COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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September 28, 2009

MEMORANDUM

TO: The Honorable Timothy M. Kaine
Governor

The Honorable Charles J. Colgan
Chairman, Senate Finance Committee

The Honorable Lacey E. Putney
Chairman, House Appropriations Committee

The Honorable R. Edward Houck
Chairman, Joint Commission on Health Care

FROM: Patrick W. Finnerty

SUBJECT: Report on Plan for the Elimination of Waiting Lists under Medicaid: Intellectual Disabilities and Individual and Family Developmental Disabilities Supports Waivers

Chapters 228 and 303 of the *2009 Virginia Acts of Assembly* express the intent of the General Assembly to eliminate the waiting lists for the Medicaid Intellectual Disabilities (formerly "Mental Retardation") Waiver and the Individual and Family Developmental Disabilities Supports Waiver, and to develop a plan to eliminate the waiting lists for these waivers by the 2018-2020 Biennium. This document is intended to meet the requirements for such a plan. Further, the Governor shall submit the plan to the chairman of the Joint Commission on Health Care, and the chairmen of the House Appropriations and Senate Finance Committees by October 1, 2009. I have enclosed for your review the plan for 2009.

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

Enclosure

Cc: The Honorable Marilyn B. Tavenner, Secretary of Health and Human Resources

Plan for the Elimination of Waiting Lists under Medicaid:

Intellectual Disabilities

&

Individual and Family Developmental Disabilities Supports Waivers

Office of the Governor

October 1, 2009

Table of Contents

Executive Summary 1

Introduction 2

Background 2
History and Overview of Home and Community Based Services Waivers 3
Virginia's DD and ID Waivers 3

Plan to Eliminate the DD and ID Waiting Lists 5
Reduction on the ID Waiting List by 10 Percent for SFY 2010 5
Additional Slots and Funding Required to Eliminate of the DD and ID Waiver Waiting Lists by 2020 6

Administrative and Other Potential Impacts of the Elimination Plan 8
Administrative Impact on State and Local Agencies 8

Conclusion 10

Appendices

Executive Summary

Chapters 228 and 303 of the *2009 Virginia Acts of Assembly* express the intent of the General Assembly to eliminate the waiting lists for the Medicaid Intellectual Disabilities (formerly "Mental Retardation") Waiver and the Individual and Family Developmental Disabilities Supports Waiver. The language further requires the Department of Medical Assistance Services to collaborate with the Department of Planning and Budget to increase the number of funded waiver slots at a minimum of 67 slots for the Individual and Family Developmental Disabilities Supports waiver and 400 slots for the Intellectual Disabilities waiver per year, until the waiting lists are eliminated. Finally, the language directs the Governor to develop a plan to eliminate the waiting lists for these waivers by the 2018-2020 Biennium. This document is intended to meet the requirements for such a plan.

Growth in the number of individuals in need of services through these two Medicaid waivers has been and is expected to remain substantial. Utilizing the expected rate of growth in the waiting lists, the Department of Medical Assistance Services has determined that the minimum slot allocations required in the legislation are insufficient to meet the stated intent of eliminating these waiting lists. Beginning in state fiscal year 2011, an annual allocation of approximately 220 new Individual and Family Developmental Disabilities Supports waiver slots and approximately 1,110 new Intellectual Disabilities waiver slots will be required to eliminate these waivers' waiting lists by the end of state fiscal year 2020 (these estimated slot needs are inclusive, not in addition to, the stated minimum new slot allocations). Over the course of the 11 years required, these additional slots are expected to cost approximately $2.4 billion in General Funds ($4.9 billion in total funds). These costs will be on-going in perpetuity and additional slots will be required each year thereafter as needed under the non-capped waiver programs. This additional cost could impact the Commonwealth's ability to fund other programs both within the Health and Human Resources Secretariat and across other State programs.

In addition to the General Fund cost to eliminate the waiting lists, the Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services (DBHDS) will require additional administrative support to adequately administer the waiver programs. DMAS and DBHDS have estimated an additional $82 million in General Funds ($139 million in total funds) to support the administration of the added waiver slots over the course of the elimination plan. As with the medical costs, these costs will be on-going. Finally, there are significant concerns with provider capacity, both public and private, to serve the increased population.

The following document represents the legislatively required plan to eliminate these two waiver waiting lists through the addition of slot capacity to the existing waivers. The plan is presented independent of the upcoming Executive Budget development, as well as future biennial budget proposals. To the extent the adopted budgets modify implementation of this plan, the targets and expenses presented herein will need modification to meet the elimination goal by the end of state fiscal year 2020. In light of the fiscal impact of this plan, DMAS and DBHDS are recommending further long-term study to examine alternate service delivery options (i.e., waiver modifications/development) to achieve the coverage goals outlined by Chapters 228

and 303 in a more cost effective manner. It is envisioned that this study would be conducted over the next biennium, with significant involvement from relevant stakeholders, to be considered in the development to of the 2012-2014 Biennial Budget.

Introduction

Chapters 228 and 303 of the *2009 Virginia Acts of Assembly* (hereafter, the *2009 Acts*) express the intent of the General Assembly to eliminate the waiting lists for the Intellectual Disabilities (formerly "Mental Retardation") Waiver and the Individual and Family Developmental Disabilities Supports Waiver (Appendix A). These two waivers are part of a group of programs offered through Virginia Medicaid, known as Home and Community Based Services (HCBS) waivers. Waivers are intended to provide services to individuals with certain disabilities in the community rather than through institutional settings. Each of these two waivers currently have a capped number of available slots for enrollment; this limitation has necessitated the use of waiting lists for access to services under the waiver as more people meet the criteria for services than the allotted slots allow for participation.

The *2009 Acts* prescribe a number of requirements to meet the intent of the General Assembly to eliminate these waiting lists. First, beginning with State Fiscal Year (SFY) 2011, the Department of Medical Assistance Services (DMAS) is required to annually increase the number of funded waiver slots at a minimum of 67 slots for the Individual and Family Developmental Disabilities Supports (DD) waiver and 400 slots for the Intellectual Disabilities (ID) waiver, until the waiting lists are eliminated. DMAS is directed to work with the Department of Planning and Budget (DPB) to incorporate the additional Medicaid costs attributed to these new waiver slots into the annual expenditure forecast of the Medicaid program. Per this legislative requirement, the Medicaid forecast released in November 2009 will include costs associated with the annual addition of 67 slots in the DD waiver, and 400 slots in the ID waiver for each fiscal year forecasted.

