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TO: Deanna Parker
Department of Behavioral Health and Developmental Disabilities (DBHDS)

FROM: Heidi L. Lawyer 
Virginia Board for People with Disabilities (VBPD)

RE: Comment on Virginia's Applications for Amendments to its §1915(c) Home- and Community-Based Waivers for Individuals with Developmental Disabilities—Building Independence Waiver, Family and Individual Supports Waiver, and Community Living Waiver

I am writing to provide comments on behalf of the Virginia Board for People with Disabilities (the Board) regarding Virginia's applications for amendments to its §1915(c) Home- and Community-Based Waivers for individuals with developmental disabilities. The Board appreciates the opportunities that it has been provided to participate in stakeholder groups and to comment on the waiver redesign process, and we are pleased to provide comments on the draft applications. We look forward to continuing to work with the Department as it finalizes its applications and ultimately seeks to implement the redesigned waivers in Virginia.

The Board strongly supports the redesign of Virginia's Medicaid waiver system. The redesigned waivers are one of many steps that Virginia is taking on the long road to a fully integrated society where people with disabilities can live, work, and recreate alongside their peers without disabilities. We are gratified to see the enhanced focus on community integration, community engagement, and competitive employment, which will yield meaningful results for people with disabilities. We are pleased that the redesigned system incorporates a restructured rate system and we are excited about the new services that will be available to individuals with developmental disabilities in Virginia. The comments, concerns, and recommendations that the Board raises below are offered in hopes of informing the Commonwealth's efforts going

forward in order to make the implementation of Virginia's waiver transformation effort a success.

The Board offers the following concerns and recommendations to improve the waiver amendments and to strengthen the Commonwealth's applications to CMS:

1. General Comment:

The Board is concerned that the quality of stakeholder input through formal comments will be diminished because of the number of errors and inconsistencies within the waiver applications.

The Board is grateful for the opportunities for stakeholder input that the Commonwealth has provided throughout the waiver redesign process, both by way of participation in stakeholder groups and by way of public comment opportunities. The Board is concerned, however, that the quality of the comments that the Commonwealth will receive in respect to the draft waiver applications will suffer because of the confusion generated by the number of contradictions and errors contained in the applications. This is especially true given that most individuals lack the time necessary to review each of the three waiver applications in their entirety. Together, they number over seven hundred pages. Because some sections of the applications conflict with other sections, individuals who read only the sections that they believe are most relevant to them are likely to have misconceptions about the waivers, and their comments will be based on those misconceptions. The Board encourages DBHDS to take this into account when reviewing public comments on the draft applications. The following are some examples of obvious errors and contradictions contained in the applications:

1. The *Brief Waiver Description* (Section 2) of the building Independence (BI) waiver states as follows: "the Building Independence Waiver offers qualifying individuals the opportunity to obtain either agency-directed services or consumer-directed services, or both." Consumer-directed services are mentioned at least eleven times throughout the BI Waiver application. Section 3, subsection E of the application, however, titled *Components of the Waiver Request*, states that "this waiver does not provide participant direction opportunities." Additionally, none of the services listed in Section C of the BI Waiver application are identified as eligible for participant direction. The Family and Individual Supports (FIS) and Community Living (CL) waivers both offer three consumer-directed services: Personal Assistance, Companionship, and Respite services. None of these are available in the BI waiver according to the application. This is discussed further below, but is mentioned here only to point out the contradictory information in the application.
2. The Family and Individual Supports (FIS) Waiver application contains the following statement in the description of Supported Employment: "As of July 1, 2009, consumer-directed supported employment is no longer available." Further down in the same section of the application, however, it states that "individuals are afforded the

opportunity to act as the employer in the self-direction of individual supported employment services” It is the Board’s understanding that consumer-directed supported employment was included in emergency regulations proposed by the Department in March of 2008, but that these proposed regulations were rescinded soon thereafter. Consumer-directed supported employment is not a service currently available through Virginia’s Medicaid Waivers, and the internally conflicting information about this service included in the FIS Waiver application breeds confusion and should be corrected.

