

ADvantage Waiver, State Plan Personal Care, & Eligibility Services

Oklahoma Human Services

Community Living, Aging & Protective Services (CAP)

Medicaid Services Unit (MSU)

Oklahoma's *ADvantage* Waiver

- The *ADvantage* waiver program was approved by the Centers for Medicare & Medicaid Services in 1993 in order to provide services and supports to help people stay at home instead of needing to go to a nursing home to receive care.
- To be eligible for *ADvantage* services, a person must qualify financially and meet nursing home level of care (NH LOC, also known as medical eligibility) as determined by a registered nurse.

Who We Serve

- The *ADvantage* program serves older Oklahomans and adults over 21 with physical disabilities. The program cannot serve children or individuals with developmental disabilities with a cognitive impairment.
- Currently, the waiver serves over 21,000 members.

Services at a Glance

Each member has a service plan individually tailored for their specific needs, so every plan is different. Services that may be included on the plan include:

Case management

Personal care

Adult day health services

Home modifications

Specialized equipment/supplies

Therapies

Skilled nursing

Prescription drug assistance

Home delivered meals

Hospice

Supportive/restorative assistance

Assisted Living

Consumer Directed – Personal Assistance Services & Supports (CD-PASS)

Eligibility Requirements

- Applicants must meet financial eligibility as determined by Oklahoma Human Services.
- Medicaid Services Unit eligibility nurses are responsible for assessing and determining if applicants meet medical eligibility.
- Applicants who meet financial eligibility for Medicaid but do not meet *ADvantage* waiver medical eligibility may be referred for State Plan Personal Care services if they have a documented need for care.

State Plan Personal Care Services

- The State Plan Care Unit is responsible for management of the State Plan Personal Care (SPPC) services benefit.
- Personal care is defined as assistance to an individual in carrying out personal care and/or household tasks, such as bathing, dressing, grooming, meal preparation, housekeeping or laundry.
- Members receiving SPPC services do not have an assigned Case Manager and are not eligible for any other types of service.

How to Apply

- Interested individuals may apply for *ADvantage* waiver services by filling out a simple form online at [ADvantage Waiver \(oklahoma.gov\)](https://oklahoma.gov/advantage-waiver) and clicking on 'How to Apply.'
- For those who need support to complete the application process, the *ADvantage* CareLine number is 800-435-4711.
- If needed, family, friends or health professionals may apply on the individual's behalf through either method.

Program Contacts

- *ADvantage* Program
 - Karla Selman, *ADvantage* Programs Administrator
- Eligibility & State Plan Personal Care Services
 - Brenda Nixon, RN, Nursing Programs Administrator
- Contact Information
 - *ADvantage* CareLine: 800-435-4711
 - Email: MSUCareLine@okdhs.org

Resource Information

- Oklahoma Human Services: [Human Services Department - OKDHS \(oklahoma.gov\)](https://www.okdhs.gov/)
- Community Living, Aging & Protective Services: [Community Living, Aging and Protective Services \(CAP\) \(oklahoma.gov\)](https://www.okdhs.gov/CLAPS/)
- *ADvantage* Waiver Program: [ADvantage Waiver \(oklahoma.gov\)](https://www.okdhs.gov/advantage/)
- State Plan Personal Care Services: [State Plan Personal Care \(SPPC\) \(oklahoma.gov\)](https://www.okdhs.gov/sppc/)



OKLAHOMA
Human Services
Developmental Disabilities Services

Developmental Disabilities Services (DDS)

Home & Community Based Services

Waivers



DDS 1915 (c) Medicaid Waivers

- ▶ Community Waiver
- ▶ In-Home Supports Waiver for Children
- ▶ In-Home Supports Waiver for Adults
- ▶ Homeward Bound Waiver





General Eligibility Requirements

- ▶ Eligible for Medicaid
- ▶ Live in or plan to move to community setting
- ▶ Substantial functional limitations in 3 or more of the following areas of major life activity - self-care, understanding & use of language, learning, mobility, self-direction, capacity for independent living
- ▶ Diagnosis of intellectual disability & disability determination
- ▶ Meet waiver specific eligibility criteria





Community Waiver

Approved in 1988

- ▶ First DDS Home and Community Based Services waiver
- ▶ Age 3 years of age +
- ▶ Divert people from and out of institutions
- ▶ No financial limit
- ▶ People with significant needs
- ▶ 3310 slots





Community Waiver - Supports

Residential

- ▶ Agency Companion
- ▶ Daily Living Supports
- ▶ Specialized Foster Care
- ▶ Group home services

