



Human Services
Research Institute

Overview of National Trends in State DD Systems and Eligibility Determination

TAC/HSRI

August 23, 2011

Overview of National Trends

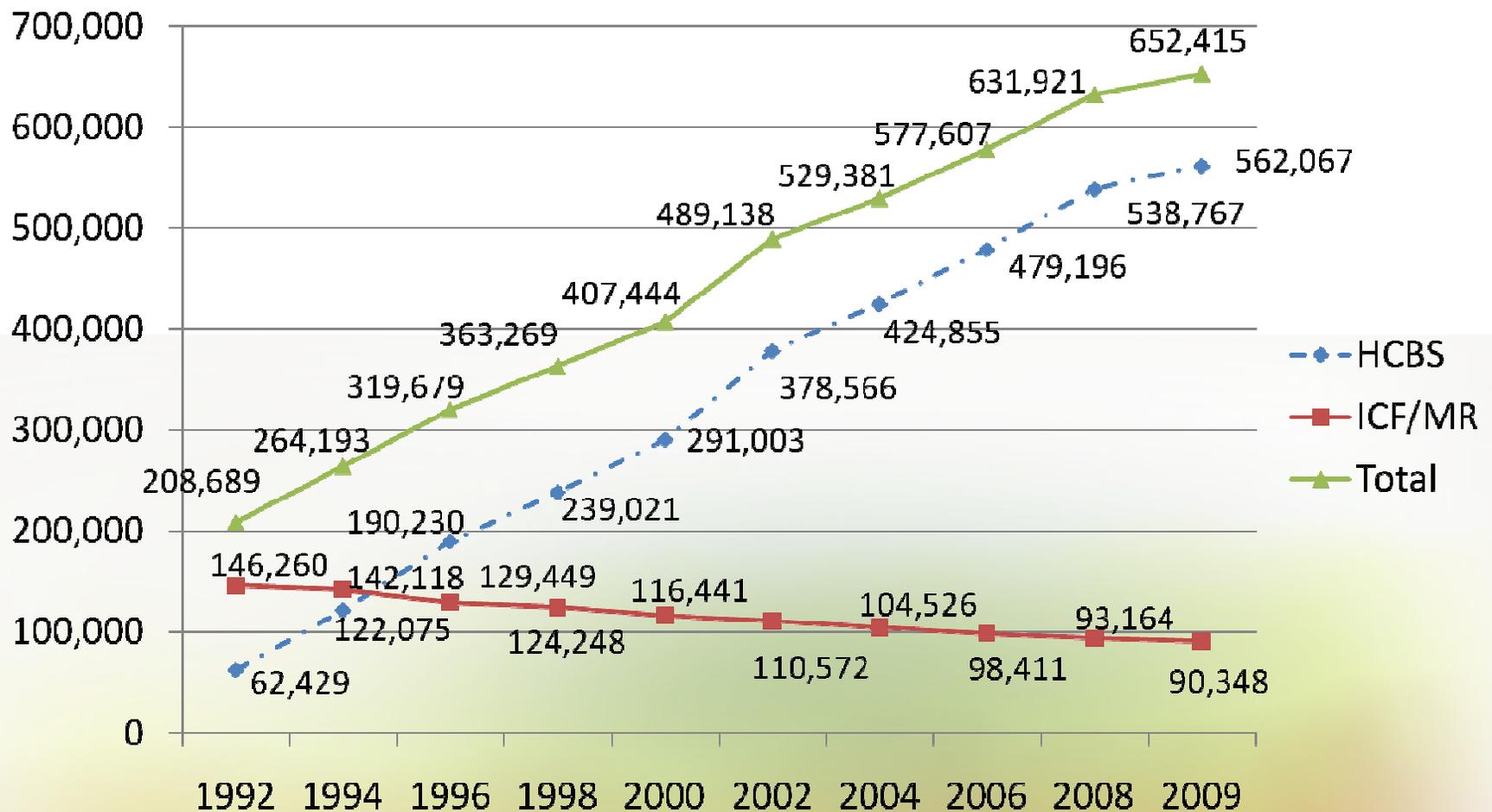
Things We Can Count On

- Nationally, system trajectory is unsustainable
- We can't afford legacy systems for everyone waiting for services
- States will need to do more with less
- Funding methods will change
- CMS will continue to be a significant driver of practice



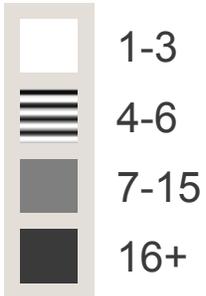


Expansion of Individuals with ID/DD Served in Medicaid Supported Long Term Care (1992-2009)