3. Each of the three Waiver applications lists among the major changes proposed in the redesigned waivers: “removing Prevocational, Crisis Stabilization and Crisis Supervision Services from the waiver.” Each of the three Waiver applications, however, includes Prevocational Services among the Participant Services listed in Appendix C-1; and Both the Family and Individual Supports (FIS) and the Community Living (CL) Waiver applications include Crisis Stabilization and Crisis Supervision Services in Appendix C-1. The Board recommends clarifying these discrepancies. The applications do indicate that the service is no longer available within the body of the applications in a number of cases, but if people simply read the list of available services, they are likely to believe that these services will be available under the redesigned waivers.
4. The FIS Waiver application contains a number of outdated acronyms. It refers to the Department of Aging and Rehabilitative Services (DARS) as the Department of Rehabilitative Services or DRS at least nine times. It uses the acronym DMHMRSAS in place of DBHDS the same number of times. Although the FIS application includes a statement that the Waiver is being renamed the Family and Individual Support Waiver, the application continues to use the acronym IFDDS to refer to the waiver at least six times in the body of the application. And the FIS waiver application references “persons with mental retardation” in its description of supported employment, a phrase that has been replaced in Virginia’s statutes and regulations with the more appropriate “people with intellectual disabilities.” These errors do not appear in the BI and the CL Waivers.

2. General Comment:

The paradigm shift underlying waiver redesign should be clearly articulated and should drive decisions about the structure of the three new waivers.

The Board fully supports the move away from a disability-specific waiver paradigm to a paradigm based on one’s level of function and person-centered needs. The Board has long advocated for the replacement of the Commonwealth’s three Developmental and Intellectual disabilities waivers with a single waiver for all individuals with developmental disabilities (DD) inclusive of intellectual disability which falls within the DD classification. In a January 2014 letter from then DBHDS Commissioner, Commissioner James W. Stewart explained the goals of waiver redesign, including: “Offer a flexible array of services that allow for choice, control, and creativity to meet individual needs and preference.” The Board believes that a single

developmental disabilities waiver would best serve this end. One waiver with a single, comprehensive menu of services and supports would allow for the customization of each individual's services package based on the individual's person-centered needs and goals, rather than based on the confines of the specific waiver slot that the individual is awarded. While the Board understands that a single waiver system is not a current possibility, the Board believes that the three redesigned waivers should be structured in such a way as to best approximate the flexibility and person-centered customization that such a system would allow.

The redesigned waiver paradigm is a step in the right direction, but it falls short of creating a truly person-centered system with the type of flexibility, choice, and control envisioned by individuals with DD, family members, and advocates. The Board is also concerned that some of the decisions about the structure of the three Developmental Disability waivers may be driven more by cost containment goals than by the goals underlying system redesign efforts. While cost and efficiency are critical components of systems transformation and cannot be ignored, ensuring that individuals with DD and their families are well served, in accordance with their needs, should be prioritized. As we note further below, the exclusion of consumer-directed services from the Building Independence waiver and the long-standing arbitrary cap on environmental modifications expenses are cases in point of decisions that may not be in the best interest of waiver recipients.

3. All Three Waivers; Brief Waiver Description:

The statement of goals and objectives should be revised to better reflect the purposes of wavier redesign and consideration should be given to modifying the waiver titles.

The waiver titles do not accurately or adequately reflect what the waivers offer to individuals with disabilities and their families. All of the waivers, for example are (or should be) aimed at building independence and maximizing community living opportunities. For improved clarity and understanding, the titles should more clearly reflect the actual purposes of and distinctions among the waivers.

The Board recommends improving the statement of goals and objectives contained in the waiver applications. The stated goals and objectives of the waivers set the tone for what follows, and they should provide the benchmarks against which to compare the remainder of the application. They should also be informed by the paradigm shift that prompted and underlies the redesign of Virginia's waivers for people with developmental disabilities. As written, the goals and objectives do not provide sufficient insight into the purposes of waiver redesign.

