sister” role?
- What settings / modalities make the most sense for delivery of peer / “near peer” services?
- What age / how frequently should these types of support opportunities occur?
- Is there an opportunity for kids receiving services to serve as peer leaders / mentors, in the future?

Expanding on Life Transitions and the Support Families Need

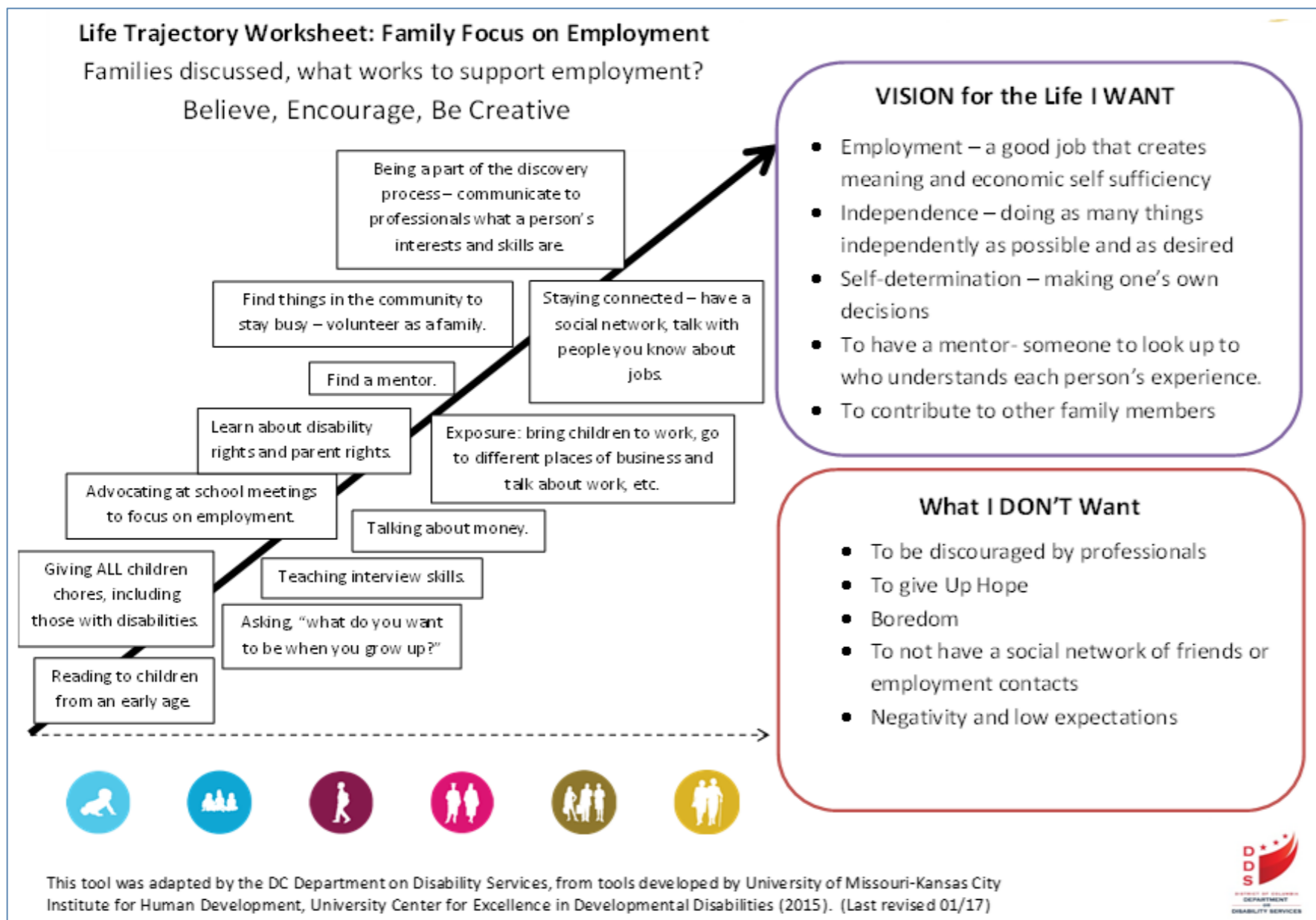
Providing Integrated Support Across the Lifespan



Planning for Life Transitions: Supporting Families Through Major Changes



Planning for Life Transitions: What Does a Successful Transition Look Like for Families?