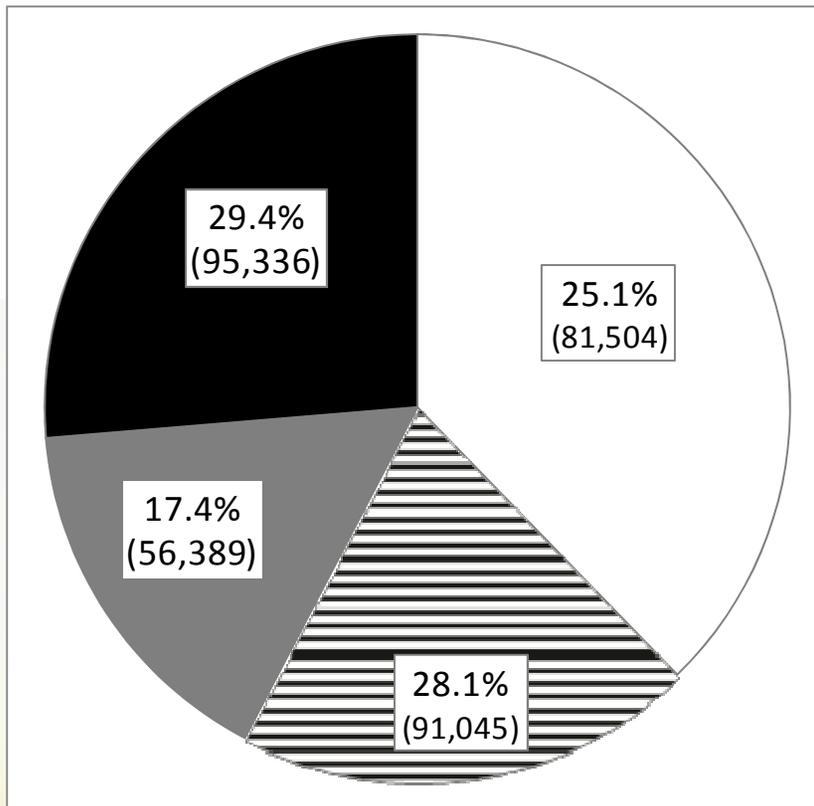


Source: Residential Information System Program, 2010

Progress Toward More Integrated (or at least smaller) Settings

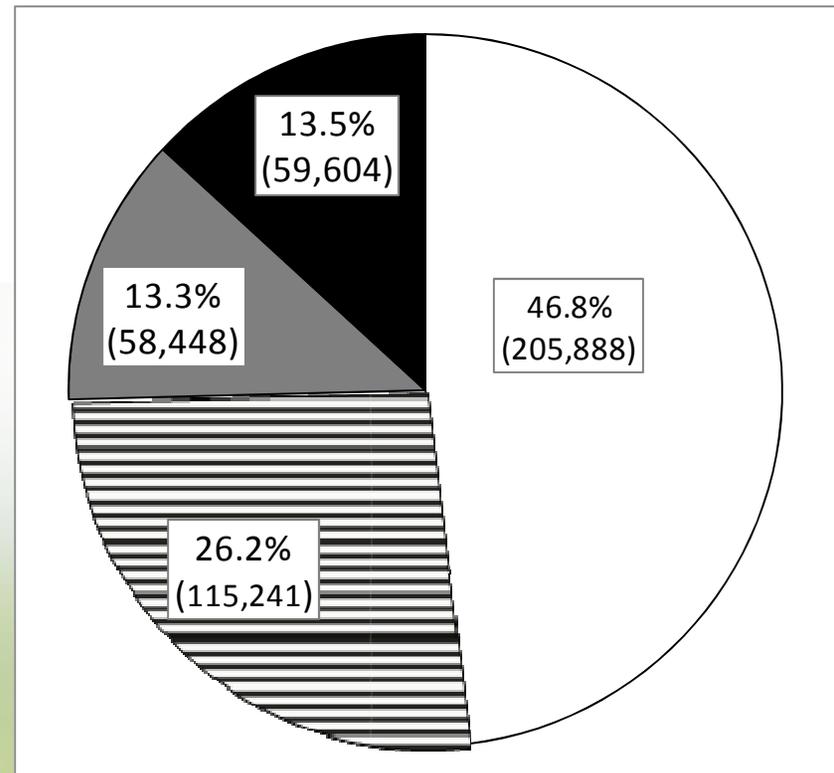


1996



