



DELAWARE HEALTH AND SOCIAL SERVICES

Integrating HCBS waiver assurances into an 1115 demonstration

Delaware's experience

Mercer Government
Ready for next. Together.

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Today's panel



Kathleen Dougherty

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Delaware Division of Medicaid and
Medical Assistance

Started her State career in October 2000 and has spent the last 20 years in Medicaid, and LTSS. She focused on the integration of LTSS, Behavioral Health and the IDD population into Managed Care.



Kim Donica

Principal, Mercer

Joined Mercer in July 2017 with over 30 years experience developing and implementing Medicaid programs and policies across LTSS settings. She helps support states in implementing quality LTSS programs.



Lorene Reagan

Principal, Mercer

Joined Mercer in November 2017 with over 30 years experience administering, developing and implementing Medicaid LTSS programs and policies. She also helps support states in implementing quality LTSS programs.

State of Delaware

The Diamond State

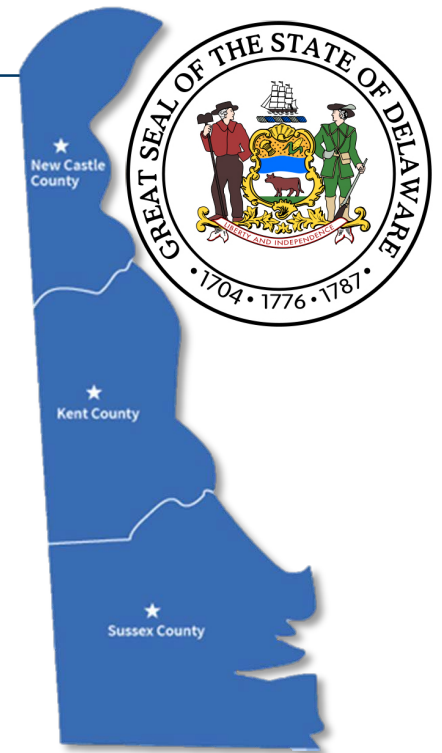
Thomas Jefferson gave this nickname to Delaware, according to legend, because he described Delaware as a "jewel" among states due to its strategic location on the Eastern Seaboard

3 counties
Kent, Sussex, New Castle

population
980,000+

255,000+
Medicaid population

Medicaid Managed Care
Total cost
>\$2 billion



Delaware's 1115 demonstration waiver

Diamond State Health Plan (DSHP)

Acute care

January 1, 1996

Diamond State Health Plan Plus (DSHP Plus)