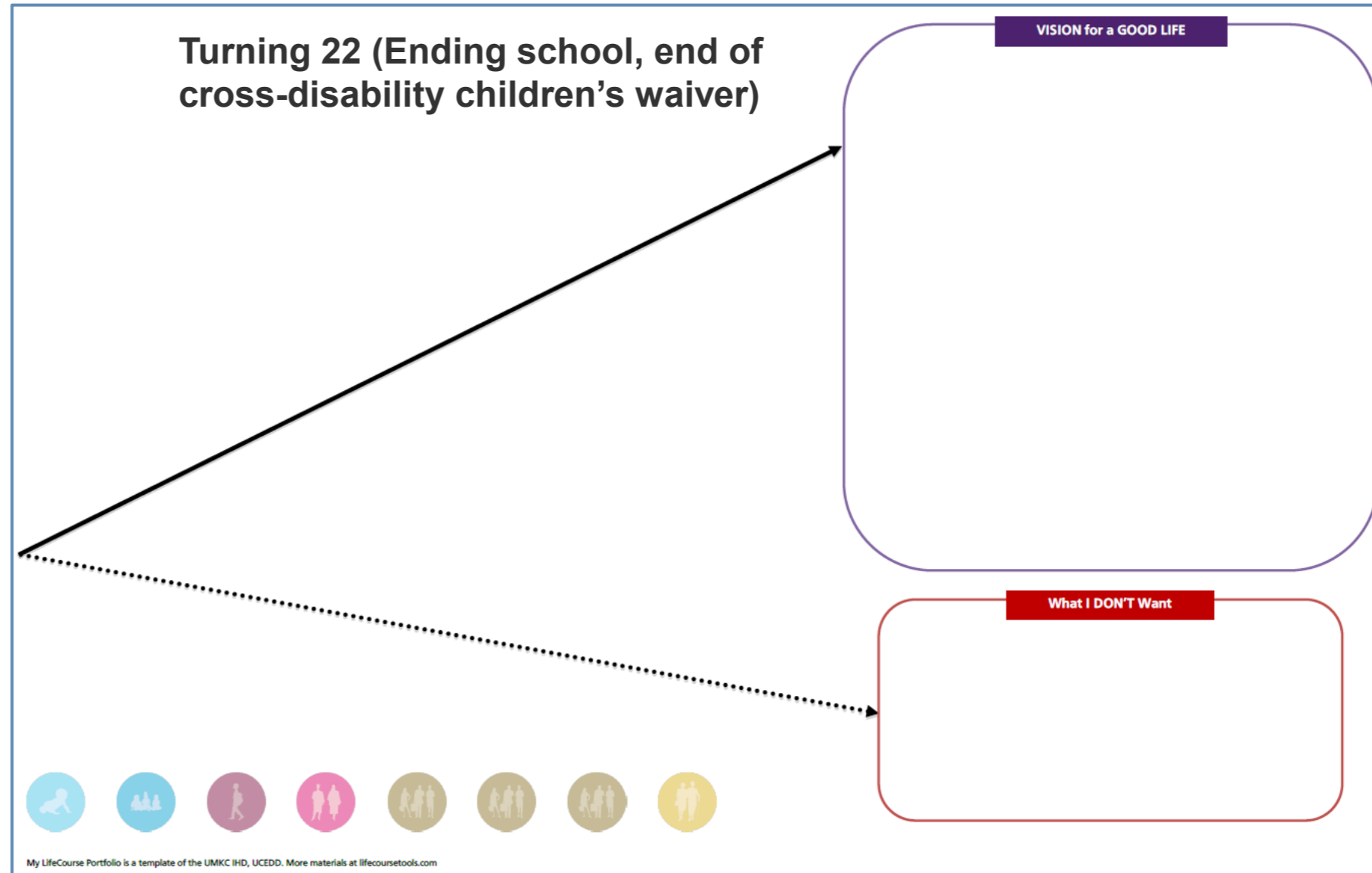


- We know this may be hard to see. We are passing out copies in person, and have pasted a full-size image of the document in the chat
- This example shows how some families are thinking about and planning for transitions around employment
- This includes ways that families plan throughout an individual's lifespan, starting from an early age
- What resonates with you? What would you add or change about this vision?

Mapping Life Transitions and What Matters to Families: Turning 22

Group Activity!

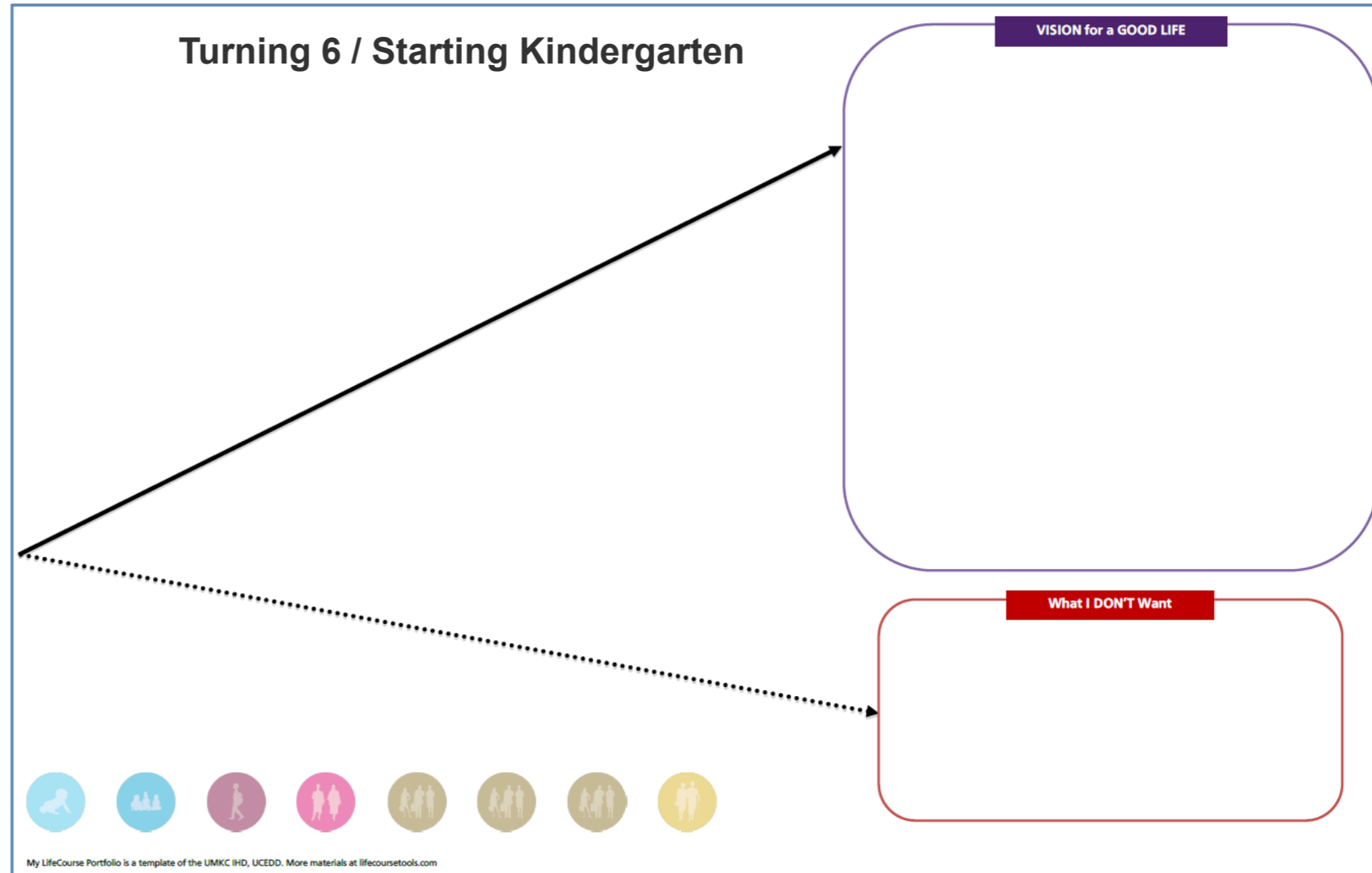
- Now it's your turn! Let's take time as a group to think through life transitions and the prep needed.
- We will use the most common transitions CDAC members highlighted last meeting, starting with turning age 22.
- **Take 5 minutes to brainstorm what you want and don't want for your children, and the steps to get to a good transition.**
- We will come back together as a group to share out ideas. We will then add your ideas to a group transition map for turning 22.



