REPORT OF THE
VIRGINIA DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

The Medicaid Home and Community-Based Waiver for Persons with Mental Retardation

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 77

COMMONWEALTH OF VIRGINIA
RICHMOND
2006

COMMONWEALTH of VIRGINIA

DEPARTMENT OF
MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

JAMES S. REINHARD, M.D.
COMMISSIONER

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Voice/TDD (804) 371-8977
www.dmhmrsas.virginia.gov

November 30, 2006

The Honorable Timothy M. Kaine
Governor of Virginia
Patrick Henry Building, 3rd Floor
1111 East Broad Street
Richmond, Virginia 23219

Dear Governor Kaine:

I am pleased to forward to you the *Report on the Medicaid Home and Community-Based Waiver for Persons with Mental Retardation*. Item 302, TT of the 2006 Appropriation Act directs the Department of Medical Assistance Services (DMAS), in collaboration with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), the Virginia Association of Community Services Boards, the Arc of Virginia, and other stakeholders, to jointly review the current Mental Retardation (MR) Waiver to determine how it can be improved to provide a person-centered, individualized support focus, assess the need to upgrade availability of therapeutic behavioral consultation, skilled nursing, medical and other specialized, and review successful models of waiver funded community supports used by other states. The responsibility to study the MR Waiver was transferred to DMHMRSAS from DMAS on August 29, 2006.

DMHMRSAS and DMAS initiated the study by reviewing the administrative process for the MR Waiver, making significant changes in lead responsibilities. DMHMRSAS, once given the responsibility for the study, established a MR Waiver Study Steering Committee, developed a study design, and completed a review of current studies and system transformation activities that relate to the study of the waiver. A description of DMHMRSAS' activities, findings, and recommendation are included in the study.

The review to date shows the MR waiver issues are complex, and it is central to DMHMRSAS' and DMAS' system transformation efforts. It is therefore recommended that the DMHMRSAS be given a one-year extension on the study to provide a more comprehensive review.

Thank you for the opportunity to review the MR Waiver.

Sincerely,

James S. Reinhard, M.D.

JSR/ibs

pc: The Honorable Marilyn B. Tavenner
Stephen W. Harms

COMMONWEALTH of VIRGINIA

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November 30, 2006

The Honorable Vincent F. Callahan, Jr., Chairman
House Appropriations Committee
General Assembly Building
Post Office Box 406
Richmond, Virginia 23218

Dear Delegate Callahan:

I am pleased to forward to you the *Report on the Medicaid Home and Community-Based Waiver for Persons with Mental Retardation*. Item 302, TT of the 2006 Appropriation Act directs the Department of Medical Assistance Services (DMAS), in collaboration with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), the Virginia Association of Community Services Boards, the Arc of Virginia, and other stakeholders, to jointly review the current Mental Retardation (MR) Waiver to determine how it can be improved to provide a person-centered, individualized support focus, assess the need to upgrade availability of therapeutic behavioral consultation, skilled nursing, medical and other specialized, and review successful models of waiver funded community supports used by other states. The responsibility to study the MR Waiver was transferred to DMHMRSAS from DMAS on August 29, 2006.

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Thank you for the opportunity to review the MR Waiver.

Sincerely,

James S. Reinhard, M.D.

JSR/ibs

pc: The Honorable Phillip A. Hamilton
Susan Massart

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November 30, 2006

The Honorable John H. Chichester, Chairman
Senate Committee on Finance
General Assembly Building
Post Office Box 406
Richmond, Virginia 23218

Dear Senator Chichester:

I am pleased to forward to you the *Report on the Medicaid Home and Community-Based Waiver for Persons with Mental Retardation.* Item 302, TT of the 2006 Appropriation Act directs the Department of Medical Assistance Services (DMAS), in collaboration with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), the Virginia Association of Community Services Boards, the Arc of Virginia, and other stakeholders, to jointly review the current Mental Retardation (MR) Waiver to determine how it can be improved to provide a person-centered, individualized support focus, assess the need to upgrade availability of therapeutic behavioral consultation, skilled nursing, medical and other specialized, and review successful models of waiver funded community supports used by other states. The responsibility to study the MR Waiver was transferred to DMHMRSAS from DMAS on August 29, 2006.

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Thank you for the opportunity to review the MR Waiver.

Sincerely,

James S. Reinhard, M.D.