Long Term Services and Supports added in April of 2012

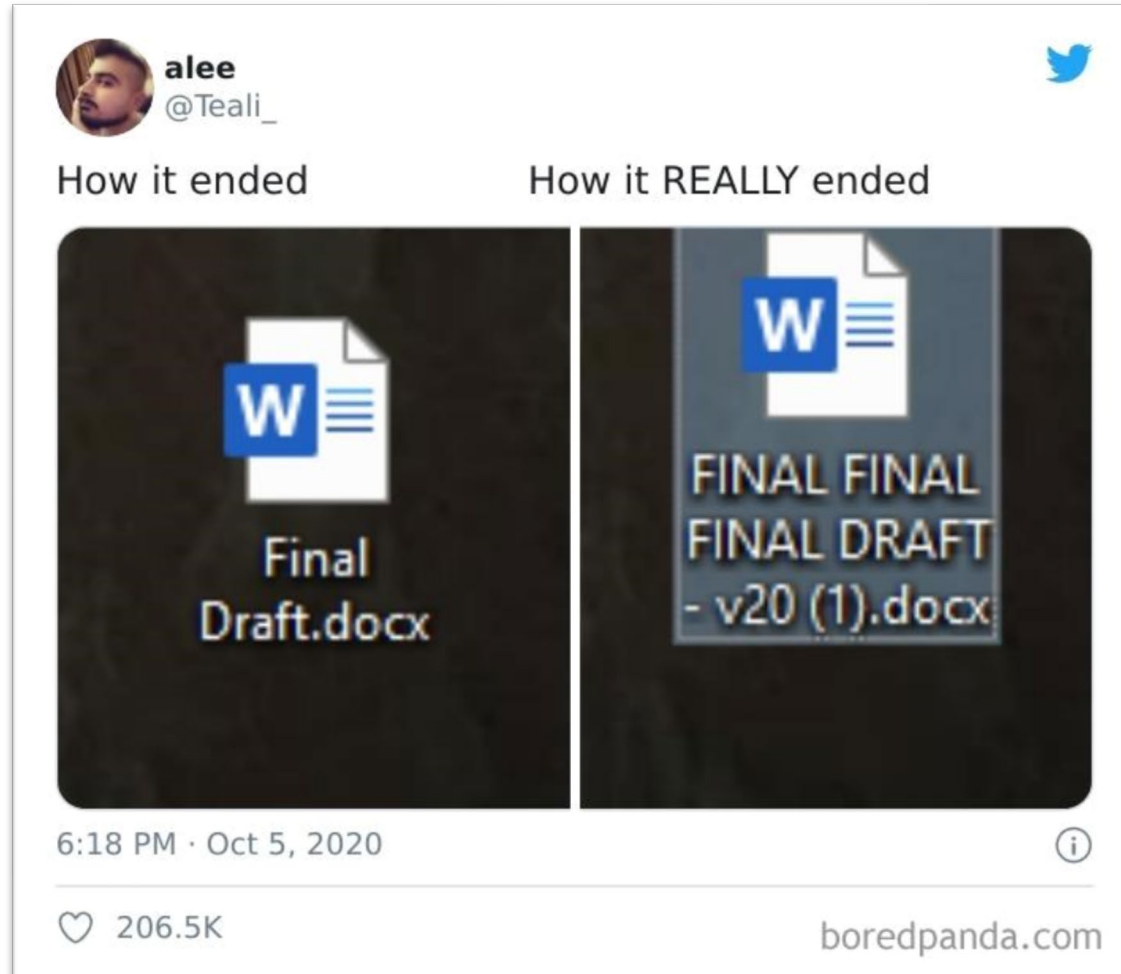
Three 1915 (c) waivers folded in

- Aging and Disabled
- AIDS/HIV Related
- TBI/TBA

PROMISE (Promoting Optimal Mental Health for Individuals through Supports and Empowerment) Program added in January 2015



How it started and how it ended



- **How it started:** In renewal negotiations, CMS drafted 1115 STCs that would have required Delaware to transition the Plus MLTSS program to 1915(c) authorities and follow certain 1915(c) reporting requirements (e.g., evidentiary reports) in the meantime.
- **How it ended:** CMS was a great negotiating partner! They compromised in the negotiations by requiring Delaware to instead demonstrate that we have substantially similar requirements for quality, reporting, and oversight in the federal and state expectations for managed LTSS programs.
- **How it really ended:** We finalized the waiver renewal, but our work continues as we continue to integrate the HCBS quality framework within our managed care system.

1115 waiver special terms and conditions (STCs)

Delaware renewed its 1115 in 2019

Relevant STCs

STC #43



Integration of HCBS assurances within the State Quality Strategy — DSHP Plus and PROMISE

- The state is **required** to integrate the Section 1915(c) waiver assurances and program requirements into **DSHP Plus** (as appropriate for a managed long-term services and supports program, consistent with the 42 CFR Part 438 requirements) and the 1915(i) SPA assurances and program requirements into **PROMISE**

STC #45



- The state will submit a report or reports to CMS which includes **evidence** on the status of the HCBS quality assurances and **measures** that adheres to the requirements outlined in the March 12, 2014, CMS Informational Bulletin, Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers
- The state must report annually the **deficiencies** found during the monitoring and evaluation of the HCBS waiver assurances, an **explanation** of how these deficiencies have been or are being corrected, as well as the steps that have been taken to **ensure** that these deficiencies do not reoccur

HCBS assurances



**Administrative
Authority**



**Qualified
Providers**



Level of Care



Service Plans



**Health and
Welfare**



**Financial
Accountability**



Three components required for integration of waiver assurances into the 1115 demonstration



Integration of assurances into 1115 demonstration

For each HCBS assurance/sub-assurance, Delaware

Mapped to requirements in:

- MSA
- Quality Strategy
- State monitoring and EQRO activities

As part of the mapping process, Delaware was able to demonstrate additional quality measures and oversight activities

- Missed visit reporting

Integration of assurances into 1115 demonstration DMMA's quality strategy

Delaware's 1115 demonstration is implemented through a managed care model

Therefore, HCBS assurances are required to be **integrated** into its statutorily required (42 CFR 438) Quality Strategy

DMMA Quality Strategy is the roadmap for Delaware and its MCOs in **assessing** the quality of care that individuals receive and sets measurable **goals** and targets for improvement

Each HCBS Assurance and Sub-Assurance is described in the Quality Strategy as well as the MSA. The following are identified:

- Requirement
- Performance measure
- Frequency of reporting
- Method for monitoring/remediation

Integration of assurances into 1115 demonstration

State/EQRO monitoring

1

MCO reports on performance measures quarterly

- DMMA/EQRO review and analyze performance measure data

2

The State, or its EQRO, must monitor and annually evaluate the MCO's performance on assurances as part of its external quality review

3

The State/EQRO identify areas for remediation based on performance measure data and EQRO results

Key takeaways for you



Identify

- CMS Expectations | Review your 1115 STCs to identify HCBS waiver assurance requirements
- Gaps | Map HCBS waiver assurances to your current contract requirements and quality strategy
- Monitoring and oversight processes

Consider

- Updates to contracts and quality strategy to address gaps
- Utilizing your EQRO to assist with monitoring and oversight

Q&A

Reach out to the panelists



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