Additionally, the legislation directs the Governor to develop a plan to eliminate these two waiting lists by the 2018-2020 Biennium. In addition to elimination of the lists by the end of SFY 2020, the plan is required to include provisions to reduce the total number of individuals on the waiting list for the ID waiver by 10 percent in the 2008-2010 Biennium.

This report is intended to meet the legislative requirement of the *2009 Acts* for a plan to eliminate the waiting lists for the DD and ID waivers. It is important to distinguish that this plan is separate and apart from the Governor's Introduced Budget for the 2010-2012 Biennium which will be released in December 2009, as well as subsequent biennial budgets. As future revenue availability is not known in drafting this elimination plan, measures taken in subsequent years to eliminate these waiting lists may not coincide with the outline herein.

Background

This section of the plan is intended to provide additional background on the federal requirements for HCBS waivers and a brief history of Virginia's implementation of the DD and ID waivers.

History and Overview of Home and Community Based Services Waivers

In 1981, Congress authorized the waiver of certain federal requirements to allow states the ability to support and finance Medicaid home and community based services to individuals who would otherwise require care in an institutional setting. Like other Medicaid programs, HCBS waivers are jointly funded by state and federal governments. HCBS waivers are intended to allow individuals to preserve their independence and choice by remaining in the community. Additionally, state Medicaid programs are able to serve these recipients in a more cost effective manner than would be achieved through institutional placement. Virginia currently operates seven HCBS waivers.

Under section 1915(c) of the Social Security Act, states may request to waive certain federal requirements in order to develop community based alternatives to institutional placement. States have the flexibility to design and implement each waiver program through the selection of services that best address the population that will be served through the waiver. To receive waiver approval from the Centers for Medicare and Medicaid Services (CMS), DMAS must demonstrate that providing home and community based services will not exceed the average aggregate cost of care as provided in an institutional setting. Additionally, DMAS must exhibit safeguards to ensure the health, safety, and welfare of all individuals receiving services through a HCBS waiver. HCBS waiver programs are initially approved for three years and may be renewed every five years after the initial renewal.

Virginia's DD and ID Waivers

Participants in all of Virginia's HCBS waivers must meet certain eligibility criteria, including meeting the level of care needs for institutional placement. The DD Waiver (Appendix B) was first implemented in SFY 2002 and is available for individuals who are six (6) years of age and older who are in need of significant support due to developmental risk or developmental disability (such as autism, cerebral palsy, spina bifida, etc. - DD Waiver recipients cannot have a diagnosis of intellectual disability/mental retardation). Screening for the DD waiver is preformed by local health departments. If an individual meets waiver criteria, a service plan is created by the individual and a case manager, and DMAS places the individual on a waiting list until a slot becomes available. In July 2009, there were 759 individuals on the DD waiver waiting list with growth in the list projected to average approximately 154 individuals per year. It is estimated that an individual spends four and a half years on the waiver waiting list before they are enrolled and receive DD waiver services. DMAS is responsible for all administrative components of the DD waiver.

The ID Waiver (Appendix C) was first implemented in SFY 1998 and is available for individuals who are younger than six (6) years of age who are at developmental risk and to individuals six (6) years of age and older who have a diagnosis of mental retardation/intellectual disability and are at imminent risk of placement in an Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR). Screening for the ID waiver is preformed by the local community service board (CSB), and if an individual meets waiver criteria, a case manager assists the individual with developing a service plan. The CSB assigns the individual to either an urgent or non-urgent waiting list maintained by each individual CSB until a slot becomes

available. ID waiver slots are allocated by formula to each CSB, and the CSBs assign slots to individuals who are on the waiting list based on each CSB's determination of who has the most urgent need on their list. In July 2009, there were 4,799 individuals on the ID waiting list, with growth in the list projected to average approximately 699 individuals per year. It is estimated that an individual on the urgent waiting list spends nearly two and a half years on the list while individuals who are placed on the non-urgent waiting list spend anywhere from three to seven years waiting before they are enrolled and receive ID waiver services. While DMAS is the single state agency with responsibility over all aspects of the Medicaid program, the daily administration of this waiver is conducted by the Department of Behavioral Health and Developmental Services (DBHDS).

While a HCBS waiver-eligible individual must meet criteria for institutional placement, the existence of the waiting lists for the DD and ID waivers in and of themselves indicates that many individuals and family decision-makers choose to wait for needed services in the community rather than institutionalizing (often permanently) themselves or their family member(s). Thus, the addition of waiver slots represents a cost to the State relative to the base budget of the Medicaid program. While waiver services are required to be cost effective relative to institutional placement, the costs of services under the DD and ID waivers are not insignificant. In SFY 2010, the DD waiver cost is expected to average approximately $26,010 per recipient for the year. The ID waiver annual cost is projected at $62,050 per recipient in SFY 2010 (the key waiver service that drives the higher costs in the ID waiver is congregate residential care, which is not available in the DD waiver). As such, the addition of waiver slots over the years has been heavily dependent on the availability of funding to provide the services under these two waivers.

Despite the cost, the Governor and General Assembly have recognized the importance of these services through the addition of waiver slots over the years. Table 1 (next page) provides a history of new slot allocation to these two HCBS waivers by state fiscal year.

Table 1
History of New Slot Allocation for the DD and ID Waivers

State Fiscal Year	New DD Waiver Slots	New ID Waiver Slots
2003	0	150
2004	0	175
2005	105	860
2006	0	0
2007	65	303
2008	100	468
2009*	15	710
2010*	15	210

*Includes slots designated for the Money Follows the Person Demonstration: 110 of the ID slots each year, and the 15 DD slots from each year

Plan to Eliminate the DD and ID Waiting Lists

While the *2009 Acts* specified the intent to eliminate the waiting lists and some broad parameters guiding the development of the plan, the language did not specify any potential options for consideration. As such, this plan has been developed under the assumption that the General Assembly's intent was to eliminate the waiting lists for these two waivers through the allocation of additional waiver slots for these two waivers; this assumption is supported by the discussions that led to passage of these chapters of the *2009 Acts*. In other words, this plan contemplates the necessary allocation and funding of waiver slots under the existing operating structure of the HCBS waiver program; it does not account for the creation of additional waiver programs or other modifications to the existing Medicaid program to divert individuals from the DD and ID waiting lists.