JSR/ibs

pc: The Honorable William C. Wampler
Joe Flores

EXECUTIVE SUMMARY

Pursuant to Item 302, TT of the 2006 Appropriation Act, the Department of Medical Assistance Services (DMAS), in cooperation with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), the Virginia Association of Community Services Boards, The Arc of Virginia, and other stakeholders, was directed to jointly review the current Mental Retardation (MR) Waiver to determine how it can be improved to provide a person-centered, individualized support focus, assess the need to upgrade availability of therapeutic behavioral consultation, skilled nursing, medical and other specialized, and review successful models of waiver funded community supports used by other states. The responsibility to study the MR Waiver was transferred to DMHMRSAS from DMAS on August 29, 2006.

During this year, DMHMRSAS and DMAS reviewed the administrative process for the MR Waiver, making significant changes in lead responsibilities. DMHMRSAS has established a MR Waiver Study Steering Committee, developed a study design, and completed a review of current studies and system transformation activities that relate to the study of the Waiver. The Advisory Consortium On Intellectual Disabilities (TACID) and the MR Waiver Advisory Council will review the study design, all findings, and recommendations resulting from the study process.

Findings of the study, to date, indicate that the MR Waiver issues are complex, that DMHMRSAS and DMAS are in the process of major transformation efforts (with the MR Waiver as a central piece of the transformation), and the transfer of the lead responsibilities and study of the MR Waiver to DMHMRSAS has recently occurred. Therefore, it is recommended that the DMHMRSAS be given a one-year extension on the study to provide a more comprehensive review.

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THE MEDICAID HOME- AND COMMUNITY-BASED WAIVER FOR PERSONS WITH MENTAL RETARDATION

INTRODUCTION

Virginia's Mental Retardation (MR) Medicaid Home and Community-Based (HCB) Waiver was approved by the Centers for Medicare and Medicaid (CMS) under section 1915(c) of the Social Security Act in 1990. Waiver services began in early 1991 for 130 people. Today the MR Wavier funds supports for over 6,500 individuals with a $423 million budget, making it one of the largest and most complex waivers in Virginia. The MR Wavier provides funding for individuals in the community who would otherwise require the level of care provided in an intermediate care facility for the mentally retarded (ICF/MR). Waiver support is provided through 40 Community Services Boards (CSBs), and over 650 private providers across the Commonwealth.

In Virginia, as in all states, the Medicaid agency is the single state authority designated by CMS. In all states there is a collaborative relationship with the disability agency and each state has uniquely defined that relationship. The relationship of Virginia's lead agencies, the Department of Medical Assistance Services (DMAS) and the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), has changed over time as each agency has redefined its role and this has often created challenges for program administration. In 1999, the lead responsibility for the development of designing the MR Waiver, manuals, policies and regulations, responding to legislators and key stakeholders, utilization reviews, and budget development was moved from DMHMRSAS to DMAS. DMHMRSAS has continued its responsibility for pre authorization, managing waiting lists, and training. Shortly after this change in lead responsibilities, the MR Waiver was studied (House Bill Item 341) to maximize efficiencies, review services, and identify cost containment opportunities. The study provided recommendations on the administration, coordination, service array, service delivery, and financial management of the MR Waiver. Senate Joint Resolution (SJR) 441 from the 2001 General Assembly Session directed JLARC to conduct an evaluation of the development, management, utilization, and funding of the health and mental health services provided through the Department of DMAS. The study stated that the mental retardation waiver program was in a state of flux, which caused the denial or delay of needed MR waiver services. Both DMAS and DMHMRSAS have been working to correct the challenges identified within the MR Waiver.

DMHMRSAS and DMAS are committed to transforming the system for those in need of MR services. In its 2006-2012 Comprehensive State Plan, the DMHMRSAS supports expanding Medicaid funding for community MR services, providing safe and affordable housing that meets the needs of individuals receiving services, improving competitive employment opportunities, and encouraging private provider participation in the services system among. The plan for transforming the MR system is further defined in DMHMRSAS' study, *The Cost and Feasibility of Alternatives to the State's Five Mental Retardation Training Centers*. The MR Waiver is an integral part of DMHMRSAS' transformation plans and the move towards person-centered supports. DMAS has taken a lead in developing two CMS grant proposals this year to assist in moving transformation efforts forward. Virginia was one of eight states to recently receive the

Real Choice Systems Transformation Grant. The grant will promote person centered planning, create individualized budgets, and streamline the pre authorization process through technology in the MR Waiver.