Total = 324,274

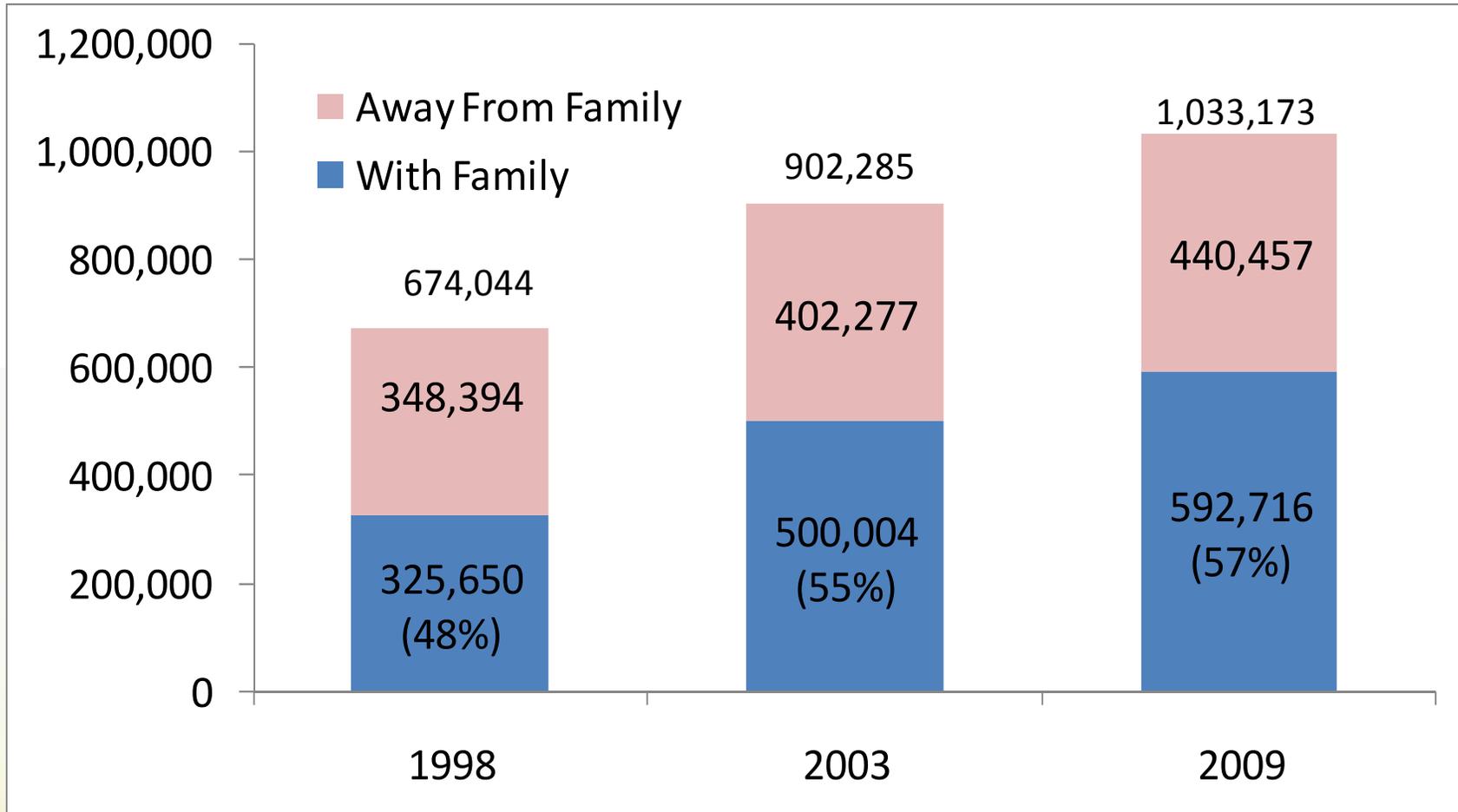
2009



Total = 440,457



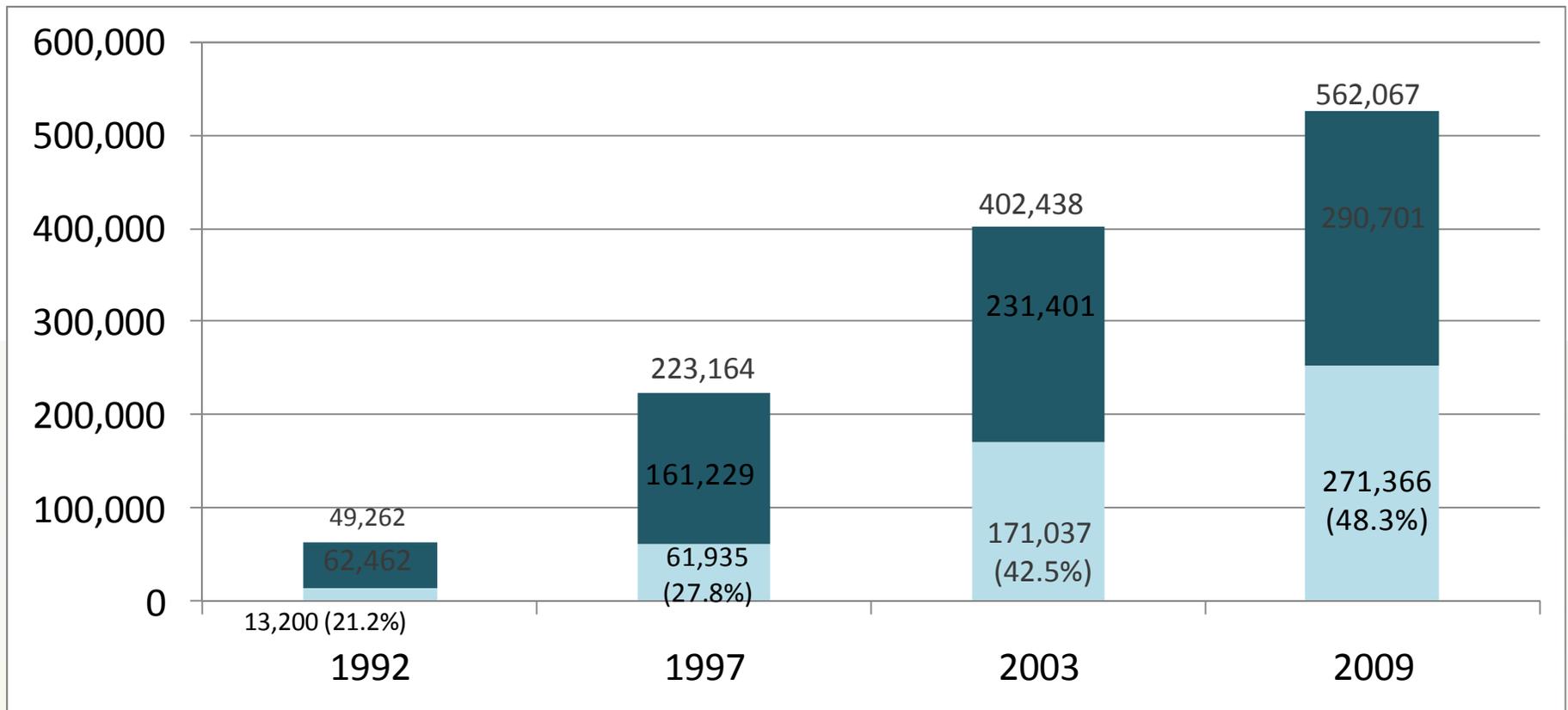
Increase in the Number of People Receiving ID/DD Services and Supports in Their Family Homes