Mapping Life Transitions and What Matters to Families: Turning 6

Group Activity!

- Let's map another commonly raised transition together: turning 6 / starting school.
- **Take 5 minutes to brainstorm what you want and don't want for your children, and the steps to get to a good transition.**
- We will come back together as a group to share out ideas. We will then add your ideas to a group transition map.
- General debrief: What kind of navigation help, skills, anticipatory guidance, etc. are helpful throughout transitions?



Self-Direction

Self-Direction: Opening Round

Share YOUR experiences / knowledge about self-direction

What have you heard about self-direction / how would you describe it in a few words?

There are no wrong answers! We understand that people who haven't used this model before may not even be aware it exists. If you aren't familiar with self-direction, you can say "unfamiliar", or if you've heard a little bit of information that you aren't sure is correct, you can put that too. We just want to get a better idea for what information family members may have across ND!



Menti.com code: 1592 3227

What is Self-Direction?

- Self direction is an option where you can serve as your own boss and control your waiver services.
- **You decide:** how to use your approved services, who works for you, your worker's schedules and pay, worker training, and where you receive services.
- Self direction is currently an option on the DD waiver and will also be an option in the new waiver. Additionally, the Medically Fragile Waiver is a self-direction waiver, and the Autism waiver allows for self-directed respite.
- The Department of Health & Human Services will outline what self-direction will look like in the new cross-disability waiver. **CDAC will play an important role by:**
 - Sharing your experiences using self-direction, if applicable
 - Providing feedback on what would be helpful to include for people who choose to self-direct

What are the Participant and Family Responsibilities Under Self-Direction?

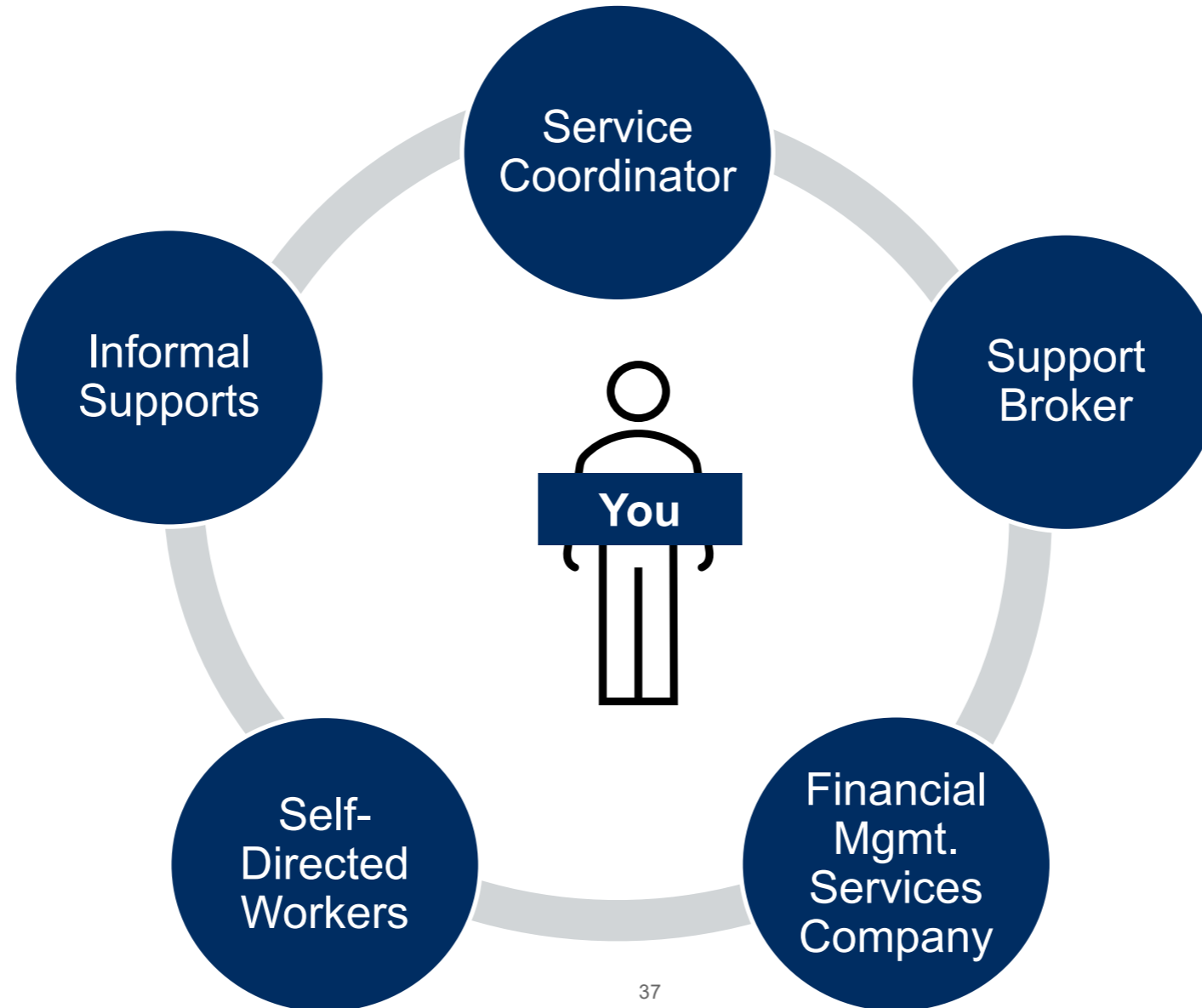
Self-direction means you are the boss; this flexibility and choice comes with added responsibility.