BASIS FOR THE STUDY

The basis for this study is Item 302, TT of the 2006 Appropriation Act. The language requires DMAS to work with the DMHMRSAS and interested stakeholders to review and make recommendations for changes to the MR Waiver to provide a person-centered, individualized support focus, and MR Waiver supportive services that better meet the needs of individuals who receive MR Waiver services. Item 302 states,

> *The Department of Medical Assistance Services, in cooperation with the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Virginia Association of Community Services Boards, the ARC of Virginia, and other stakeholders, shall jointly review the current Medicaid home- and community-based waiver for persons with mental retardation to determine how the waiver program can be improved to provide a person-centered, individualized support focus. In conducting the review, the Department shall assess the need to upgrade availability of therapeutic behavioral consultation, skilled nursing, medical and other specialized supports for individuals who are served through the waiver. Also, the department shall review successful models of waiver funded community supports used by other states to serve individuals with mental retardation for potential application to Virginia. The Department shall report on its review of the waiver program including recommendations for changes and cost implications by December 1, 2006, to the Governor and Chairmen of the House Appropriations and Senate Finance Committees.*

As indicated in the language from Item 302, the purpose of this study is to review the current MR Waiver and identify potential improvements. The focus is on:

- Providing a person-centered, individualized support focus.
- Assessing the need to upgrade availability of therapeutic behavioral consultation.
- Assessing the need to upgrade availability of skilled nursing.
- Assessing the need to upgrade availability of medical and other specialized supports.
- Reviewing successful models of waiver-funded community supports in other states.

METHODOLOGY

Review of the Administration of the MR Wavier

DMAS and DMHMRSAS program staff and management, who are the MR Waiver administrative process experts, reviewed and openly discussed desired outcomes, issues that hinder the process, and recommendations for change. The two agencies recognize that each has a

distinct role in developing, implementing, and monitoring the Commonwealth's MR Waiver and are committed to working together.

Review of Recent Studies and System Transformation Activities

In the last few years there have made several studies and system transformation activities that have assessed the MR Waiver. The studies and system transformation activities reviewed for this study include:

- √ DMHMRSAS' *House Document 76, The Cost and Feasibility of Alternatives to the State's Five Mental Retardation Training Centers*, December 2005
- √ Joint Legislative Audit and Review Commission's (JLARC), *Assessment of Reimbursement Rates for Medicaid Home and Community-Based Services,* October 2005;
- √ Office of Community Integration's, *One Community, Final Report of the Olmstead Task Force,* August 2003
- √ CMS' *Real Choice Systems Change Grant Proposal*, June 2006
- √ CMS' *Money Follows the Person Grant Proposal*, November 2006

Information from the studies and system transformation activities were gathered to assess the complexity of the issues, support gaps and recommendations that have been identified, and additional questions to be addressed.

STUDY FINDING

Review of the Administrative Process

Through open dialogue DMHMRSAS and DMAS reviewed the MR Waiver. In 2006, administrative staff from the two agencies identified the following desired outcomes:

- An improved interagency agreement that describes specific roles and responsibilities while promoting collaborative planning, implementation, managing and monitoring of the MR Waiver;
- Reduction in fragmentation of services;
- Implementation of best practices is ensured; and
- Communication to providers and recipients, potential recipients, and consumers is accurate, complete, readily understandable, consistent, and timely.

The following issues were identified as hindering the administrative process:

- Shared ownership and management of a single funding source is difficult in that it has such significant impact on the design and shape of services and supports for persons with disabilities; and
- DMAS has had the lead responsibility for the daily policy management and oversight of the MR Waiver, while DMHMRSAS has more expertise in mental retardation and the responsibility for guiding the statewide MR System.