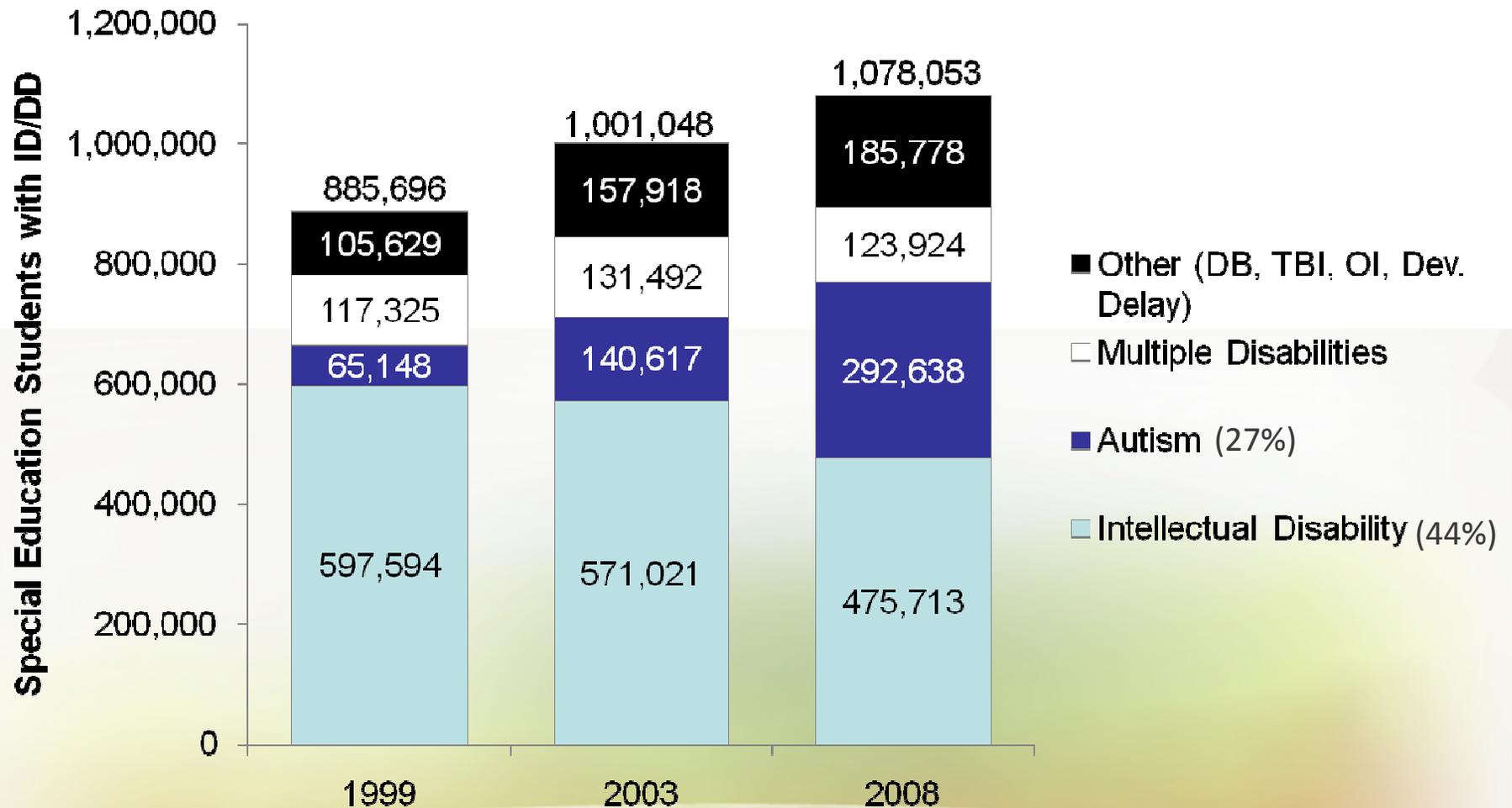


Increased Numbers of Waiver Recipients Living with Families

■ Away From Family ■ With Family

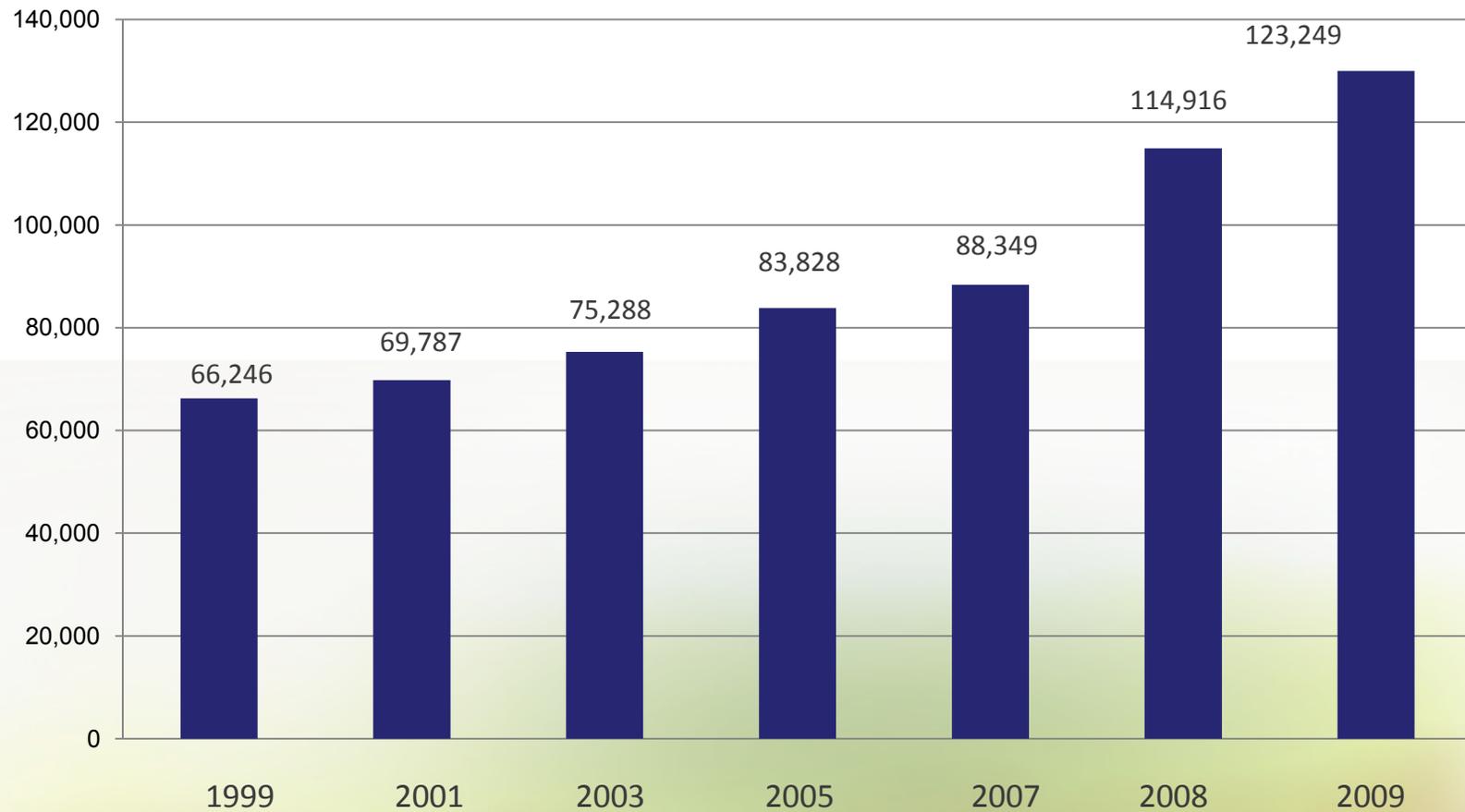