The Board recommends that the goals of each of the three waivers should be to provide a comprehensive system of services and supports that empowers individuals with developmental disabilities to live healthy, productive, independent lives in the most integrated setting appropriate to their needs and desires. The objectives should be focused on achieving this goal and should include:

- a) Provide a comprehensive array of services and supports to individuals with developmental disabilities that enable them to live independent lives in their communities of choice.
- b) Provide the supports and services necessary to strengthen families and enhance natural supports.
- c) Provide maximum opportunities for individuals with developmental disabilities to exercise independence, choice and control over their own lives and their own services and supports.
- d) Increase access to waiver services for individuals and families to ensure that individuals with developmental disabilities can remain in the most integrated setting appropriate to their needs and desires.
- e) Develop a robust Quality Assurance system that ensures Medicaid funded services and supports are person-centered, high quality, and cost-effective.

4. All Three Waivers; Attachment 1, Transition to VIDES:

The Commonwealth should delay transition to the Virginia Intellectual and Developmental Eligibility Survey (VIDES) until it has had an opportunity to conduct a legitimate study of the reliability and validity of the assessment, which should include a sufficiently large number of individuals to extrapolate meaningful information.

The transition from the Level of Functioning Survey to the VIDES is scheduled to take place on July 1, 2016. The Board is concerned that the VIDES has not been adequately tested for comparability with the Level of Functioning Survey, and there is no adequate plan for addressing the potential loss of waiver services by individuals who meet waiver eligibility criteria under the Level of Functioning Survey, but who may not meet criteria under the VIDES. The waiver applications provide the following assurance when discussing the implementation of VIDES:

The new [VIDES] tool has been piloted and found to produce very similar eligibility results as the Level of Functioning Survey [sic]. The Commonwealth does not anticipate *many* individuals losing waiver eligibility with the use of the VIDES; however the results of implementation of the new tool will be closely monitored during the first year of use to ensure comparability of eligibility determinations. Any individuals who are found to no longer meet the functional eligibility criteria will be offered the right to appeal. (Emphasis added).

The Board understands that the VIDES pilot study conducted by DBHDS involved a small sample size and produced results that differed from the preexisting Level of Functioning Survey for several individuals. The Board also understands that the VIDES was altered after this study in response to the loss of eligibility by several participants, but the Board has not been provided an opportunity to review the revised VIDES. The Board is not aware of a follow-up study to

ensure that the revised VIDES would not result in the loss of waiver eligibility for individuals currently receiving waiver services.

The Commonwealth's expectation that not *many* individuals will lose waiver eligibility due to the adoption of VIDES is not reassuring. The loss of waiver eligibility for individuals who rely upon waiver services in order to live healthy, productive lives in the community would be devastating for these individuals. The Commonwealth offers a two-part response to this problem: It will monitor the implementation of VIDES for one year, and it will grant appeal rights to those who lose eligibility. Neither of these responses is sufficient. Nobody should lose waiver eligibility simply because of the adoption of a new assessment tool, rather than because of a demonstrable improvement in the individual's level of functioning. Furthermore, a right of appeal is not really of use to an individual when that individual lost eligibility, because the eligibility rules and procedures have changed in such a way that the individual can no longer meet the eligibility criteria. DBHDS's plan to monitor the implementation of VIDES for the first year to ensure that the results are comparable to those of the Level of Functioning Survey that it is replacing is a de facto recognition by DBHDS that the tool may produce inequitable results. In light of this, the Board recommends delaying the implementation of the VIDES until its reliability and validity has been established through a transparent process.

5. All Three Waivers; Appendix B, Participant Access and Eligibility:

The Board recommends (1) specifically spelling out wait list criteria and prioritization in the waiver applications; and (2) redefining the criteria for inclusion in three waiver waitlist priorities to ensure compliance with CMS waiver eligibility rules and to better approximate the needs of individuals on the waitlist.