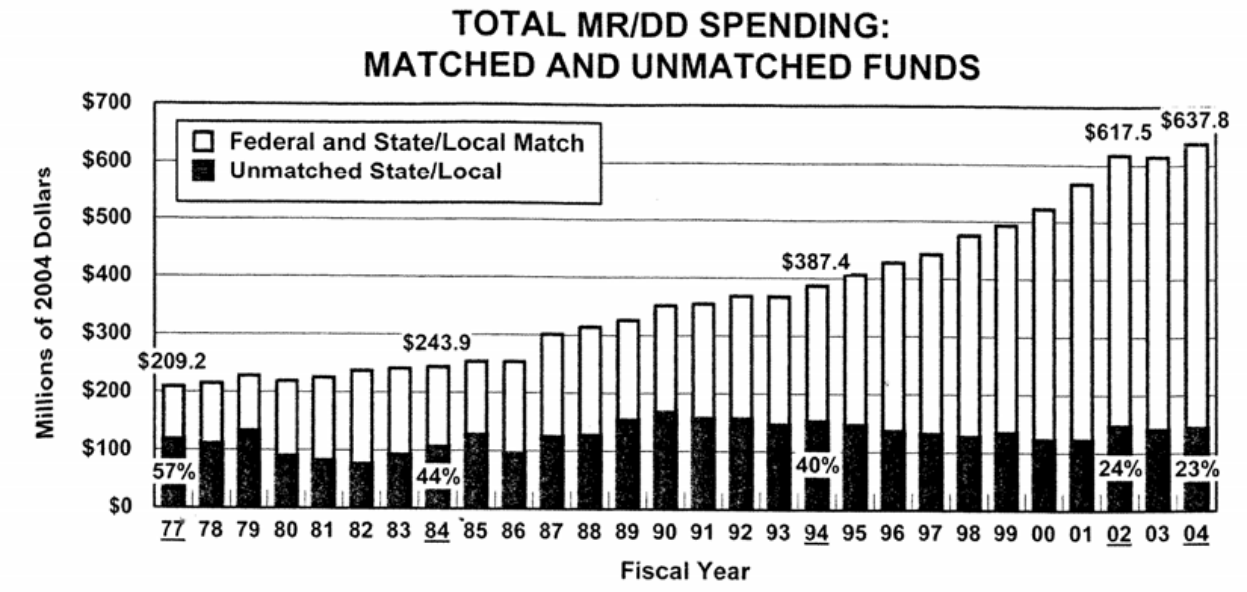
Summary – DMAS and DMHMRSAS are committed to building a quality system and working cooperatively. It was agreed that changes needed to occur in lead responsibilities to achieve more effective oversight, management efficiency, and fiscal management.

House Document 76, The Cost and Feasibility of Alternatives to the State's Five Mental Retardation Training Centers

In House Document 76, DMHMRSAS, with the assistance of The Advisory Consortium of Intellectual Disabilities (TACID), proposed a plan for transforming the MR system to build community capacity that best supports Virginians with mental retardation. The feasibility study found that the Commonwealth's mental retardation system is underfunded, many Virginians with mental retardation are underserved or unserved, and the "dual system" that exists (facility and community services) is difficult to coordinate and not the most efficient or effective approach to support. The strategies in the plan include improving and expanding the MR and Day Support (DS) Waivers, developing community alternatives for individuals currently living in state-operated ICFs/MR (state training centers), and refocusing the role of the state training centers.

Assessment of Reimbursement Rates for Medicaid Home and Community-Based Services

A major finding of the JLARC study was that despite improvements, Virginia's mental retardation services system remains an under-funded system, with many underserved and unserved individuals. In an effort to be efficient with state funds, more mental retardation funds have been matched to Federal Medicaid Funds. The MR Waiver has increasingly become the funding source for Virginia's community MR services, as shown in the table below. Virginia continues to increase the percentage of matched funds, yet the waiting list grows, while the percentage of unmatched funds, which are used for people with mental retardation who do not meet Medicaid eligibility, are decreasing.



254 **Source**: Braddock, Hemp, & Rizzolo, Coleman Institute and Department of Psychiatry, University of Colorado, 2005.

The JLARC study also shows that in FY 2004, the largest percentages of Medicaid Waiver payments were made for residential support and day support. Together, these two services made up 84 percent of MR Waiver payments. The remaining 16 percent of payments were split between in-home residential support services and all other MR Waiver services, including personal assistance and supported employment. The more flexible, less costly services in the MR Waiver are not being used as often as the more costly residential and day support options.

Additionally the study found approximately two-thirds of all waiver recipients received the EDCD Waiver, but the MR Waiver had more than twice the total waiver cost. The differences in per-recipient waiver costs can be explained by the varying average cost per person across different waivers, which reflect differences in the intensity of services provided. For example, while an EDCD Waiver recipient may typically receive four to six hours of services per day, many individuals on the MR Waiver receive up to 16 or more hours of services daily.