Other supports

- ▶ Community Transition Services
- ▶ Environmental Accessibility Adaptions
- ▶ Self-Directed Goods & Services
- ▶ Medical Supplies & Assistive Technology

Professional

- ▶ Audiology
- ▶ Dental services
- ▶ Family counseling
- ▶ Family training
- ▶ Nursing
- ▶ Nutrition
- ▶ Occupational therapy
- ▶ Physical therapy
- ▶ Psychological services
- ▶ Speech therapy

Paraprofessional

- ▶ Adult Day
- ▶ Habilitation Training Specialist
- ▶ Homemaker
- ▶ Remote supports
- ▶ Respite
- ▶ Transportation

Employment

- ▶ Prevocational services
- ▶ Supported employment



In-Home Supports Waivers for Children

Approved in 1999

- ▶ Age 3 to 17 years
- ▶ Children who live a family home setting, an OKDHS Child Welfare Services (CWS) foster home or a CWS group home
- ▶ Annual per capita waiver limit \$15,426
- ▶ Have critical support needs that can be met with a combination of generic & waiver resources
- ▶ 250 slots





In-Home Supports Waiver for Children - Supports

Professional

- ▶ Family training

Paraprofessional

- ▶ Habilitation Training Specialist
- ▶ Respite hourly

Employment

- ▶ Prevocational services
- ▶ Supported employment

Other supports

- ▶ Environmental Accessibility Adaptions
- ▶ Self-Directed Goods & Services
- ▶ Medical Supplies & Assistive Technology



In-Home Supports Waivers for Adults

Approved in 1999

- ▶ Age 18 years and up
- ▶ Adults who live in their own home, with family or a friend
- ▶ Annual per capita waiver limit \$23,131
- ▶ Have critical support needs that can be met with a combination of generic & waiver resources
- ▶ 2450 slots





In-Home Supports Waiver for Adults - Supports

Professional

- ▶ Audiology
- ▶ Dental
- ▶ Family counseling
- ▶ Family training
- ▶ Nutrition
- ▶ Occupational Therapy
- ▶ Physical Therapy
- ▶ Psychological services
- ▶ Speech therapy

Employment

- ▶ Prevocational services
- ▶ Supported employment

Paraprofessional

- ▶ Adult Day
- ▶ Habilitation Training Specialist
- ▶ Homemaker
- ▶ Respite

Other supports

- ▶ Environmental Accessibility Adaptions
- ▶ Self-Directed Goods & Services
- ▶ Medical Supplies & Assistive Technology



Homeward Bound Waiver

Approved in 2003

- ▶ Developed for plaintiffs in class action lawsuit
- ▶ Certified by the United States District Court for the Northern District of Oklahoma as a member of the plaintiff class in *Homeward Bound et al. v. The Hissom Memorial Center*, Case No. 85-C-437-E
- ▶ No financial limit
- ▶ 640 slots





Homeward Bound Waiver - Supports

Residential

- ▶ Agency Companion
- ▶ Daily Living Supports
- ▶ Specialized Foster Care
- ▶ Group home services

Other supports

- ▶ Community Transition Services
- ▶ Environmental Accessibility Adaptions
- ▶ Self-Directed Goods & Services
- ▶ Medical Supplies & Assistive Technology

Professional

- ▶ Audiology
- ▶ Dental services
- ▶ Family counseling
- ▶ Family training
- ▶ Nursing
- ▶ Nutrition
- ▶ Occupational therapy
- ▶ Physical therapy
- ▶ Psychological services
- ▶ Speech therapy
- ▶ Psychiatry services