Growth in Overall Number of Children Diagnosed with Autism



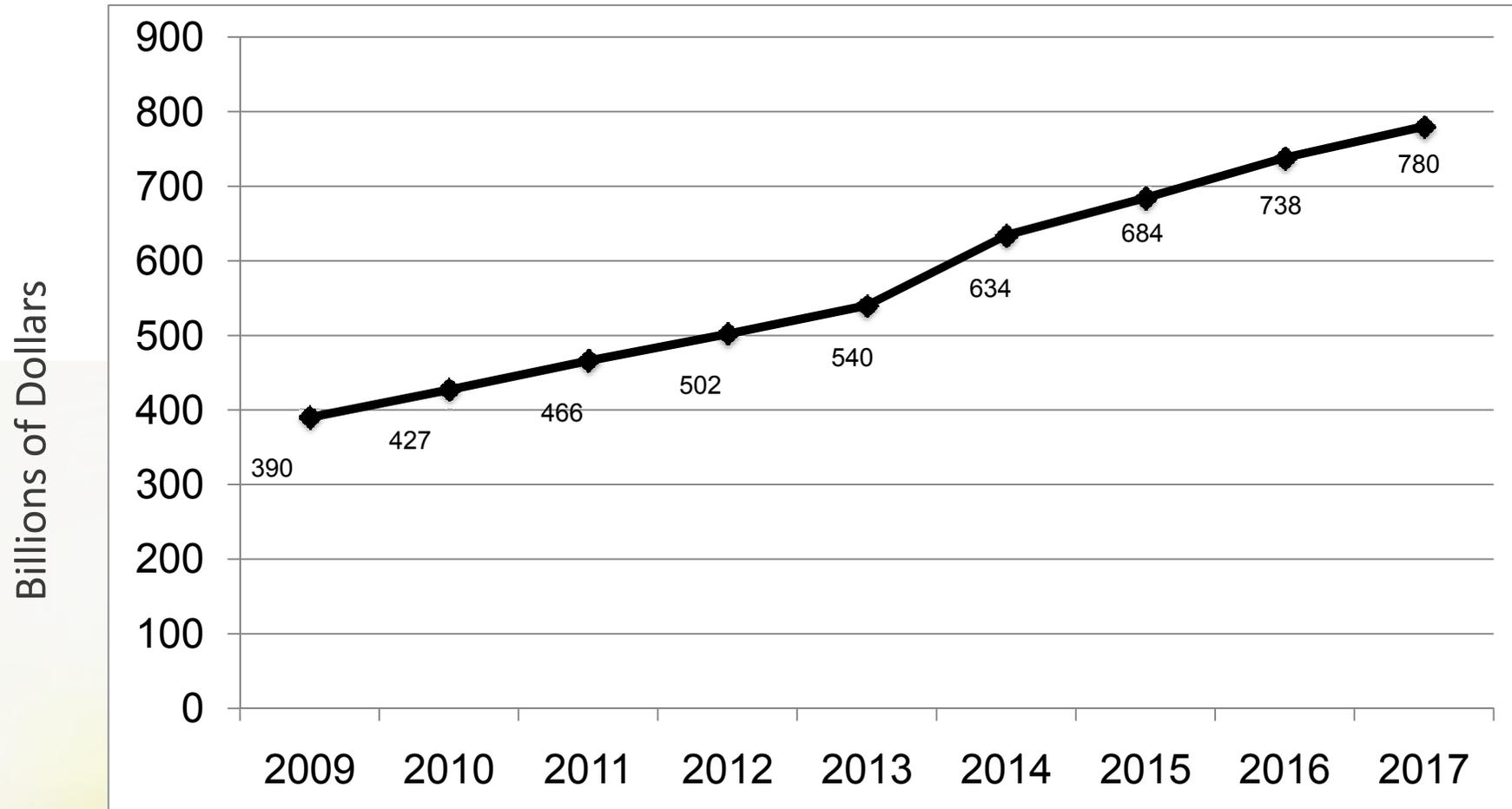
Source: Department of Education, 2010 Report to Congress