Finally, the study identified two issues in the MR Waiver that need additional review. The issues include the reimbursement for group settings, which are largely reimbursed on a constant per recipient basis and does not take into account variation in factors such as the health condition of the recipient, the needs of the recipient, or the staff-to-client ratios utilized by the provider, and general supervision costs that are not reimbursed.

One Community, Final Report of the Olmstead Task Force

The Olmstead Task Force's final report, *One Community, Final Report of the Olmstead Task Force, 2003,* included 201 recommendations for improving the state's ability to provide community alternatives to individuals residing in all state facilities (not just the five state mental retardation training centers), as required by the Olmstead decision. Many of the Olmstead Task Force recommendations related to the need for additional community services and improvements to the MR Waiver.

Real Choice Systems Change Grant Proposal, Part 1, System Assessment

The system assessment found that Virginia's HCB Waiver system infrastructure is diverse, complex, and expansive, yet fragmented. The work of the Olmstead Community Integration and Mental Health, Mental Retardation, and Substance Abuse Community Reinvestment Initiatives is improving the opportunity for successful collaboration across agencies, private providers, advocacy groups, and communities, to develop plans for systemic change. The activities of this project will enable Virginia to build on its accomplishments and integrate current transformation activities to create a solid framework that increases access to the long-term support services, promotes consumer choice and control, and uses information technology to transform current systems.

Money Follows the Person Grant Proposal, Part 1: System Assessment and Gap Analysis

The long-term care system assessment identified the following gaps in the MR Waiver:

- There is no mechanism within the rate setting structure for providers to receive automatic inflation and cost of living adjustments and no regularity or predictability to the

appropriation of community services provider rate increases. Until July 1, 2006 MR Waiver rates increased less than 5% in a 13-year period;

- The IT payment system does not permit payment for a service delivered in the community to a resident of an institution, increasing the challenges of adding transition services to the waivers;
- The ability to enroll, pay, and track consumer directed (CD) attendant payments, while ensuring payments are made correctly and within established guidelines, has been challenging. A new fiscal intermediary is working with DMAS to improve program integrity, strengthen consumer-direction and expand capacity as CD services grow;
- The MR community services are dependent upon the number and availability of slots for which funding has been appropriated, resulting in wait lists for community services. As of October 4, 2006, 1,639 are on the MR Waiver Urgent wait list; and 1,689 are on the MR Waiver Non-Urgent wait list; and
- Supported employment providers are restricted under the Department of Rehabilitative Services (DRS) vendor agreements to accept a reduced rate from Medicaid for the same service. The MR Waiver rates for supported employment have not been adequately increased to be more comparable to DRS rates.

Summary – There are many complex issues that need to be assessed in order to make recommendations to improve the MR Waiver. Transforming the MR system to be more person centered has begun, and the MR Waiver is key to the transformation.

STUDY RECOMMENDATIONS

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On August 29, 2006, Patrick Finnerty, Director of DMAS and Dr. James Reinhard, Commissioner of DMHMRSAS notified the MR system of several changes in the daily policy development and management of the Medicaid MR and DS Waivers. The lead responsibility in developing and redesigning the waivers, provider manuals, policies/regulations, and State Plan Amendments was transferred to DMHMRSAS. DMHMRSAS was charge with lead responsibility for stakeholder advisory groups, developing provider communications and official memorandums, responses to all concerns about the waivers, and development of budgets and agency funding priorities. Leadership in developing provider rates and budget monitoring will be shared by DMAS and DMHMRSAS. DMAS will continue to review and approve all policies, waiver applications, and regulations and perform quality management reviews. The responsibility to study the MR Waiver was also transferred to DMHMRSAS from DMAS on August 29.

Findings of the study, to date, indicate that the MR Waiver issues are complex, that DMHMRSAS and DMAS are in the process of major transformation efforts (with the MR Waiver as a central piece of the transformation), and that the transfer of the lead responsibilities and study of the MR Waiver to DMHMRSAS has recently occurred. Therefore, it is recommended that the DMHMRSAS be given a one-year extension on the study to provide a more comprehensive review.

The DMHMRSAS has established a MR Waiver Study Steering Committee, consisting of representatives who are MR Waiver administrators, providers, and recipients. The Steering Committee has guided the work of the DMHMRSAS' Office of Mental Retardation (OMR) to create a comprehensive study design for thorough review of the MR Waiver to determine recommendations and associated costs. TACID will also review the progress of the study in its role as advisor to the DMHMRSAS, through the OMR, on issues regarding policy, services and supports to persons with mental retardation in Virginia.