Paraprofessional

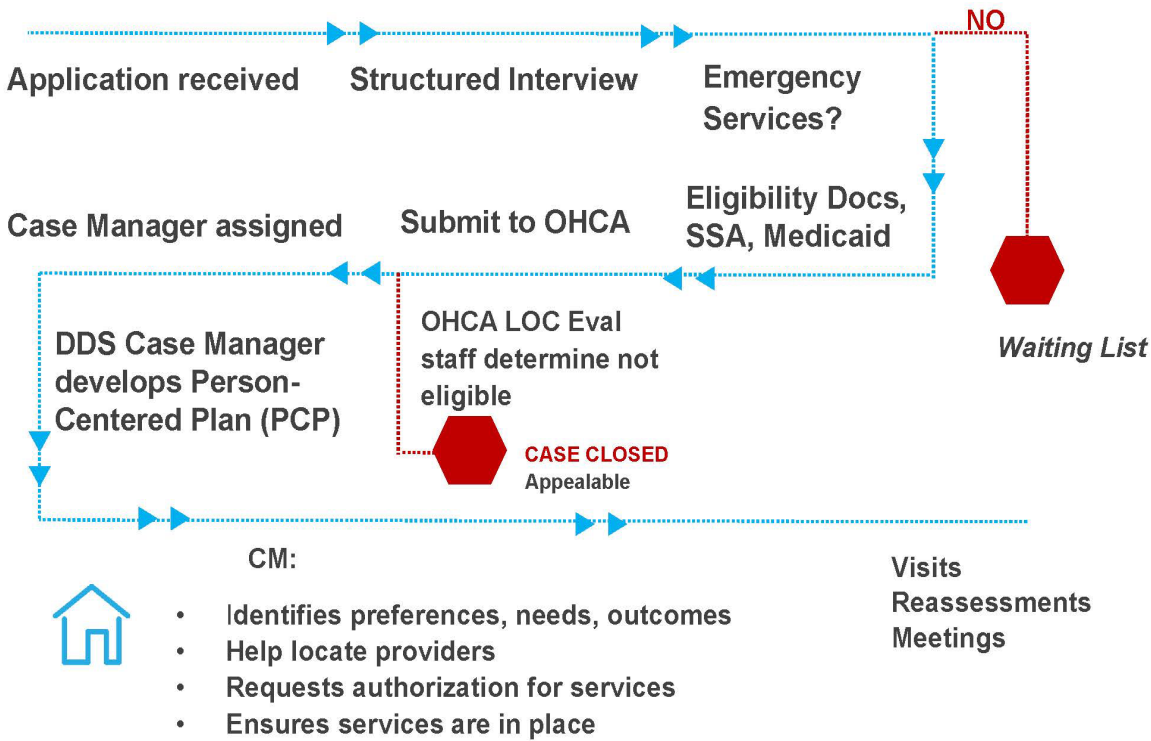
- ▶ Adult Day
- ▶ Habilitation Training Specialist
- ▶ Homemaker
- ▶ Remote supports
- ▶ Respite
- ▶ Transportation

Employment

- ▶ Prevocational services
- ▶ Supported employment



DDS Waiver Enrollment Process





How to apply?

Online application:

<https://oklahoma.gov/okdhs/services/dd/developmental-disabilities-services.html>

Call (405) 521-6268



OKLAHOMA
Human Services
Developmental Disabilities Services

Questions?

Beverly Murray
(405) 238-0191
beverly.murray@okdhs.org

LONG TERM SERVICES & SUPPORTS



HOME AND COMMUNITY BASED PROGRAMS

CMS guidelines indicate the State Medicaid agency is responsible for oversight of all 1915c HCBS

and

Is required to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements

MEDICALLY FRAGILE WAIVER

Approved in 2010

OHCA Waiver Development & *ADvantage* collaborated to create the Medically Fragile Waiver to address members whose care exceeded the cost cap for *ADvantage* and whose needs could not be managed in another waiver program.

OKLAHOMA'S MEDICALLY FRAGILE WAIVER

- A medically fragile condition is defined as a chronic physical condition which results in prolonged dependency on medical care:
- Medically Fragile was approved in July 2010 and the first member was enrolled in August 2010.
- In 2010, 31 slots were approved for the first year. Currently, the waiver is approved for 142 slots.