Key responsibilities for people who self-direct include:

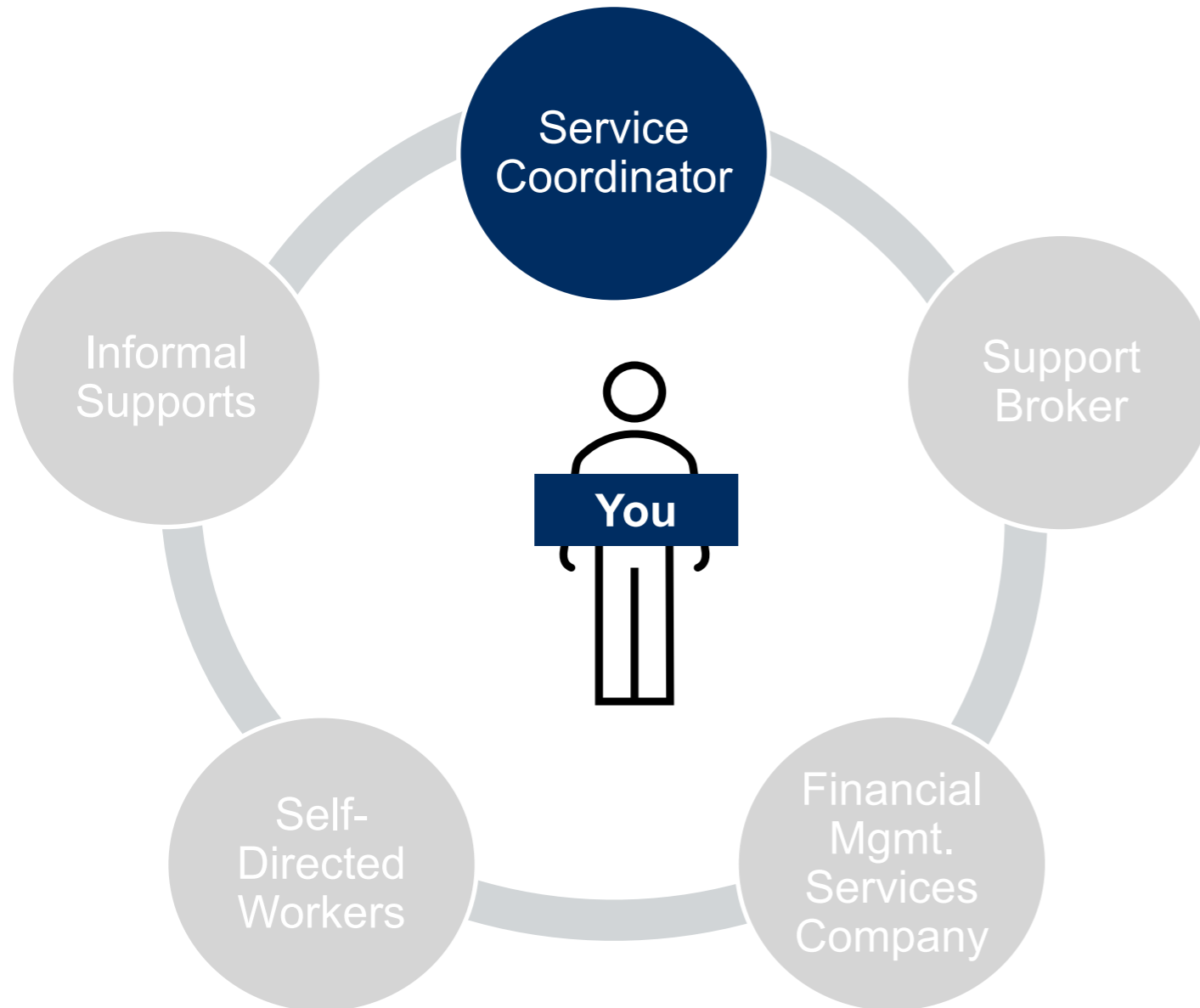
- Managing your self-directed budget
- Recruiting, hiring, and training your workers
- Supervising and evaluating performance of your workers

What Types of Support are Available for Self-Direction?

States offer resources to help participants and families successfully self-direct services.



How do Service Coordinators / Case Managers Help?



Service Coordinators Can...

- Help you create your **Individual Support Plan**
- Provide ongoing **case management**
- Connect you with a Support Broker *(in states with a Support Broker - not currently ND)*

How Can Support Brokers Help?