Waiting Lists Growing





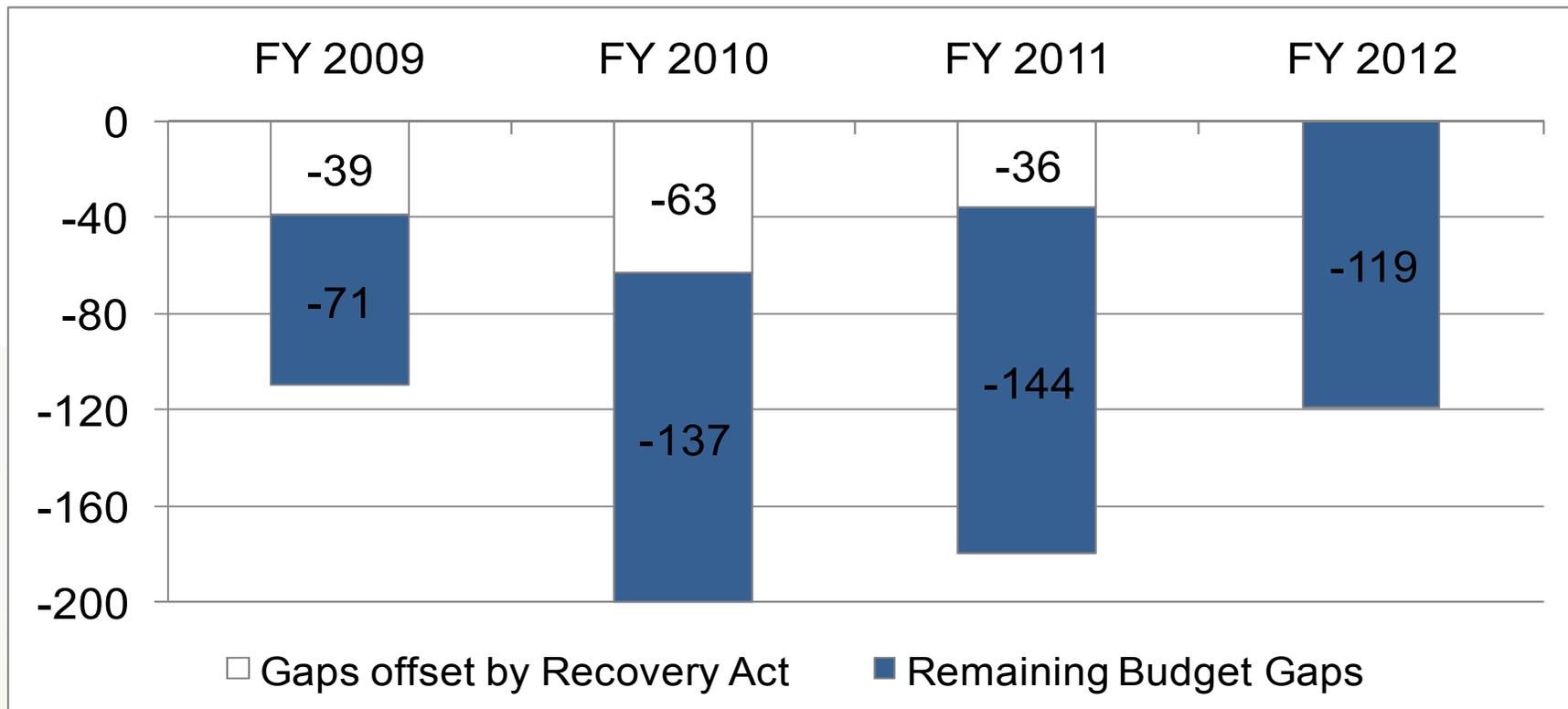
Medicaid Spending is Projected to More than Double Between 2009 and 2017