Who We Serve

EPSDT

- Early, Periodic, Screening, Diagnostic Treatment (EPSDT)
- Age Out

ADvantage

- Unmet needs

Community Members

- No services
-

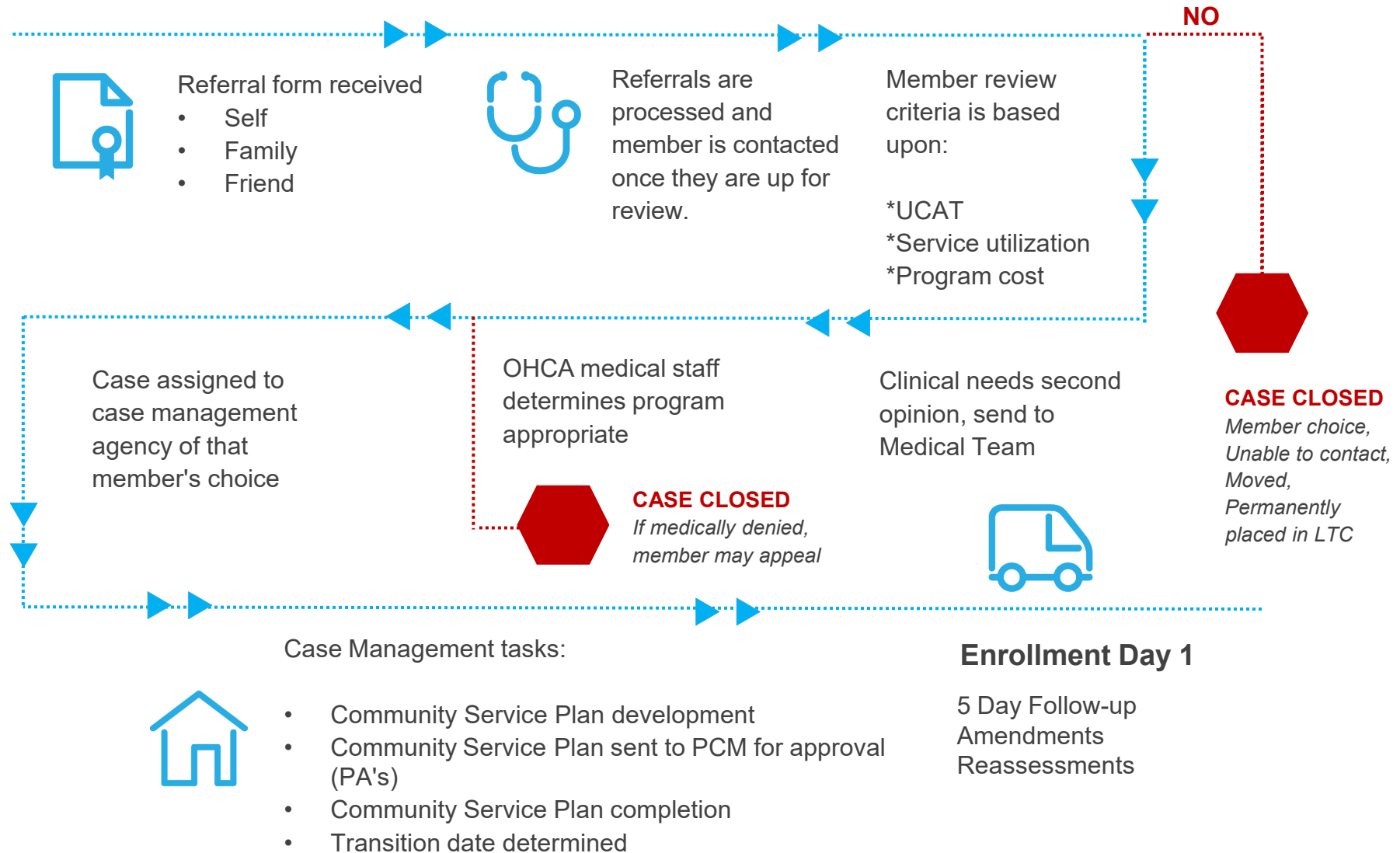
ELIGIBILITY REQUIREMENTS

- 19 years of age or older
- Financial eligibility determined through DHS county offices
- Currently reside in a community setting of their choosing

Services at a Glance

- Case management
- Environmental modifications
- Home-Delivered meals
- Hospice care
- Personal care
- Personal Emergency Response system (PERS)
- Private Duty nursing
- Self-Direction services
- Skilled nursing
- Therapy Services

MFW ENROLLMENT PROCESS



It All Begins With A Referral

Long Term Services and Supports

Create New Referral Case: Medically Fragile ▼

Personal Information:

*Last Name:	<input type="text"/>	*First Name:	<input type="text"/>	Medicaid Number:	<input type="text"/>
*DOB:	<input type="text"/>	*Sex:	- Select - ▼	*Phone:	<input type="text"/>
					(xxx-xxx-xxxx)
*Current Address:	<input type="text"/>			*SSN:	<input type="text"/>
					(xxx-xx-xxxx)
*City:	<input type="text"/>	*State:	- Select - ▼	*Zip:	<input type="text"/>
County:	- Select - ▼				
* Are you a member of a federally recognized tribe? If so, which one:				<input type="text"/>	
* Have you ever received health care services at any tribal or Indian Health Service (IHS) facility? If so, which one:				<input type="text"/>	
* Do you have a legal guardian/power of attorney with medical decision making authority:				- Select - ▼	
If yes, name of legal guardian/power of attorney:					
First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Phone:	<input type="text"/>
					(xxx-xxx-xxxx)
Family Contact Information:					
First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Phone:	<input type="text"/>
					(xxx-xxx-xxxx)
Relationship:	<input type="text"/>				