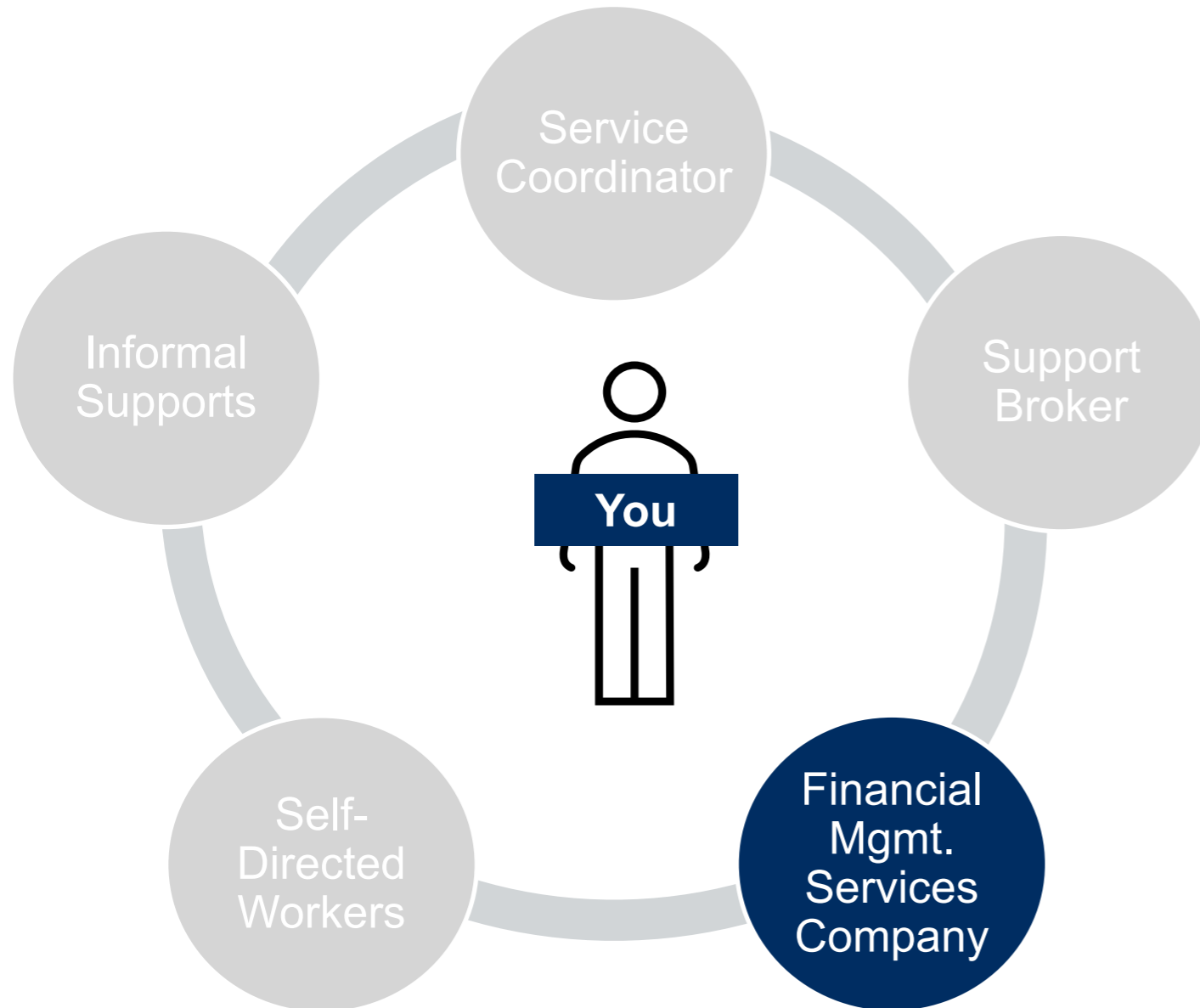


Please note that ND does not currently have support brokers as an option

Support Brokers Can...

- **Train** you on the program
- Help you created your **self-directed budget**
- Help you **manage your self-directed workers**
- Help you **monitor your spending**

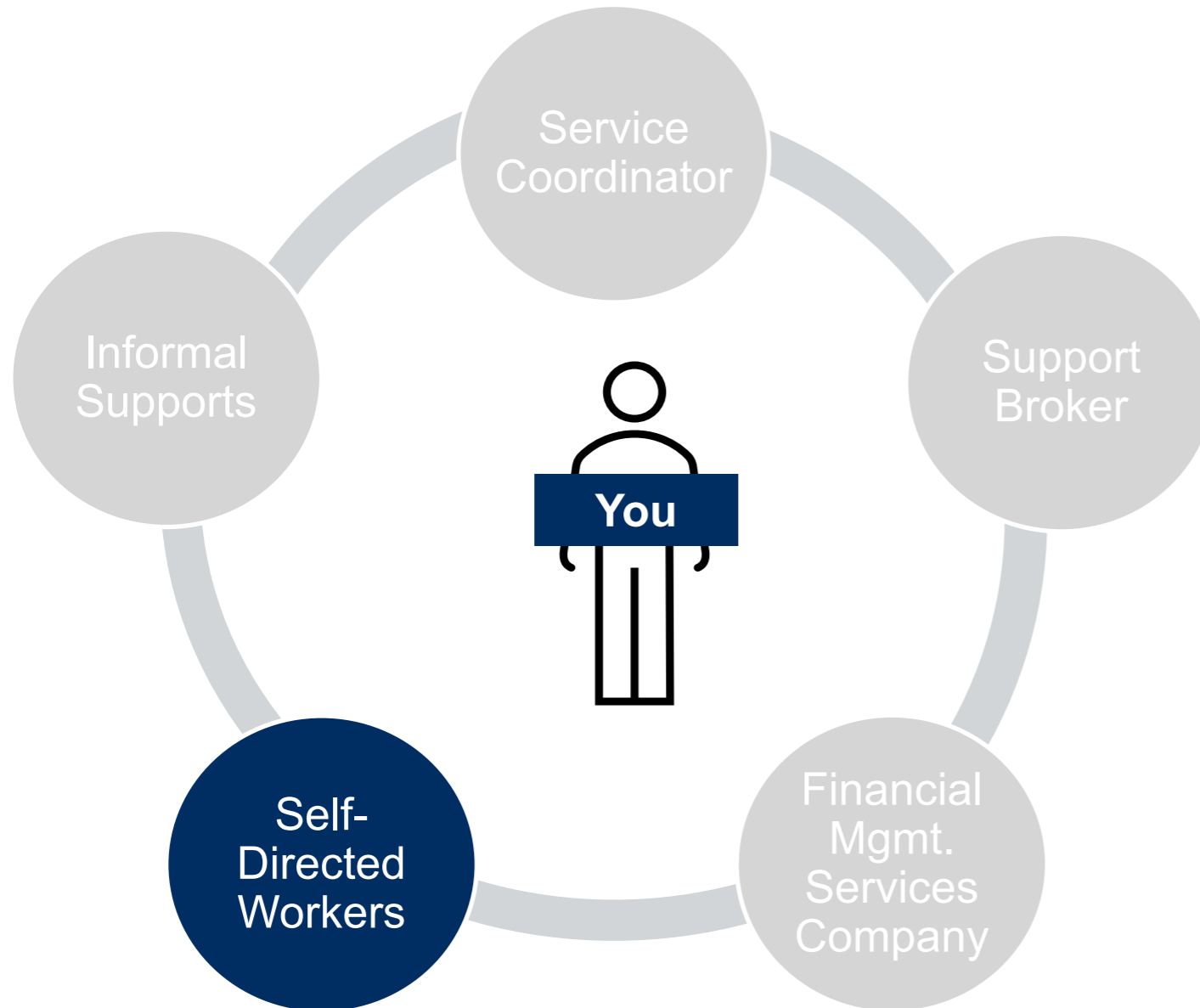
How Does a Financial Management Services Company (FMS) Help?