Further, the *2009 Acts* language specified that the waiting lists be eliminated "by the 2018-2020 biennium." For this plan, we have interpreted that to mean that the waiting lists are to be eliminated by the end of SFY 2020. In order to project the need for additional slots and funding through 2020, various assumptions have been made to forecast demand for services and their costs. Modifying these assumptions will render the projections presented below moot.

Finally, this plan is presented as a stand-alone plan relative to the normal budget development process and the subsequent Appropriations Acts. The plan contemplates a relatively stable (i.e., linear) allocation of new slots each year. To the extent resources are not available in each year to implement this approach to eliminating the DD and ID waiver waiting lists, regardless of changes of the underlying assumptions regarding demand for the services, the subsequent slot allocations may not be sufficient to meet the intent of elimination by the end of SFY 2020.

Reduction on the ID Waiting List by 10 Percent for SFY 2010

In addition to the full elimination plan, the 2009 Acts also directed the plan to include a 10 percent reduction to the ID waiver in the current fiscal year (2010). As stated earlier, there were 4,799 individuals on the ID waiting list as of July, so a 10 percent reduction would be 480 individuals added in 2010. The 200 slots issued on June 22, 2009, combined with the 100 slots that are scheduled to be funded effective January 1, 2010 (per the Governor's FY 2010 Reduction Plan released on September 8), will assure that most of the 480 slots required to meet this legislative initiative will be available. In addition, there has been a turnover rate in excess of 200 slots per year over the past two years due to deaths, movement of individuals out of state or into facilities, and other reasons. However, it is currently unclear if the Commonwealth can achieve the 10 percent reduction goal without additional slots allocated for SFY 2010. The remainder of the discussion will focus on the plan to eliminate the waiting lists altogether by the end of SFY 2020.

Additional Slots and Funding Required to Eliminate of the DD and ID Waiver Waiting Lists by 2020

The *2009 Acts* state that the intent of the General Assembly is to eliminate the waiting lists for the DD and ID waivers. As part of this statement of intent, the language requires DMAS to annually increase the number of funded waiver slots at a minimum of 67 slots for the DD and 400 slots for the ID waivers. Based on current waiver data and the expected growth rate in the number of individuals requiring the services of these two waivers, it is clear that the minimum annual new slots prescribed (67 DD and 400 ID slots) will only slow the growth of the waiting lists for these two waivers; these additional slots each year will not eliminate the waiting lists if the assumptions in population growth hold true.

As stated earlier, current indications are for growth in the DD waiver waiting list of approximately 154 individuals per year. Even if the additional 67 slots per annum in the *2009 Acts* are provided, this continuous increase works concurrently against the effort to eliminate the waiting list. In order to meet the ultimate objective and eliminate the DD waiver waiting list by the 2018-2020 Biennium, DMAS has estimated that approximately 220 (total) slots must be added and funded annually by the Governor and General Assembly from 2011 through 2020. The expense associated with the calculated projections is based upon the current DD waiver slot cost adjusted for inflation over the course of the elimination plan. Table 2 (next page) presents the plan and costs for the elimination of the DD waiting list by the end of 2020. It is important to understand that the addition of slots is cumulative on an annual basis. In other words, the 220 slots added in 2011 still require funding (relative to the base budget) in 2012, 2013, etc.

As stated earlier, current estimates show the ID waiver growing by approximately 699 individuals each year. As with the DD waiver, this continuous increase works against the effort to eliminate the waiting list, even with the prescribed allocation of 400 slots per year. In order to meet the ultimate objective and eliminate the ID waiver waiting list by the 2018-2020 Biennium, DMAS has determined that approximately 1,110 (total) slots must be added and funded by the Governor and General Assembly each year from 2011 through 2020. The expense associated with the calculated projections is based upon the current ID waiver slot cost adjusted for inflation over the course of the elimination plan. Table 3 (next page) presents the plan and costs for the elimination of the ID waiting list by the end of 2020. As with the DD estimates above, it is important to understand that the addition of slots is cumulative on an annual basis. In other words, the 1,110 slots added in 2011 still require funding (relative to the base budget) each year.

Table 4 (page 8) presents the combined fiscal impact (medical only) of the plan to eliminate the waiting lists for the DD and ID waivers by the end of SFY 2020. These costs will be on-going in perpetuity and additional slots will be required each year thereafter as needed under the non-capped waiver programs. It is important to reiterate, however, that the waiver costs are significantly less than the potential cost of services to these same individuals were they to avail themselves of the institutional services for which they qualify. At an approximate annual institutional cost of $170,000 estimated for SFY 2010, services to these individuals are much less expensive to the State through the waivers (compared to annual costs of 26,010 in the DD waiver and $62,050 in the ID waiver) than through an institutional placement.

Table 2
Plan to Eliminate the DD Waiver Waiting List

SFY	New Slots	Projected Wait List (after new slots)*	Total Slots	Medical Cost Total	Medical Cost GF
2010**	0	885	594	n/a	n/a
2011	220	678	814	$4,785,439	$2,274,128
2012	220	612	1,034	$10,562,864	$5,281,432
2013	220	547	1,254	$16,380,529	$8,190,264
2014	220	481	1,474	$22,241,260	$11,120,630
2015	220	415	1,694	$28,146,608	$14,073,304
2016	230	339	1,924	$34,320,247	$17,160,124
2017	220	274	2,144	$40,364,849	$20,182,425
2018	220	208	2,364	$46,419,055	$23,209,528
2019	220	142	2,584	$52,522,352	$26,261,176
2020	220	76	2,804	$58,684,610	$29,342,305
2021	231	0	3,035	$66,462,781	$33,231,390
TOTAL	**2,441**	**n/a**	**3,035**	**$380,890,594**	**$190,326,706**

*Assumes Waiting List growth of 154.2 per year; assumes slots are filled on 7/1 of each year
**Projected wait list as of 6/30/10