Extended MR Waiver Study Design

The MR Waiver Study Design will answer the following research questions:

1. How can the current MR Waiver program be improved to provide a person-centered, individualized support focus?
2. Do therapeutic behavioral consultation services need to be more available to MR Waiver recipients?
3. Do skilled nursing services need to be more available to MR Waiver recipients?
4. Do medical services need to be more available to MR Waiver recipients?
5. What other specialized supports do MR Waiver recipients need compared to those that are currently available?
6. What are other successful models of Waiver funded community supports used by other states to serve individuals with mental retardation?

The Study design will include focus teams, discussion groups, a telephone survey of recipients (or family members) of MR Waiver services and individuals (or family members) on the MR Waiver wait lists, and a review of other State's home and community based services (HCBS) waivers for people with mental retardation. A description of the design process and timeline is as follows:

Focus Teams

Six Focus Teams, made up of individuals with special interests/abilities in the area of focus will be formed for the Study. Each team will report to TACID throughout the study for periodic review and comment. The Focus Teams and OMR support include:

- Behavioral Issues
- Medical Oversight
- Person-Centered Planning
- Waiting List
- Employment
- Housing

Focus Team members will include self-advocates, family members, public and private service providers, and state agency representatives who have experience in the focus area. The Teams will be responsible for developing a report that includes but is not limited to:

- Positive impact of the MR Waiver in the lives of those served;

- Areas where the MR Waiver may be improved to provide a person centered, individualized support in the focus area;
- Where gaps exist and new specialized services need to be developed;
- Existing barriers to achieving desired success in the focus area;
- Best practices of other states;
- Recommended changes to the MR Waiver to improve Virginia's ability to address the focus area; and
- Estimated costs of the changes.

The Focus Teams will use experience, existing data, feedback from the discussion groups and telephone surveys, and information from other states to develop individualized team reports.

Discussion Groups

Community Discussion Groups - OMR with the assistance of the Community Services Boards (CSBs) will organize local/regional Discussion Groups with public and private providers statewide. The Discussion Groups will be facilitated, allowing time for individual comments and concerns. The questions to be asked at the Discussion Groups include:

1. How does the MR Waiver positively impact the lives of people with mental retardation and their families?
2. What is the best thing(s) about the MR Waiver that you would not want to see changed?
3. Does the MR Waiver enable services to meet individualized needs? If not, what changes should be made to the MR Waive to enable services to better meet individuals' needs?
4. Is the MR Waiver easy to use? If not, what changes should be made to make the MR Waiver easier to use?
5. Are there barriers to providing MR Waiver services? What are the barriers?
6. Are there adequate therapeutic behavioral support services available through the MR Waiver? How can this service be more available?
7. Are there adequate skilled nursing services available through the MR Waiver? How can this service be more available?
8. Are there adequate skilled medical services available? How can this service be more available?
9. What additional services and supports should be added to the MR Waiver?

State Training Centers Discussion Group

The DMHMRSAS will organize a statewide Discussion Group of training centers' staff to discuss the use of the MR Waiver in transitioning individuals to the community. Discussion Group participants will include social workers, direct care staff, administrative staff, and other staff involved in discharge planning. The Training Center Discussion Group will be facilitated, and asked the same questions as the Community Discussion Groups.

Finding from the Community Discussion Groups will be summarized by location and statewide. The State Training Center Discussion Group findings will also be summarized. All findings will be shared with the Focus Teams for inclusion in their final reports.

Telephone Surveys

A sample of individuals receiving MR Waiver services will be surveyed. In addition to the sample, the survey will be posted on the DMHMRSAS and DMAS websites and distributed to CSBs, if additional families wish to comment. The OMR will complete telephone surveys of the individuals or families in the sample. The questions in the survey include:

1. How does the MR Waiver positively impact your life?
2. What is the best thing(s) about the MR Waiver that you would not want to see changed?
3. Does the MR Waiver enable services to meet your individualized needs? If not, what changes should be made to the MR Waive to better meet your needs?
4. Is the MR Waiver easy to use? If not, what changes should be made to make the MR Waiver easier to use?
5. What makes it difficult for you to receive the MR Wavier services you need?
6. Which MR Wavier service (s), which you receive, is/are not helpful to you? Why is it not helpful?
7. What MR Waiver services do you need that are not offered at this time? What services will you need in the next 5-10 years that are not available?
8. Do you need therapeutic behavioral consultation, nursing or medical services? Are these services available to you? How can these services be easier to use or get?