Other Medicaid or Medicare Services: (Medically Fragile)

Are you receiving other services: - Select - ▼

If yes, explain:

Referral Information:

*How did you hear about the program:	- Select - ▼				
*Person making referral:	- Select - ▼				
*First Name:	<input type="text"/>	*Last Name:	<input type="text"/>	*Phone:	<input type="text"/>
					(xxx-xxx-xxxx)
*Relationship:	<input type="text"/>				
If "Person making referral" is "Other" then explain: <input type="text"/>					

<http://www.okhca.org/LTSSreferral>

PROGRAM CONTACTS

Princiss Rockmore

medicallyfragilewaiver@okhca.org

1-888-287-2443

OKLAHOMA STATEWIDE TRANSITION PLAN

STATEWIDE TRANSITION PLAN (STP)

WHAT IS IT?

- The Statewide Transition Plan (STP) is the vehicle through which states determine their compliance with the regulation requirements for HCBS settings found at 42 CFR 441.301(c)(4)(5) and 441.710(a)(1)(2).
- Also known as **The Final Rule** the STP describes how the state will comply with the new regulation.

FINAL RULE – BACKGROUND/INTENT

- The Home and Community-Based Services (HCBS) regulations were published in the Federal Register on January 16, 2014 and became effective March 17, 2014.
- The intent of the rule is to ensure that individuals receiving Medicaid-funded HCBS have the opportunity to receive services in a manner that protects individual choice and promotes community integration.

TRANSITION PERIOD

- All states who operate HCBS programs are required to submit a Statewide Transition Plan (STP)
- Approved in August of 2017; Oklahoma's plan details how the state will comply with the HCBS settings rule working across two different agencies
- CMS extended the transition period, allowing states more time to comply.
 - States are now required to be in compliance with the new HCBS regulation by March 17, 2023

HCBS Setting Criteria

- Is integrated in & supports full access to the greater community
- Provides opportunities to seek employment & work in competitive integrated settings, engage in community life & control personal resources.
- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

- Is selected by the individual from among settings options including non-disability specific settings & an option for a private unit in a residential setting.
- Ensures an individual's rights of privacy, dignity, respect & freedom from coercion & restraint
- Optimizes, but does not regiment, individual initiative, autonomy & independence in making life choices.
- Facilitates individual choice regarding services & supports & who provides them

Additional Criteria:

- The settings options are identified & documented in the person-centered service plan.
- The settings options are based on the individual's needs, preferences, and, for residential settings, resources available for room & board.

Provider owned & controlled

- Unit is owned, rented or occupied under a legally enforceable agreement
- Privacy, lockable doors, choice of roommates, freedom to furnish & decorate
- Freedom to control one's own schedule/activities; access to food at any time
- Individuals are able to have visitors of their own choosing at any time

OKLAHOMA HCBS SETTINGS

- **Adult Day Care**
- **Agency Companion**
- **Assisted Living**
- **Daily Living Supports**
- **Group Home Services**
- **Parent's/Relative's or own home**
- **Prevocational Services**
- **Specialized Foster Care**
- **Supported Employment**

STP UPDATE

EXPECTATION

All settings will be fully compliant with the following regulatory settings criteria that are not impacted by the COVID-19 PHE, including its exacerbation of the workforce shortage, by the end of the transition period.

- Privacy, dignity, respect, and freedom from coercion and restraint; and control of personal resources.

EXPECTATION

All *provider-owned and controlled residential settings* will be fully compliant with the following regulatory settings criteria that are not impacted by the COVID-19 PHE, including its exacerbation of the workforce shortage, by the end of the transition period. A lease or other legally enforceable agreement providing similar protections;

- Privacy in their unit, including lockable doors, and freedom to furnish or decorate the unit;
- Access to food at any time;
- Access to visitors at any time;
- Physical accessibility; and
- Person-centered service plan documentation of modifications to relevant regulatory criteria.

FLEXIBILITY

- CMS will authorize CAPs to continue federal reimbursement of HCBS beyond the end of the transition period, if states need additional time to ensure full provider compliance with the regulatory criteria NOT included on the two previous slides.
- States must be able to show that their policies and procedures reflect the settings criteria and they have made efforts to implement the criteria to the fullest extent possible and work with CMS on a concrete, time-limited plan to come into full compliance with remaining criteria.
- To request a CAP states should submit their CAP to CMS by **December 1, 2022**.