Table 3
Plan to Eliminate the ID Waiver Waiting List

SFY	New Slots	Projected Wait List (after new slots)*	Total Slots	Medical Cost Total	Medical Cost GF
2010**	*100*	5,155	8,352	n/a	n/a
2011	1,110	4,102	9,462	$57,486,686	$27,318,139
2012	1,110	3,691	10,572	$126,656,635	$63,328,317
2013	1,110	3,281	11,682	$196,043,828	$98,021,914
2014	1,110	2,870	12,792	$265,661,501	$132,830,750
2015	1,110	2,458	13,902	$335,512,225	$167,756,113
2016	1,110	2,047	15,012	$405,616,995	$202,808,497
2017	1,110	1,637	16,122	$475,972,796	$237,986,398
2018	1,110	1,226	17,232	$546,604,986	$273,302,493
2019	1,110	815	18,342	$617,515,367	$308,757,683
2020	1,110	403	19,452	$688,738,355	$344,369,177
2021	1,102	0	20,554	$773,793,913	$386,896,957
TOTAL	**12,202**	**n/a**	**20,554**	**$4,489,603,286**	**$2,243,376,439**

*Assumes waiting list growth of 698.5 per year; assumes slots are filled on 7/1 of each year
**100 new slots are funded beginning on 1/1/10; thus, their costs are not included here; wait list projected for 6/30/10

Table 4 Combined Fiscal Imapct (Medcial Only) of the Elimination of the DD and ID Waiver Wait Lists		
	Medical Cost	
SFY	Total Cost	GF Cost
2011	$62,272,125	$29,592,267
2012	$137,219,499	$68,609,749
2013	$212,424,357	$106,212,178
2014	$287,902,761	$143,951,380
2015	$363,658,833	$181,829,416
2016	$439,937,242	$219,968,621
2017	$516,337,645	$258,168,822
2018	$593,024,041	$296,512,021
2019	$670,037,719	$335,018,860
2020	$747,422,964	$373,711,482
2021	$840,256,694	$420,128,347
TOTAL	**$4,870,493,880**	**$2,433,703,145**

Administrative and Other Potential Impacts of the Elimination Plan

The *2009 Acts* focus solely on eliminating the DD and ID waiver waiting lists from a programmatic capacity standpoint. While the addition of funded waiver slots is necessary in order to fulfill the overall goal of waiting list elimination, the administrative impact of this elimination plan is extensive and must be considered as part of an overall plan. The systems that support and maintain HCBS waiver participants and services are complex and multifaceted. It will be necessary to not only recognize this as an important component to an overall plan but also incorporate fiscal support for this enhanced need.

Additionally, Virginia will need to recognize the need for more home and community based service providers. Both agencies and independent workers will need to be recruited and trained in order to appropriately support individuals with disabilities who live in the community. Compounding the need for an enhanced workforce is the ever increasing issue of accessible housing. Individuals are unable to safely live in the community if there are not appropriate housing options available. Affordable housing options for individuals with disabilities is already extremely limited; as the Commonwealth seeks to provide more individuals the opportunity for community living, it is important for housing agencies to be included in the planning process.

Administrative Impact on State and Local Agencies

In order to fully meet the desired outcome of waiver waiting list elimination in the DD and ID waivers, all administrative components must be explored and appropriately supported.

Staff recruits waiver service providers, reviews service plans, prior-authorizes services, hears client appeals, provides training and technical assistance, and conducts other administrative tasks that allow these waivers to operate efficiently and effectively. For example, staff is required by CMS to conduct Quality Management Reviews of providers/recipients to verify that established CMS quality assurance measures are met. Staff document compliance with eighteen CMS criteria including: assuring that the service plans address individual needs and personal goals; verifying that appropriate regulations and policy have been followed; and, assuring through a continuous monitoring of health and welfare that remediation actions are initiated. Currently, each staff member maintains a caseload of 425 reviews per year (across all HCBS waivers). As waiver participation increases, there is need for additional staff to meet this federal requirement.

As such, both DMAS and DBHDS will require additional staffing in order to maintain the workload associated with an increased HCBS waiver population. DMAS will also need to consider existing agreements with contractors (prior authorization, fiscal/employer agent for those consumer directing care, transportation, claims processing, program integrity, etc.) who provide administrative services and supports for Medicaid. In the event that contracts are negotiated around enrollment capacity, a substantial increase in participation will result in the need for contract modifications, including systems redesign and enhanced payment for an increase in enrollment.

Tables 5 (below) and 6 (next page) present the number of associated full-time equivalent (FTE) positions needed by DMAS to administer the increase in waiver slots for the DD and ID waivers, respectively. For the DD waiver, the DMAS estimate assumes an analyst caseload of 118 waiver recipients (1:118) per year; for the ID waiver, the assumption is 1:320. For both waivers combined, DMAS assumes a caseload for appeals hearing officers of 1:181 per year. The costs presented in Tables 5 and 6 are for both the increased FTEs as well as increased contract costs for the various services discussed above.

Table 5
FTEs and Cost (DMAS) for Additional IFDDS Waiver Slots

SFY	Cumulative New Slots	Cumulative FTEs Required	Total Cost	GF Cost
2011	220	3	$268,092	$134,046
2012	440	6	$536,184	$268,092
2013	660	9	$804,276	$402,138
2014	880	12	$1,072,368	$536,184
2015	1,100	15	$1,340,460	$670,230
2016	1,330	18	$1,608,552	$804,276
2017	1,550	21	$1,876,644	$938,322
2018	1,770	24	$2,144,736	$1,072,368
2019	1,990	27	$2,412,828	$1,206,414
2020	2,210	30	$2,680,920	$1,340,460
2021	2,441	33	$2,949,012	$1,474,506
		TOTAL	**$17,694,072**	**$8,847,036**

Table 6 FTEs and Cost (DMAS) for Additional ID Waiver Slots				
SFY	Cumulative New Slots	Cumulative FTEs Required	Total Cost	GF Cost
2011	1,110	9	$851,796	$425,898
2012	2,220	18	$1,703,592	$851,796
2013	3,330	27	$2,555,388	$1,277,694
2014	4,440	36	$3,407,184	$1,703,592
2015	5,550	45	$4,258,980	$2,129,490
2016	6,660	54	$5,110,776	$2,555,388
2017	7,770	63	$5,962,572	$2,981,286
2018	8,880	72	$6,814,368	$3,407,184
2019	9,990	81	$7,666,164	$3,833,082
2020	11,100	90	$8,517,960	$4,258,980
2021	12,202	99	$9,368,700	$4,684,350
		TOTAL	**$56,217,480**	**$28,108,740**

Additionally, DBHDS will need to ensure regional offices are staffed appropriately. Table 7 (next page) presents the number of associated full-time equivalent (FTE) positions needed by DBHDS to administer the increase in waiver slots for the ID waiver. DBHDS is the agency responsible for licensing, human rights, training, technical assistance, and prior authorization for the ID waiver. Table 7 includes staffing for licensing specialists (100% State General Funds), human rights specialists (100% State General Funds), Community Resource Consultants for Waiver training/technical support and Pre-Authorization Consultants (50/50 federal match). The approximate ratio needed to support the increase in waiver participation is 1 FTE for every 100 additional ID waiver slots.