Waiver waitlist priority is not adequately spelled out in the waiver applications. The Board understands, however, that the distinctions between priority categories among individuals on the Commonwealth's waiver waitlist will be based, in part, on the urgency of an individual's need for services as measured in years. Individuals in priority category three, for instance, will be deemed in need of services within five years. The Board has serious concerns about this classification in light of CMS waiver eligibility requirements. According to CMS rules (42 CFR 441.302(c)), one is eligible for waiver services only if one "might need [ICF/IID level of] services in the near future (that is, a month or less)." Everyone who is on the waiver waitlists must be in need of services within thirty days. The Commonwealth currently has over 10,000 individuals on the current ID/DD waiver wait lists, all of whom, by choosing a waiver over ICF/IID services, have stipulated that they need/would accept waiver services within 30 days. Priority classifications should draw distinctions based on the extent of that need and the likely consequences of that need going unmet, rather than on the very existence of that need.

A well designed waitlist priority classification system that takes into account needed services has a predictive benefit. It can better inform policymakers about the needs of people on the wait list and the cost of meeting those needs now and in the future. Prioritization should be based on individuals' actual near-term service needs. If individuals on the waitlist are classified

and prioritized based on their near-term service needs, then the predictions about their service needs can inform policymakers about what it would take to provide for the needs of all individuals on the waitlist in the future. This would allow for more thoughtful debate about how to address the waitlist in the future, and it would better inform decision makers about budgetary matters related the waiver services.

6. All Three Waivers; Appendix B-6, Evaluation/Reevaluation of Level of Care

A psychological evaluation should not be routinely required as part of evaluation or reevaluation for eligibility. The requirement for a psychological evaluation is a remnant of eligibility for the current Intellectual Disabilities (ID) waiver and is generally used to determine an IQ score. It is intrusive and irrelevant to the larger population of persons with developmental disabilities and should be eliminated as a specific requirement. Further it is covered within the broader description of assessments required to determine eligibility. The applications note that “A comprehensive assessment process must be completed by the case manager to support the waiver level of care and determine the individual's need for services and supports provided by the waiver, as well as the individual's desired outcomes. This involves the case manager gathering **relevant** social, psychological, medical and level of care information and serves as the basis for the development of the individual support plan.” [emphasis added]

7. All Three Waivers; Appendix B-7, Freedom of Choice:

Assignment to a specific waiver should be based on an individual's person-centered needs and goals, rather than on universal presumptions.

The redesigned waivers will no longer be disability-specific. Rather, each of the three waivers will serve individuals with developmental disabilities. They differ only in the service/support needs of those who are appropriate for each waiver. This raises the issue of how an individual will be assigned to a specific waiver, given that the diagnostic and level of functioning criteria for the three waivers is essentially the same.

The process by which an individual is assigned to one of the three waivers is described in Appendix B-7 of the waiver Applications. According to both the BI and CL waiver applications, once a person is determined to be eligible for a waiver slot, then the person is to be offered a choice between the CL Waiver and ICF/IID services. According to the FIS Waiver application, however, once a person is determined to be eligible for a waiver slot, then the person is to be offered a choice between the FIS Waiver and ICF/IID services. Despite this contradiction, all three of the waiver applications are in agreement that “assignment to a slot in the Family and Individual Supports (FIS) waiver will typically take precedence,” and that an individual may request “secondarily to be considered” for a different waiver if the individual would prefer either the BI or the CL waiver to the FIS waiver. In other words, there is a presumption that everyone will be appropriate for the FIS wavier unless the individual specifically requests one of the other two.

The Board believes that assignment to a specific waiver should be made based on a person-centered analysis of the individual's specific needs and preferences, rather than an arbitrary systemic preference for one set of waiver services for all waiver recipients. Assigning an individual to a specific waiver without regard to the individual's unique needs and preferences runs counter to the sort of person-centered planning that underlies the entire waiver redesign process.