Individuals and families on the Urgent and Non-Urgent Wait Lists for the MR Wavier will also be surveyed by telephone. A sample of individuals will be contacted and asked the following questions:

1. How do you think the MR Waiver will positively impact your life?
2. What MR Waive services are you waiting to receive?
3. What MR Waiver services do you need that are not offered at this time? What services will you need in the next 5-10 years that are not available?
4. What makes it difficult for you to receive the MR Wavier services you need?

Findings from the two telephone surveys will be summarized and shared with the Focus Teams to include in their final reports.

Review of Successful Models of Waiver Funded Community Supports used by Other State:

A review of the models of HCBS waivers in other states will be conducted. National consultants will be asked for recommended states to review to assess options for flexible, person-centered services. The will also focus on how therapeutic behavioral consultant, nursing, and medical services are provided in other states. Follow up telephone contact will be made with states as needed. The findings of the review of waivers in other states will be summarized and shared with the Focus Teams, to include in their final reports, and the TACID.

MR WAIVER LEGISLATIVE REPORT		
PROPOSED TIMELINE	**Start**	**Finish**
Review Study Intent, Process, and Timeline at TACID meeting	9/15/2006	9/15/2006
Establish Study Committee to guide work	10/06	9/07
Establish Focus Teams	11/15/06	12/15/06
Develop telephone surveys and determine sample	11/1/06	12/1/06
Schedule Discussion Groups	11/1/06	2/28/07
Review Models from Other States	11/1/06	2/1/07
Provide findings of Other States to Focus Teams	2/1/07	2/28/07
Telephone Survey of People Receiving MR Waiver Services	12/1/06	2/28/07
Telephone Survey of People on MR Waiver Wait Lists	12/1/06	2/28/07
Post survey on state websites	12/1/06	2/28/07
Findings from Discussion Groups/Survey to Focus Teams and TACID	3/16/07	3/16/07
Draft Reports from Focus Teams to TACID	4/1/07	4/20/07
OMR Review and Preparation of Full Report	4/20/07	5/18/07
TACID Review and Comment of Full Report	5/18/07	5/18/07
Final Report to TACID	6/15/07	6/15/07
Review and Approval By Commissioner of DMHMRSAS	7/15/07	7/20/07
Report Submitted to The Secretary	8/20/07	8/20/07
Final Report to Governor and Chairs of House Appropriations and Senate Finance Committees	9/1/07	9/17/07

Recommendations from the Study will become part of the transition plans for the MR Waiver, and the overall transformation of the mental retardation system in Virginia.

REFERENCES

Joint Legislative Audit and Review Commission, October 2005. *Assessment of Reimbursement Rates for Medicaid and Home and Community-Based Services.* Richmond, VA.

Office of Mental Retardation, December 2005. *House Document 76, The Cost and Feasibility of Alternatives to the State's Five Mental Retardation Training Centers*, Richmond, VA: Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services

Olmstead Task Force, August 2003. *One Community, Final Report of the Olmstead Task Force,* Richmond, VA: Department of Mental Health, Mental Retardation and Substance Abuse Services.

Virginia, Department of Medical Assistance Services, June 2006. *Real Choice Systems Change Grant Proposal*, Richmond, VA.

Virginia Department of Medical Assistance Services, November 2006. *Money Follows the Person Grant Proposal*, Richmond, VA.

APPENDIX A
2006 VIRGINIA GENERAL ASSEMBLY
Item 302, TT of the 2006 Appropriation Act

"The Department of Medical Assistance Services, in cooperation with the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Virginia Association of Community Services Boards, the ARC of Virginia, and other stakeholders, shall jointly review the current Medicaid home- and community-based waiver for persons with mental retardation to determine how the waiver program can be improved to provide a person-centered, individualized support focus. In conducting the review, the Department shall assess the need to upgrade availability of therapeutic behavioral consultation, skilled nursing, medical and other specialized supports for individuals who are served through the waiver. Also, the department shall review successful models of waiver funded community supports used by other states to serve individuals with mental retardation for potential application to Virginia. The Department shall report on its review of the waiver program including recommendations for changes and cost implications by December 1, 2006, to the Governor and Chairmen of the House Appropriations and Senate Finance Committees."