Currently, local Community Services Boards (CSB) conduct eligibility screenings, maintain the ID waiver waiting list and provide waiver services. Local CSBs will need financial support from DBHDS to substantiate the existing workforce by hiring new staff members. Likewise, local departments of health will require financial support to substantiate the existing workforce as the caseload for assessments increases.

Conclusion

The goals of the various HCBS waivers in the Medicaid program are laudable and both the Governor and General Assembly have recognized these programs for the important services they provide. All involved agree that it is ideal to provide the opportunity for individuals with disabilities to live in the community, as opposed to institutions, if the resources are available to meet the unique and substantial needs of these individuals. This recognition and direction from policymakers is necessary for the continued movement towards a service delivery system focused on community living.

Table 7 FTEs and Cost (DBHDS) for Additional ID Waiver Slots				
SFY	Cumulative New Slots	Cumulative FTEs Required	Total Cost	GF Cost
2011	1,110	11	$990,000	$825,000
2012	2,220	22	$1,980,000	$1,665,000
2013	3,330	33	$2,970,000	$2,475,000
2014	4,440	44	$3,960,000	$3,285,000
2015	5,550	56	$4,950,000	$3,960,000
2016	6,660	67	$5,940,000	$4,950,000
2017	7,770	78	$6,930,000	$5,760,000
2018	8,880	89	$7,920,000	$6,615,000
2019	9,990	100	$8,910,000	$7,425,000
2020	11,100	111	$9,900,000	$8,235,000
2021	12,202	122	$10,890,000	$9,090,000
		TOTAL	**$65,340,000**	**$54,285,000**

Millions of federal grant dollars are being spent throughout Virginia to help facilitate systems change with an emphasis on community living. The Governor and General Assembly are beginning to alter the outdated paradigm of care focused on institutional placement towards expanded community options, as evidenced in the *2009 Acts*. Shifting the Commonwealth's focus towards community living is a change of great magnitude. In order to address this change and to sufficiently provide services in the community, the Commonwealth needs to enhance its funding for and development of adequate and appropriate community based resources.

This plan outlines an approach to address the intent of the General Assembly to eliminate the waiting lists for the DD and ID waivers by the end of the 2018-2020 Biennium. Implementing this plan, however, will require a substantial influx of funding and other resources as the population in need of services continues to grow substantially from year to year. It is unclear at this time when or if the Commonwealth will have the resources available to meet the full intent of Chapters 228 and 303 of the 2009 *Virginia Acts of Assembly*. It is also unclear as to what other funding priorities may arise that preclude adequate funding for full participation in these two waivers. However, the needs of these populations are great and though full implementation of this plan may not be achievable at this time, other options may be more cost effective to help Virginia move toward greater community integration of these populations. As such, DMAS and DBHDS should undertake a longer-term research effort, with input from relevant stakeholders, to identify possible service delivery options (waiver modifications/ development) that could achieve the coverage goals expressed in Chapters 228 and 303 in a more cost effective manner. As this research and subsequent planning will undoubtedly be complex given the needs of these populations, the recommendation is for this additional research to be conducted during the upcoming biennium, with potential modifications implemented through the 2012-2014 biennial budget.

APPENDIX A

2009 Acts of Assembly
Chapter 228/ Chapter 303

An Act relating to elimination of waiting lists for the Mental Retardation Medicaid Waiver and Individual and Family Developmental Disabilities and Support Medicaid Waiver within 10 years.

Approved March 27, 2009

Be it enacted by the General Assembly of Virginia:

1. § 1. That it is the intent of the General Assembly to eliminate the waiting lists for services pursuant to the Mental Retardation Medicaid Waiver and the Individual and Family Developmental Disabilities and Support Medicaid Waiver.

In furtherance of this intent, beginning with the fiscal year starting July 1, 2010, and for each fiscal year thereafter, the Department of Medical Assistance Services shall add (i) at least 400 additional funded slots per fiscal year for the Mental Retardation Medicaid Waiver, and (ii) at least 67 additional funded slots per fiscal year for the Individual and Family Developmental Disabilities and Support Medicaid Waiver, until the waiting lists for the Mental Retardation Medicaid Waiver and the Individual and Family Developmental Disabilities and Support Medicaid Waiver have been eliminated.

In addition, the Governor shall develop a plan to eliminate the waiting lists for services provided to individuals on the Mental Retardation Medicaid Waiver and the Individual and Family Developmental Disabilities and Support Medicaid Waiver by the 2018-2020 biennium. The plan shall include provisions to reduce the total number of individuals on the waiting list for the Mental Retardation Medicaid Waiver by 10 percent in the 2008-2010 biennium. The Governor shall submit the plan to the chairman of the Joint Commission on Health Care, and the chairmen of the House Appropriations and Senate Finance Committees by October 1, 2009.

The Department of Medical Assistance Services shall work with the Department of Planning and Budget to incorporate additional costs pursuant to this act in the estimate of Medicaid expenditures required pursuant to § 32.1-323.1 of the Code of Virginia.