8. All Three Waivers; Appendix B-7, Freedom of Choice:

In order for individuals to have true freedom of choice, they should be made aware of each of the several waivers that serve individuals with developmental disabilities and the processes by which an individual is able to move from one to the other throughout the lifespan.

As mentioned above, the waiver applications indicate that after eligibility for a waiver is determined, then the individual is to be offered the choice between accepting a specific waiver (probably the FIS waiver, though there is some contradictory information in the applications) and ICF/IID care. The Board believes that after eligibility is determined, an individual should be fully informed of all of the available options, as well as the future options, available to the individual as the individual ages and his or her needs change.

Failing to fully inform individuals and their families about the breadth of options available to waiver recipients upon award of a waiver, as well as later in life, not only affects freedom of choice, but it could result in some families choosing more restrictive options than is necessary. Families who believe that their loved one will one day require intensive twenty-four hour care may opt for ICF care if they are not fully informed of the options available in the CL waiver. The Board, therefore, recommends that all individuals found eligible for waiver services be fully informed verbally and in writing of the breadth of waiver services available in the several available waivers, as well as about the processes for switching between the waivers as individuals age and their needs change.

9. All Three Waivers; Section C, Services:

The Board recommends implementing a combined service limit of 66 hours per week for day and employment services, rather than the 780 hours per year that is available in the waiver application.

The service limits for services that individuals receive during the day are confusing as listed in the waiver applications. The service limit for employment services, such as supported employment, is 40 hours per week; but the service limit for day services, such as community engagement and community coaching, is 780 hours per year. Individuals who are not employed full-time will have difficulty obtaining sufficient services to integrate in their community with a limit of 780 hours per year of community engagement services. The Board recommends allowing for a combined total of at least 66 hours per week for daytime community and employment related services.

All Three Waivers; Section C, Services:

The Board recommends allowing for community transition services costs to include payment of first month's rent when this is a barrier to community living.

The Board does not believe that an individual's inability to secure an initial rent payment should prevent him or her from moving from a segregated setting into the community. The Board was under the impression from discussions in stakeholder meetings that the payment of first month's rent would be added to the allowable costs under community transition services. However, this is not listed as an allowable expense in the waiver applications. The Board recommends adding this to the list of allowable expenses.

10. All Three Waivers; Section C, Services:

The Board recommends including dental services as a waiver service.

The inclusion of dental services in the redesigned waivers was discussed in a number of stakeholder and workgroups in which the Board participated during the waiver redesign process. The Board was under the impression that dental would be included in the waiver applications but it is not listed.

Many people with disabilities are in significant need of dental care and are unable to afford this care independently. The failure to cover this service through Medicaid can result in long delays in obtaining much needed care until what could have been addressed through routine dental care has progressed to the point of a medical emergency. In addition, there is significant research relating the lack of dental health to a wide range of medical conditions that could result in more costly expenditures for the Commonwealth. The Board strongly recommends reconsidering the inclusion of dental services.

11. Building Independence and Community Living Waivers; Section C, Services:

The Board recommends including Family and Individual Caregiver Training in all three waivers.

The Family and Individual Support waiver includes a service called Family and Individual Caregiver Training. This service includes not only training for family members who care for individuals with disabilities, but also "educational opportunities designed to enable the individual to gain a better understanding of his/her disability or increase his/her self-determination/self-advocacy abilities." The Board believes that all people who receive waiver services should have opportunities to improve their independence through better understanding their disability and increasing their self-determination and self-advocacy skills. The Board, therefore, encourages the Commonwealth to offer educational opportunities in these areas to all waiver recipients, including those who receive services through the Community Living and Building Independence waivers.

12. Building Independence Waiver; Sections C & E, Consumer-directed Services:

The Board recommends adding consumer-directed options to the Building Independence waiver.