FMS...

- **Pays** your self-directed workers
- Handles your **taxes and insurance** as an employer

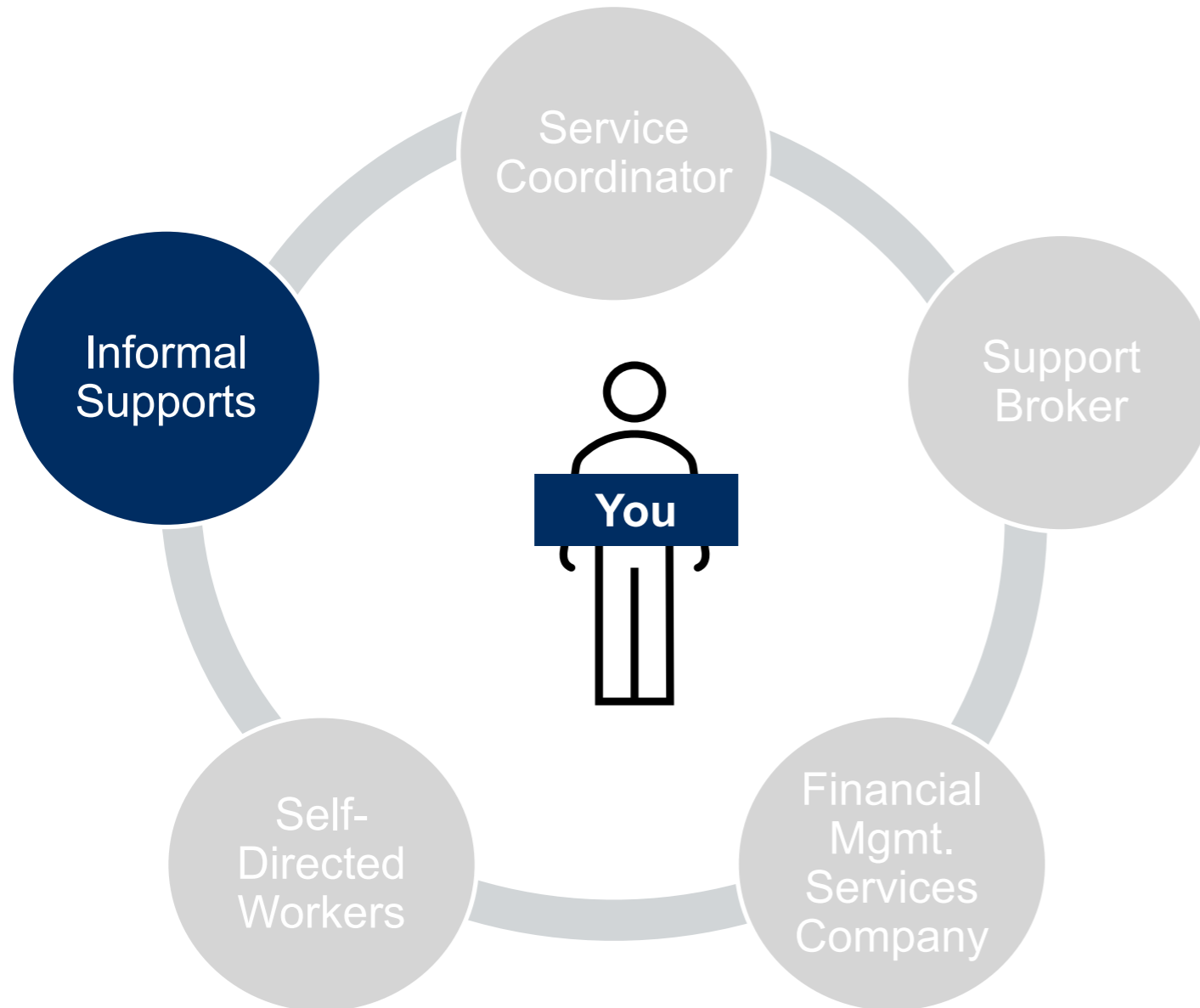
How Do Self-Directed Workers Help?



Self-Directed Workers...

- **Provide** your self-direct services
- Note: you do not personally pay your workers

How Do Informal Supports Help?



Informal supports...

- Could include **supported decision-making**
- Supported decision-making is a way to get help making or communicating your decisions

Group Discussion: Share Your Thoughts on Self-Direction!

We want to learn more about your experiences with self-direction and thoughts on what this should look like in the new waiver.

Poll: By show of hands, who has self-directed waiver services before?

Discussion Part 1: For those who have self-directed services before....

- What services have you self-directed?
- What have your experiences been like?
- What has gone well / have you seen benefits from self-direction?
- Did you experience challenges or barriers? Are there areas where you would have liked more support?

Discussion Part 2: For those who have not self-directed services before...

- Why haven't you previously self-directed? Awareness? Interest? Capacity?
- Do you have concerns about trying to self-direct services that would prevent you from trying?
- What challenges would you anticipate if you did begin self-directing services?
- What supports or information would you need to feel comfortable using self-direction?

Looking Ahead to Next Session: Quality

The March CDAC meeting will include a focus on quality.