APPENDIX B

Virginia Department of Medical Assistance Services (DMAS)
The Individual and Family Developmental Disabilities (DD)
Support Waiver
Fact Sheet 2009

Initiative	Home and community based (1915(c)) waiver program that provides care in the community rather than in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).
Targeted Population:	Individuals who are 6 years of age and older who have a diagnosis of a developmental disability and do not have a diagnosis of mental retardation/ intellectual disability (MR/ID). All individuals must: (1) Meet the ICF/MR level of care criteria (i.e., they meet at least two out of seven levels of functioning in order to qualify); (2) Are determined to be at imminent risk of ICF/MR placement; and (3) Be determined that community based care services under the waiver are the critical services that enable the individual to remain at home rather than being placed in an ICF/MR.
Program Administration	The program is administered by DMAS.
Eligibility	The DD Waiver provides services to participants 6 years of age and older who have a diagnosis of a developmental disability and do not have a diagnosis of MR/ID. Participants also must require the level of care that is provided in an ICF/MR. Children who do not have a diagnosis of MR/ID, and have received services through the ID Waiver, become ineligible for the ID Waiver when they reach the age of 6. At that time, they can be screened for eligibility for the DD Waiver; if found eligible, they may transfer to the waiver before the age of 7 and receive a DD waiver slot subject to Centers for Medicare and Medicaid Services (CMS) approval. Individuals remain on the ID waiver until a smooth transition can take place. As with all Medicaid-funded services, there are also financial criteria considered in determining eligibility.
Services Available	• Assistive Technology • Companion Care– Agency-Directed • Crisis Stabilization • Crisis Supervision • Day Support - High Intensity and Regular • Environmental Modifications

- Family/Caregiver Training
- In-home Residential Support (not group homes)
- Personal Care – Agency-Directed and Consumer-Directed
- Personal Emergency Response System (PERS)
- Prevocational Services (Regular and High Intensity)
- Respite Care – Agency-Directed and Consumer-Directed
- Skilled Nursing RN/LPN
- Case Management
- Supported Employment – Enclave and Individual
- Therapeutic Consultation
- Transitional Services

Service Authorization

An individual or family caregiver submits a "Request for Screening" form to the local Virginia Department of Health or Child Development clinics designated to serve as the screening team for this waiver. If the screening team determines that individual meets criteria, the individual is offered the choice of IFDDS Waiver case managers who will assist with service plan development and oversight. The case manager will submit the Prior Authorization Request to the DMAS prior authorization contractor. The request is checked against the POC and the determination rendered to the individual. If approved, the request for service authorization is considered to be completed. In the event of a denial, information surrounding the appeals process is provided in the notice. DMAS staff makes the final determination for waiver criteria and assigns the individual to the waitlist until a slot becomes available. Slot allocation is on a first come first serve basis.

Waiting List

A waiting list exists for the DD Waiver. The waiting list is maintained on a first-come, first served basis. Individuals are assigned a position on the waiting list based on the date DMAS receives all required documentation – including the Screening Packet from the screening team and the plan of care from the case manager.

Once DMAS determines that the individual is eligible, the individual is placed on the waiting list.

Emergency Criteria

Subject to available funding, individuals must meet at least one of the emergency criteria to be eligible for immediate access to waiver services without consideration to the length of time an individual has been waiting to access services. In the absence of waiver services, the individual would not be able to remain in the home/community. The criteria are:

1. The primary caregiver has a serious illness, has been hospitalized, or has died;

2. The individual has been determined by the Department of Social Services (DSS) to have been abused or neglected and is in need of immediate waiver services;
3. The individual has behaviors which present risk to personal or public safety; or,
4. The individual presents extreme physical, emotional or financial burden at home and the family or caregiver is unable to continue to provide care.

Service Descriptions (12VAC30-120-700 et seq.)

Assistive Technology: Specialized medical equipment and supplies including those devices, controls, or appliances specified in the plan of care but not available under the State Plan for Medical Assistance. Assistive Technology enables individuals to increase their abilities to perform activities of daily living (e.g., bathing, toileting, personal hygiene skills, dressing, transferring, etc). It also includes equipment and supplies used to perceive, control, or communicate with the environment in which they live, or that are necessary to the proper functioning of the specialized equipment.

Case Management: The assessment, planning, linking, and monitoring of services for individuals referred for the DD Waiver. It also ensures the development, coordination, implementation, monitoring, and modification of individual support plans. Additionally, case management links individuals with appropriate community resources and supports; coordinates service providers; and monitors the quality of care.

Companion Services: May be either agency- or consumer-directed. The service provides non-medical care, socialization, or support to adults in the home or at various locations in the community.

Consumer-Directed Services: Offers the individual, family, or other caregivers the option of hiring workers directly, rather than using traditional agency staff.

Crisis Stabilization: Direct intervention (and may include one-to-one supervision) with a person with developmental disabilities who is experiencing serious psychiatric or behavioral problems which jeopardize his/her current community living situation.

Day Support: Training, assistance, and specialized supervision to enable the individual to acquire, retain, or improve his/her self-help, social, and adaptive skills. Day support services typically take place away from the home in which the individual resides and may be located in a "center" or in community locations.

Environmental Modifications: Physical adaptations to a house, place of residence, primary vehicle or work site, when the work site modification exceeds reasonable accommodation requirements provided through the Americans with Disabilities Act. The use of environmental modifications must be necessary to ensure individuals' health and safety, be of direct medical or remedial benefit to individuals, or enable functioning with greater independence. The adaptation may not be used to bring a substandard dwelling up to minimum habitation standards.

Family and Caregiver Training: Training for and counseling services with families of individuals receiving services from the waiver.

In–Home Residential Support Services: Training, assistance, and specialized supervision provided primarily in an individual's home to help the person learn or maintain skills in activities

of daily living, safety in the use of community resources, and appropriate behavior for home and community living. (This does not include Sponsored Placements)

Personal Assistance (Personal Care): May be either agency- or consumer-directed. Personal assistance provides direct support with activities of daily living (e.g., bathing, toileting, personal hygiene skills, dressing, transferring, etc.), instrumental activities of daily living (e.g., assistance with housekeeping activities, preparation of meals, etc.), accessing the community, taking medication or other medical needs, and monitoring the individual's health status and physical condition.

Personal Emergency Response System (PERS): An electronic device that enables certain recipients who are at high risk of institutionalization to secure help in an emergency through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation via the recipient's home telephone line. This is limited to those recipients who live alone or who are alone for significant parts of the day, have no regular caregiver for extended periods of time, and would otherwise require extensive routine supervision.

PERS Medication Monitoring: An electronic device that enables certain recipients at high risk of institutionalization to be reminded to take their medications at the correct dosages and times.