As noted above, there is some inconsistency in the BI waiver applications with respect to consumer-directed services. Section C of the BI waiver application, which lists the available services in each waiver, does not include consumer-directed services; and section E, which must be completed for any waiver application including consumer-directed services, is not completed in the BI waiver application. Therefore, the Board believes that the BI waiver will not include consumer-directed services.

The Board notes that the BI Waiver is designed for individuals who are capable of living in the community with limited supports. The stated objectives of the BI Waiver include promoting independence and supporting individuals and their families to “share responsibility for their supports and services.” Considering the capacity for independence of those who receive services under this waiver and the Department’s goal of enhancing their independence and responsibility, it is odd that this is the only waiver that does not include consumer-directed services within its list of available services. The lack of consumer-directed services under this waiver with disproportionately affects individuals who are living in their own homes. Allowing these individuals to direct some of their own supports and services will enhance their independence and allow them to share in the responsibility for their own supports and services.

A critical missing component for the population likely to be served in the BI waiver is the ability to direct certain medically related tasks. Currently, the Elderly and Disabled with Consumer Direction (EDCD) Waiver allows, as stipulated in *Code of Virginia* § 54.1-3001(12) and the EDCD Manual, that “any person performing state- or federally-funded health care tasks directed by the consumer which are typically self-performed for an individual who lives in a private residence and who, by reason of disability is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks” is exempted from the Nurse Practice Act and nurse delegation requirements. Key requirements for the exemption from nurse delegation requirements are as follows:

- Applies to consumer-directed services only
- Applies to tasks that are “typically” self-performed
- The individual receiving service must be capable of directing the attendant in the appropriate performance of the task.
- The individual must live in a private residence
- The individual must be unable to perform the tasks due to a disability

Not including CD services, including the above provision under the BI waiver is a significant detriment to independence and self-sufficiency. The Board encourages the Commonwealth to reconsider this decision.

13. All Three Waivers; Appendix C-4, Limits on Amount of Services:

The Board supports the Commonwealth's plan to delay implementation of the proposed services packages for at least two years and recommends removing from the current application and seeking an amendment in two years prior to implementation.

The Board notes that the services packages were designed and validated based on waiver recipients' use of services under the existing waiver system. The packages, however, will affect the provision of services under the new waiver system. The available services under the old and the new waiver systems are quite different. The Board does not believe that future use of previously unavailable services could possibly be predicted based on past use of different services.

In addition to the availability of previously unavailable services, the newly designed waivers will prescribe new service rates even for those services that do exist under the existing waiver system. Presumably, new rates will affect the availability of those services by changing the incentives for providers to provide additional capacity for certain services. Therefore, the Board is doubtful that service usage prior to waiver redesign can be used to predict service usage after waiver redesign.

Because the services packages have not been validated based on relevant data, the Board believes that it is premature to include the final implementation of the services packages in a waiver application. The evaluation of the services packages should be conducted in a transparent manner; and a new application should be submitted prior to their implementation in order to allow for a process of formal comment by interested stakeholders who have had an opportunity to review the outcome of the Department's evaluation process.

14. All Three Waivers; Appendix C, Participant Services:

The Board encourages the Commonwealth to increase the \$5,000 annual cap on environmental modifications.

The cap on environmental modifications expenditures has remained \$5,000 for a number of years. The Board believes that this amount should be increased. Absent an increase in the \$5,000 cap, the board recommends that a process for approving amounts greater than \$5,000 in cases where there is a substantial need for the requested environmental modification in order to maintain community residence status, or in order to move to a less restrictive environment.

15. All Three Waivers; Appendix B, Participant Access and Eligibility:

The Board encourages the Commonwealth to take additional steps to eliminate organizational conflicts of interest in the developmental disabilities waiver system.