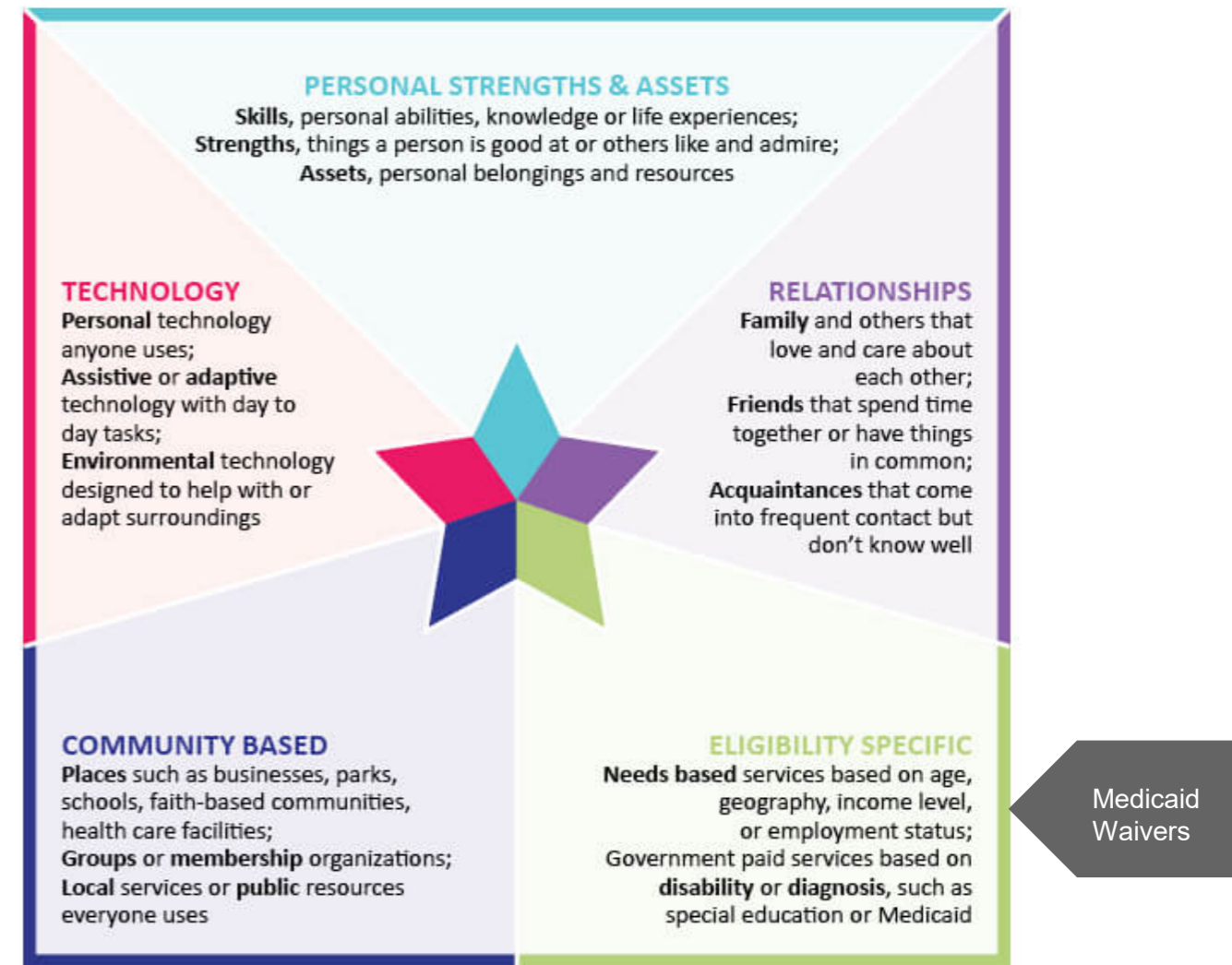
- Quality includes how to define what a well-functioning system looks like, how to measure success of services, and how to ensure health and welfare of participants
- During our quality discussion, we will ask for your input on questions like:
 - How do you know a program is working well?
 - Does your family member's plan reflect their needs and preferences?
 - Is your child getting the services that they have been approved for?
 - Are staff qualified?
 - Do you know how to get help when things go wrong?
- Start brainstorming on these ideas now, and come ready to share your thoughts and ideas in March!

Appendix

Understanding Integrated Supports

The New Waiver Will be Focused on Integrated Supports

- Supports work best when they are integrated across an array of options, including both eligibility-based supports and natural supports available in the community
- Focusing only on eligibility-based supports can unintentionally separate a person from their family and natural support system which then can lead to segregation, loneliness, and lack of choice.
- Supports should leverage and be comprised of a mix of:
 - The person and family's strengths and assets
 - Relationship-based supports
 - Community supports and resources
 - Technology
 - Eligibility based options that are publicly or privately funded



Understanding Life Domains

People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life. As we think about what services should be in the cross-disability children’s waiver, we will want to think about all of the life domains.



Daily Life & Employment

What a person does as part of everyday life—school, employment, volunteering, communication, routines, life skills.



Community Living

Where and how someone lives – housing and living options, community access, transportation, home adaptations and modifications.



Healthy Living

Managing and accessing health care and staying well – medical, mental health, behavioral health, developmental, wellness and nutrition.



Safety & Security

Staying safe and secure – emergencies, well-being, guardianship options, legal rights and issues.



Social & Spirituality

Building friendships and relationships, leisure activities, personal networks, and faith community.



Advocacy & Engagement

Building valued roles, making choices, setting goals, assuming responsibility and driving how one’s own life is lived.

Life Stages

Every life stage is connected, and what happens in each, affects all the stages to come. The life experiences in each stage build upon one another and prepare a person for the future life stages.



Prenatal/Infancy

From conception through the earliest years of life or babyhood.



Early Childhood

The time in a child's life before they begin school full time.



School Age

The years from kindergarten through middle school.



Transition to Adulthood

Moving from childhood to young adulthood and from school to adult life.



Adulthood

Period of time after we transition from school years through the time we begin entering our golden years.



Aging

The golden years are when we begin to slow down and experience many age-related changes.

Understanding Level of Care

- In order to receive waiver services, eligible individuals must demonstrate the need for a Level of Care (LOC) that would meet the state's eligibility requirements for services in an institutional setting.
 - Waivers target a population of people in need of LTSS (for example: people with intellectual and developmental disabilities; people with autism; people with physical disabilities; seniors) and use functional eligibility criteria (LOC)
 - Eligibility for Medicaid HCBS waivers is directly linked to institutional level of care, because waivers are an alternative to institutionalization in facilities like Intermediate Care Facilities for Individuals with Intellectual Disabilities and Nursing Facilities
 - Level of Care is determined initially at admission and then recertified annually.
- The overall goal of Level of Care determinations is to ensure that the right people are getting the right amount of care, in the right environment.
 - People most in need have access to Long Term Services & Supports (LTSS)
 - Limited state resources are used to provide LTSS for that population of people
 - Those people have the opportunity to receive LTSS in the least restrictive environment that meets their needs

Wisconsin Health & Wellness

Wisconsin offers Health and Wellness to support a child's access and inclusion in health and wellness activities within their community.