Source: Center for Medicare and Medicaid Services, Office of the Actuary



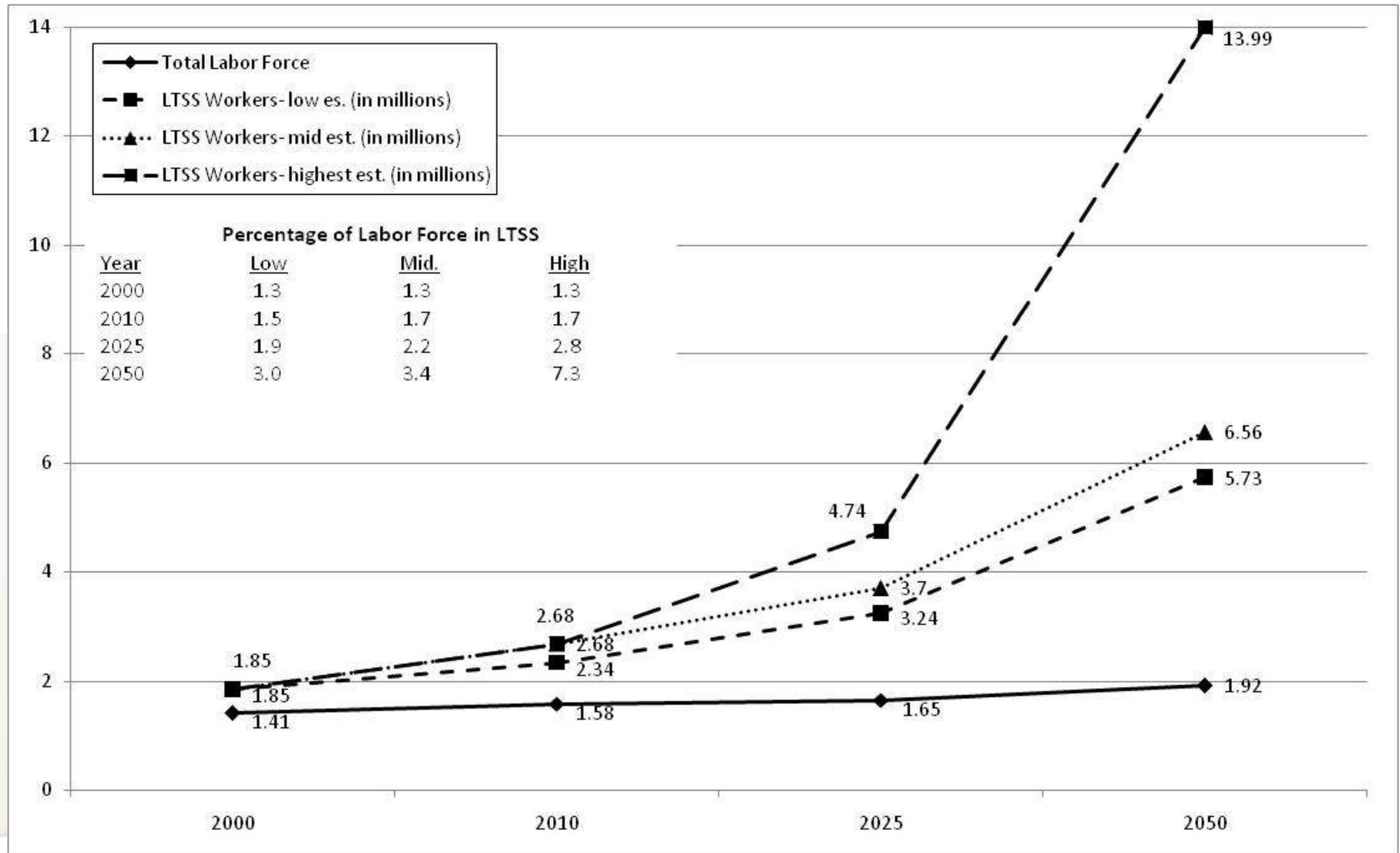
State Budget Shortfalls in the Billions



Estimate by Center on Budget and Policy Priorities, June 29, 2010



Future Growth in US Labor Market Will Not Keep Pace with Need for Direct Support Professionals



Major Change in CMS Oversight

- Shifted review process away from “snap shot in time”
- Formalized ongoing dialogue between CMS and State
- Based on state monitoring its own processes and procedures
- Focused on state producing *evidentiary based reports to demonstrate that assurances are met*
- CMS reviews reports based on assessment of how effectively state monitored its own performance and addressed issues identified



Concentrate on What Works

- People have more choice and are less lonely in small settings
- People who are employed have more choices about important areas of their lives— people in day habilitation settings make fewer choices
- People in smaller settings are more involved in their communities
- People living at home have more friends
- People who control their budgets are more likely to control other aspects of their lives

In Crisis There is Opportunity

- Seize the moment to take steps to phase down large congregate settings
- Concentrate resources on more productive and person centered program models
- Work on ways to preserve the values that have animated the DD field
- Explore new models (e.g., shared living)
- Engage stakeholders in a conversation about the future

Overview of Best Practice in Eligibility for Services

Overview

- Role of eligibility determination
- Trends in definition of ID
- Trends in eligibility criteria
- HCBS federal and state eligibility criteria
- Key points for workgroup recommendations

Role of Eligibility Determination

- Provide a fair and consistent manner for government entities to allocate scarce resources in the face of increasing demand.
- Ensure access to services is available to those who meet established requirements.
- Screen out those who do not meet established requirements from accessing services.

Trends in Definition of ID

Over time, the definition of Intellectual Disability has been deconstructed into sub-groups, syndromes, etc. Further, the emphasis has shifted from a single IQ score toward a broader, global view of the person and his or her deficits and abilities. For example:



AAIDD Defines ID Using IQ As Only One Criteria

Intellectual Disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.

Intellectual functioning—also called intelligence—refers to general mental capacity, such as learning, reasoning, problem solving, and so on.

One criterion to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning.

Standardized tests can also determine limitations in **adaptive behavior**, which comprises three skill types:

Conceptual skills—language and literacy; money, time, and number concepts; and self-direction.

Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.

Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

DD Act Based on Functional Criteria

According to the [Developmental Disabilities Act](#), section 102(8), "the term 'developmental disability' means a severe, chronic disability of an individual 5 years of age or older that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the individual attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity;
 - (i) Self-care;
 - (ii) Receptive and expressive language;
 - (iii) Learning;
 - (iv) Mobility;
 - (v) Self-direction;
 - (vi) Capacity for independent living; and
 - (vii) Economic self-sufficiency.

Developmental Disabilities Act

5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided”



Approaches to Eligibility Determination Mirror Changes in Definition

- Categorical eligibility references specific diagnosis or condition such as Intellectual Disability, cerebral palsy, spina bifida, autism, etc.
- Functional eligibility requirements are based on a person's ability to perform major life tasks.

All states responding to the Zaharia and Moseley study (47) use a combination of both categorical and functional assessment processes.

Trends in Eligibility

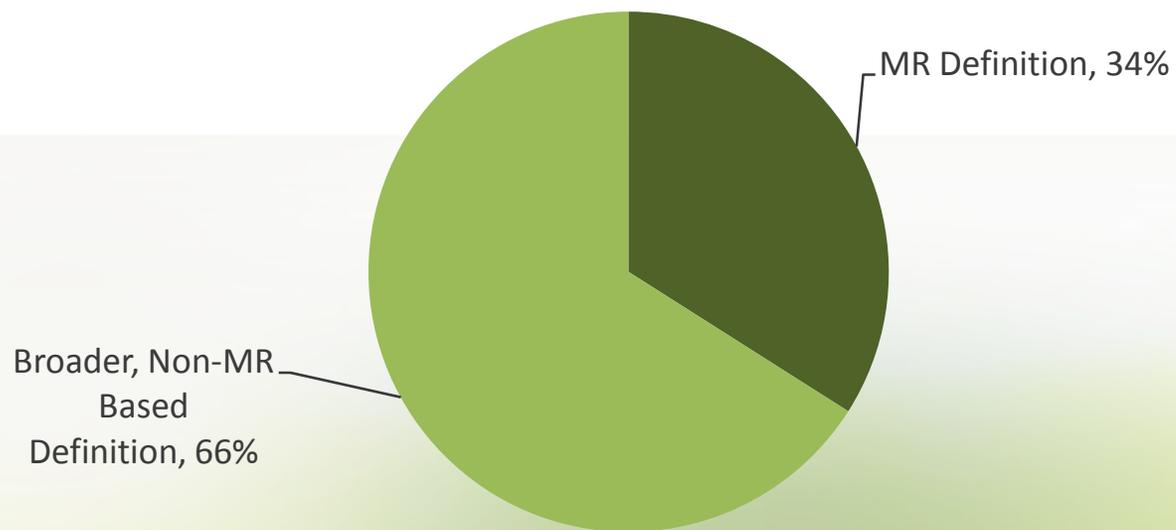
Nationally, most states (31) use “Developmental Disability” to define eligibility as opposed to ID alone.

Of those included in the Zaharia and Moseley report, eight use the federal definition of developmental disability and those states do not require a specific diagnosis or condition, referencing instead “mental or physical impairments.”

The remaining 23 use state specific definitions that often include diagnostic categories such as ID, autism, cerebral palsy, etc..

Trends in Eligibility

National Picture of Eligibility Criteria for HCBS ID/DD Services



Source: Zaharia, R., Moseley, C. State Strategies for Determining Eligibility and Level of Care for ICF/MR and Waiver Program Participants., Rutgers CSHP. 2008.



Eligibility in Federal HCBS Services

- HCBS services were developed to provide community-based services to people who would otherwise be eligible for institutional services (ICF/MR).
- 1915(c) HCBS eligibility is tied to ICF/MR Level of Care (LOC).
 - Have a diagnosis of Intellectual Disability (ID) or related condition
 - Require the level of services provided by an ICF/MR
- States are required to use eligibility assessments and processes that yield equivalent results for HCBS and ICF/MR programs.



Iowa Waiver Eligibility

Iowa's eligibility criteria for the ID (MR) waiver:

- Medicaid eligible
- Must meet ICF/MR Level of Care (functional)
- Have a diagnosis of ID (categorical)

“Have a diagnosis of mental retardation or a diagnosis of a mental disability equivalent to Mental Retardation as determined by a psychologist or psychiatrist. The diagnosis shall be made by a person who is a psychologist or psychiatrist, who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person's adaptive skills. A diagnosis of mental retardation shall be made in accordance with the criteria provided in the Diagnosis and Statistical Manual of Mental Disorders, Fourth edition, published by the American Psychiatric Association.”

Eligibility for State Funded Services

- Some states have implemented less restrictive eligibility requirements to fund services to people who will not meet their HCBS eligibility requirements. However, the proportion of state funded services is declining nationally – replaced by waiver services
- State funding can provide smaller, flexible funding amounts for services like respite while people wait for Medicaid funded HCBS services.
- Funding can be targeted to vital supports not covered by Medicaid, such as housing and rental assistance.
- Eligibility should ensure consistency of admission across the state



Key points for workgroup recommendations

- What are the implications of the trends in eligibility nationally for the Iowa system?
- What information would be needed to alter, if indicated, the current eligibility framework?
- Are there any immediate or longer term changes that should be made?
- How can IA ensure that individuals entering state funded services are being admitted in a reasonably consistent fashion