The Board has long advocated for steps to eliminate the conflict of interest created in Virginia as a consequence of a single entity determining eligibility for waiver services, providing case management services to individuals who receive waiver services, and providing direct services to these same individuals. As the Commonwealth is aware, the Center for Medicare and Medicaid Services (CMS) has required states to provide conflict-free case management to individuals who receive Home and Community Based Services since 2014. Ideally, case management and direct services should be provided by separate entities. To the extent that this is impossible or impractical, entities that deliver both case management and direct services must have procedures in place that mitigate the risk of conflicted case management. Examples of mitigation procedures include clearly defining and delineating between the case management and direct services roles of the entity; ensuring clear administrative separation between case management and direct services functions; enacting a robust monitoring and oversight system; and enacting an effective consumer complaint system.

The Board applauds the Commonwealth for the efforts that it has taken to reduce organizational conflicts of interest. However, the Board does not believe that the Commonwealth has gone far enough. Under the new waiver system, CSBs will remain the single point of entry for individuals with intellectual disabilities (which the Board supports) and will become the single point of entry for individuals with other developmental disabilities as well. CSBs will continue to be allowed to provide both case management and direct services, in addition to evaluating individuals for eligibility for Medicaid waivers. Although CSBs will be required to provide choice of case management, CSBs will control who can and cannot compete with them in the marketplace, because private providers who wish to provide case management services to Medicaid waiver recipients will have to negotiate contracts with CSBs in order to do so. CSBs will determine the rates that their own competitors receive.

The Board is concerned that the redesigned waiver system may not meet CMS standards for conflict free case management, and that the system as devised may not provide sufficient choice of case management to waiver recipients. The Board strongly encourages the Commonwealth to consider alternative avenues for approving private case managers. We also encourage the Commonwealth to consider setting a standard rate of reimbursement for private case managers. The current system that allows CSBs to negotiate rates with private providers, and to determine who can enter the case management market as a competitor, perpetuates potential organizational conflicts of interests.

16. All Three Waivers; Appendix F-3: State Grievance/Complaint System:

The Board recommends improving the Commonwealth's grievance and complaint system.

Currently, the waiver application does not describe an adequate grievance and complaint system. According to the applications, DMAS will refer all claims to DBHDS, which is "the primary agency that receives complaints and grievances." DBHDS does not have a "formal complaint system" according to the applications, but all complaints are "taken seriously."

The Board recommends developing and implementing a formal complaint/dispute resolution system in which all complaints and their resolutions are logged. This will enable trend analysis and ensure consistency in addressing complaints. This is particularly important to ensuring continuity of decisions and service statewide, currently a significant issue in the Commonwealth. This process should be transparent. Data on the nature of complaints received and their resolution should be made public so that problems with implementation of the new waivers can be monitored by interested stakeholders.

17. All Three Waivers; Appendix H, Quality Improvement:

The Board recommends including in the Commonwealth's Quality Improvement strategy the regular collection of information about the availability of integrated housing, competitive employment opportunities and integrated daytime activities for individuals with developmental disabilities that is stratified based on geography.

The Board applauds the Commonwealth's development of quality improvement strategies to ensure that waiver recipients receive quality services in a timely manner. The Board encourages the Commonwealth to include strategies to collect and analyze data about the availability of integrated housing, competitive employment opportunities and integrated daytime activities within its Quality Improvement plan. These data should be collected and stratified by region and made available to stakeholders. They should be used to focus the Commonwealth's capacity building activities on those regions where capacity to provide these opportunities is lacking.

In conclusion, the Board believes that the redesign of the Commonwealth's home and community-based waivers is an important step forward. There are many positive components of waiver redesign; particularly the addition of new services and new rate structures that incentives community integration over segregation. We look forward to continuing to work with DBHDS, DMAS, and other stakeholders during the formative and implementation stages of redesign. It is to the benefit of all citizens that restructuring be successful; we believe that should the concerns brought forward by the Board and others not be resolved, the long term success of this important initiative will be at risk and more importantly, so will the health and well-being of individuals with developmental disabilities in the Commonwealth.