Health and Wellness Service Definition:

Health and Wellness services **focus on healthy habits thereby preventing or delaying higher cost institutional care** and include:

- a) **Healthy Lifestyles** – Participants can take classes, lessons, events, or other educational opportunities, such as health and wellness web and mobile applications, to address issues regarding living with a disability and having a healthy lifestyle, including nutrition, physical activity, and sensory regulation. This increases the capacity of the participant to self-advocate, navigate community resources and improve overall health and socialization skills. These skills keep participants in the community and out of an institution.
- b) **Non-traditional/alternative medicine and wellness**, such as yoga, meditation, mindfulness, sound healing, Traditional African Based Holistic Services, Ayurveda, Chinese or Oriental medicine, Reiki, Tai Chi, Native American healers (treatments may include prayer, dance, ceremony and song, plant medicines and foods, participation in sweat lodges, and the use of meaningful symbols of healing, such as the medicine wheel and/or other sacred objects), and spiritual counseling.
- c) **Sexuality Education and Parenting Training for Participants**– intended to provide a proactive educational program about the values and critical thinking skills needed to form and maintain meaningful relationships, healthy sexuality, and sexual expression and train and support participants who are also parents.

Limitations: Any service that could be furnished under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid, or the Medicaid State Plan services. In addition, the waiver is the payer of last resort and coordination of benefits (COB) must occur with private health insurance, special education services funded under the Individuals with Disabilities Education Act (IDEA), or vocational rehabilitation services funded under section 110, as amended in 2014, of the Rehabilitation Act of 1973 (29 U.S.C. 730).

Projections:

- # Users: 1602/22092
- Unit: Days and Hours
- Average Units/ User: Days – 27.26; Hours – 13.64
- Average Cost/ Unit: Days -- \$95.73; Hours -- \$47.87
- Total Projected Cost/ Year: \$776,427.16

Staff Qualifications:

- Any persons appropriately qualified as approved by the State and as related to the unique service being provided to the child

*added 1/1/22

Missouri Health Assessment & Coordination

Missouri offers Health Assessment and Coordination as a telemedicine care coordination service to provide physician driven right-on-time health assessment.

Health Assessment and Coordination Service Definition:

The Health Assessment & Coordination **telemedicine services** are designed to coordinate care with local emergency departments, urgent cares, and primary care physicians to enable real time support, consultation and coordination on health issues and **to assist individuals, families and support providers to understand presenting health symptoms and to identify the most appropriate next steps**. The service is consultative in nature related specifically to the presence of an intellectual disability and seeks to provide disability-specific advice on when best to seek additional or in-person medical treatment. This service is a supportive service that can occur while the person is in their home to help **assess the need for medical attention**.

The service includes support and consultation to families and direct support professionals (DSPs) otherwise unavailable in any other service. This component of the service seeks to **build the capacity of families and DSPs** (who do not possess medical credentials) to better understand the best approaches for supporting the individual depending on their symptom presentation. This service is available 24 hours a day, 7 days a week and includes immediate **evaluations, video-assisted examinations, treatment plans and discussion and coordination with individuals and/or caregivers by professionals with extensive specialized expertise supporting individuals with I/DD**. If a hospital visit is clinically necessary, this service allows the HAC provider to communicate with the emergency department directly, ensuring advance preparation for the ED and decreasing the chances of admission. This service works in close contact with but does not duplicate any of the functions of case management.

Limitations: *The services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.*

Projections:

- # Users: 814/9196
 - Unit: month
 - Average Units/ User: 12.0
 - Average Cost/ Unit: \$31.03
- Total Projected Cost/ Year:
\$3,109,020.60

Staff Qualifications:

- Physician (MD/DO)

*Added 7/1/2022

Pennsylvania Family Medical Support Assistance

Pennsylvania offers Family Medical Support Assistance which includes two components of direct and indirect service.

Family Medical Support Assistance Service Definition:

The Family Medical Support Assistance service assists with management of services in the participant's private home related to the medical needs of participants with a Needs Group 3 or 4 who use medically necessary technology and require nursing. This is a **direct and indirect service that does not involve direct care**.

Providers are required to render the following two components of the service.

- 1. Family support assistant** - The family support assistant provides **assistance to participants and their families with scheduling and communication between and among unpaid supports and paid services** such as skilled nursing services, home health services, medical services, and behavioral health services in the participant's home including: coordinating/scheduling medical and behavioral health appointments; assisting with medical visits; mitigating concerns; assisting with discharge processes and home care and treatment; communication with insurance providers to facilitate understanding of coverage; assisting in obtaining medication, supplies, and equipment; identifying barriers to accessing effective and necessary medical services and supports and collaboration with service team plan members to reduce barriers; providing training and consultative assistance on implementation of non-medical aspects of the service plan
- 2. Nursing Oversight** – Nursing oversight is completed by a licensed nurse within the scope of the state's Nurse Practice Act

Limitations: *The family support assistant may provide Family Medical Support Assistance to no more than 8 participants for this or any other service. A licensed nurse may provide Family Medical Support Assistance to no more than 16 participants for this or any other service. Family Medical Support Assistance is available to participants who live in private homes. This service is not available to participants who receive Life Sharing, Supported Living or Residential Habilitation services.*

Projections:

- # Users: 30/19181
- Unit: 15 minute
- Average Units/ User: 1920
- Average Cost/ Unit: \$18.41
- Total Projected Cost/ Year: \$1,413,888

Staff Qualifications:

- Family support assistant -- college degree(s) with defined years of experience
- Nursing oversight – RN/LPN

*added 6/1/22