Prevocational Services: Training and assistance to help prepare an individual for paid or unpaid employment. These services are not job task-oriented. They are for individuals who need to learn skills that are fundamental to employment such as accepting supervision, getting along with co-workers, using a time clock, etc.

Respite Care: May be agency- or consumer-directed. Services provided to individuals who are unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those unpaid persons who normally provide the care.

Skilled Nursing Services: Nursing services ordered by a physician for individuals with serious medical conditions and complex health care needs. This service is only available for individuals who cannot access them through another means. These services may be provided in an individual's home, community setting, or both.

Supported Employment: Enables individuals with disabilities to work in settings in which persons without disabilities are typically employed. It includes training in specific skills related to paid employment and the provision of ongoing or intermittent assistance and specialized supervision to enable an individual to maintain paid employment. It may be provided to one person in one job (e.g., a person working to bus tables in a restaurant) or to several people at a time when those individuals are working together as a team to complete a job (e.g., such as a grounds maintenance crew).

Therapeutic Consultation: Expert training and technical assistance in any of the following specialty areas to enable family members, caregivers, and other service providers to better support the individual. The specialty areas are: psychology, social work, speech and language pathology, occupational therapy, physical therapy, therapeutic recreation, psychiatric clinical nursing, applied behavioral analysis (ABA) and rehabilitation.

Transition Services: Transition Services: Provided for individuals who have transitioned from an ICF/MR. This service is also available prior to discharge for individuals participating in the

Money Follows the Person demonstration. All requests are made to DMAS through DBHDS by the ID waiver case manager.

Providers: An institution, facility, agency, partnership, corporation, or association that meets the standards and requirements set forth by DMAS, and has a current, signed contract with DMAS to be a provider of waiver services.

APPENDIX C

Virginia Department of Medical Assistance Services (DMAS)
Intellectual Disability (ID) Waiver
Fact Sheet 2009

Initiative	Home and community based (1915 (c)) waiver program that provides care in the community rather than in an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR).
Targeted Population:	Individuals who are up to 6 years of age who are at developmental risk and individuals age 6 and older who have a diagnosis of mental retardation/intellectual disability (MR/ID). All individuals must: (1) Meet the ICF/MR level of care criteria (i.e., meet at least two out of seven levels of functioning in order to qualify); (2) Be at imminent risk of ICF/MR placement; and, (3) Be determined that community based care services under the waiver are the critical services that enable the individual to remain at home rather than being placed in an ICF/MR.
Program Administration	Program is administered by the Department of Behavioral Health and Developmental Services (DBHDS) with oversight provided by the Department of Medical Assistance Services.
Eligibility	The ID Waiver provides services to individuals who are up to 6 years of age who are at developmental risk and individuals age 6 and older who have a diagnosis of mental retardation/intellectual disability (MR/ID) or related condition. All individuals must require the level of care provided in an ICF/MR. As with all Medicaid-funded services, there are also financial criteria considered in determining eligibility.
Services Available	• Assistive Technology • Case Management • Companion Care – Agency-Directed and Consumer-Directed • Congregate Residential • Crisis Stabilization • Crisis Supervision • Day Support – High Intensity and Regular • Environmental Modifications • In-Home Residential • Personal Care – Agency-Directed and Consumer-Directed • Personal Emergency Response System (PERS) – Monitoring and LPN and RN

- PERS Medication Monitoring – Installation and Monthly
- Prevocational Services – regular and high intensity
- Residential Support
- Respite Care – Agency-Directed and Consumer-Directed (72 hours max/year)
- Skilled Nursing RN and LPN
- Supported Employment – Enclave and Individual
- Therapeutic Consultation
- Transitional Services

Service Authorization

Once the Department of Behavioral Health and Developmental Services has enrolled the individual in the ID Waiver, the case manager will work with the individual and family to develop a Comprehensive Services Plan (CSP) outlining the needs, existing supports, and documenting frequency and type of needed services. Once services are identified, service providers are chosen and subsequently join the individual, case manager, and family to develop an Individual Support Plan (ISP) for each service that is subsequently folded into the CSP. The case manager will then submit the request for services along with the CSP to DBHDS for prior authorization. The request is checked against the CSP and the determination is processed within 10 working days of receiving all documentation.

Waiting List

All Community Services Boards (CSBs)/Behavioral Health Authorities (BHAs) are responsible for maintaining their own waiting list for the ID Waiver. The waiting list maintained by the CSB/BHA consists of three categories: urgent, non-urgent, and the planning list. DBHDS maintains the Statewide Waiting List to include the CSBs' urgent and non-urgent lists.

Non-Urgent Criteria

The non-urgent waiting list is for individuals who meet the diagnostic and functional criteria for the waiver, including the need for services within 30 days, but who do not demonstrate being at significant risk. The planning list category consists of those who will need services in the future. The waiver is "needs based" with those in the urgent category being given priority. Only after all individuals in the State who meet the urgent criteria have been served can individuals in the non-urgent category be served.

Urgent Criteria

The urgent waiting list is for individuals who not only meet the diagnostic and functional criteria for the waiver, including the need for services within 30 days, but are also determined to be at significant risk. Assignment to the urgent category may be requested by the individual, his or her legal guardian, or primary caregiver. The urgent category may be assigned only when the individual or legal guardian would accept the preferred service if it were offered.

Satisfaction of one or more of the following criteria shall create a presumption that the individual is at significant risk and indicates that the individual should be placed on the urgent waiting list:

1. Primary caregiver(s) is/are 55 years or older;
2. The individual is living with a primary caregiver who is providing the service voluntarily and without pay and the primary caregiver indicates that he or she can no longer care for the individual with MR/ID;
3. There is a clear risk of abuse, neglect, or exploitation;
4. The primary caregiver has a chronic or long term physical or psychiatric condition or conditions which significantly limit his or her ability to care for the individual withMR/ID;
5. The individual is aging out of a publicly funded residential placement or otherwise becoming homeless (exclusive of children who are graduating from high school); or
6. The individual with MR/ID lives with the primary caregiver and there is a risk to the health or safety of the individual, primary caregiver, or other individual living in the home due to either of the following conditions:
    a. The individual's behavior or behaviors present a risk to himself or others which cannot be effectively managed by the primary caregiver even with generic or specialized support arranged or provided by the CSB/BHA; or
    b. There are physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the primary caregiver even with generic or specialized supports arranged or provided the CSB/BHA.

The CSB/BHA must maintain documentation with the reasons the individual meets the urgent criteria. If a slot becomes vacant or when a new slot is allocated, the CSB/BHA is responsible for assigning the slot to an individual from the urgent waiting list. DBHDS will confirm that the slot is available to the CSB/BHA and that the individual has previously been included on the Statewide Urgent Need of Waiver Services Waiting List or newly meets the Urgent Need waiting list criteria. The CSB/BHA will determine, from among the individuals included in the urgent category, who should be served first, based on the needs of the individual at the time a slot becomes available and not on any predetermined numerical or chronological order.

Individuals on the CSB's/BHA's urgent waiting list are evaluated quarterly by the case manager, who makes additions and deletions to the urgent and non-urgent categories as needed and forwards to DBHDS any modifications to the Statewide Urgent Need of Waiver Services Waiting List. When the individual is first placed on the Waiting List or if an individual is moved from the urgent to non-urgent waiting list category, within 10 days he or she is to be notified and given appeal rights in writing by the case manager.

Service Descriptions

Assistive Technology: Specialized medical equipment and supplies including those devices, controls, or appliances specified in the plan of care but not available under the State Plan for Medical Assistance. Assistive Technology enables individuals to increase their abilities to perform activities of daily living (e.g., bathing, toileting, personal hygiene skills, dressing, transferring, etc). It also includes equipment and supplies used to perceive, control, or

communicate with the environment in which they live, or that are necessary to the proper functioning of the specialized equipment.

Case Management: The assessment, planning, linking, and monitoring with individuals referred for the ID Waiver. It also ensures the development, coordination, implementation, monitoring, and modification of individual support plans. Additionally, case management links individuals with appropriate community resources and supports; coordinates service providers; and monitors the quality of care.

Companion Care: May be either agency- or consumer-directed. The service provides non-medical care, socialization, or support to adults in the home or at various locations in the community.

Congregate Residential: Care facilities that typically serve a dozen or more individuals under one roof. Individuals who live in this setting typically have significant medical and/or behavioral needs that demand constant attention. The daily schedule is usually very structured, including routine meal schedules and activity schedules. The staff generally consists of doctors, nurses, therapists, social workers, and direct care aides.

Consumer-Directed Services: Offers the individual, family, or other caregivers the option of hiring workers directly, rather than using traditional agency staff.

Crisis Stabilization: Direct intervention to individuals with intellectual disabilities/mental retardation who are experiencing serious psychiatric or behavioral challenges that jeopardize their current community living situation, by providing temporary intensive services and supports that avert emergency psychiatric hospitalization or institutional placement or prevent other out-of-home placement. This service shall be designed to stabilize the individual and strengthen the current living situation so the individual can be supported in the community during and beyond the crisis period.

Day Support: Training, assistance, and specialized supervision to enable the individual to acquire, retain, or improve his/her self-help, social, and adaptive skills. Day Support services typically take place away from the home in which the individual resides and may be located in a "center" or in community locations.

Environmental Modifications: Physical adaptations to a house, place of residence, primary vehicle or work site, when the work site modification exceeds reasonable accommodation requirements provided through the Americans with Disabilities Act. The use of environmental modifications must be necessary to ensure individuals' health and safety, be of direct medical or remedial benefit to individuals, or enable functioning with greater independence. The adaptation may not be used to bring a substandard dwelling up to minimum habitation standards.

In–Home Residential Support Services: Training, assistance, and specialized supervision, provided primarily in an individual's home to help the person learn or maintain skills in activities of daily living, safety in the use of community resources, and appropriate behavior for home and community living.

Personal Assistance (Personal Care): May be either agency- or consumer-directed. Direct support with activities of daily living (e.g., bathing, toileting, personal hygiene skills, dressing, transferring, etc.), instrumental activities of daily living (e.g., assistance with housekeeping

activities, preparation of meals, etc.), accessing the community, taking medication or other medical needs, and monitoring the individual's health status and physical condition.

Personal Emergency Response System (PERS): An electronic device that enables certain recipients who are at high risk of institutionalization to secure help in an emergency through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation via the recipient's home telephone line. This is limited to those recipients who live alone or are alone for significant parts of the day, have no regular caregiver for extended periods of time, and would otherwise require extensive routine supervision.

PERS Medication Monitoring: An electronic device that enables certain recipients at high risk of institutionalization to be reminded to take their medications at the correct dosages and times.

Prevocational Services: Training and assistance to help prepare an individual for paid or unpaid employment. These services are not job task-oriented. They are for individuals who need to learn skills that are fundamental to employment such as accepting supervision, getting along with co-workers, using a time clock, etc.

Residential Support: Support provided in the individuals' home. The service routinely provides training, assistance, and supervision in order to enable individuals to maintain or improve their health, develop skills in activities of daily living and safety in the use of community resources, adapt their behavior to community and home-like environments, develop relationships, and participate as citizens in the community.

Respite Care: May be agency- or consumer-directed. Services provided to individuals who are unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those unpaid persons who normally provide the care.

Skilled Nursing Services: Nursing services ordered by a physician for individuals with serious medical conditions and complex health care needs. This service is only available for individuals who cannot access them through another means. These services may be provided in an individual's home, community setting, or both.

Supported Employment: Enables individuals with disabilities to work in settings in which persons without disabilities are typically employed. It includes training in specific skills related to paid employment and the provision of ongoing intermittent assistance and specialized supervision to enable an individual to maintain paid employment. It may be provided to one person in one job (e.g., a person working to bus tables in a restaurant) or to several people at a time when those individuals are working together as a team to complete a job (e.g., such as a grounds maintenance crew).

Therapeutic Consultation: Expert training and technical assistance in any of the following specialty areas to enable family members, caregivers, and other service providers to better support the individual. The specialty areas are: psychology, social work, speech and language pathology, occupational therapy, physical therapy, therapeutic recreation, psychiatric clinical nursing, and rehabilitation.

Transition Services: Transition Services: Transition Services: Provided for individuals who have transitioned from an ICF/MR. This service is also available prior to discharge for individuals participating in the Money Follows the Person demonstration. All requests are made to DMAS through DBHDS by the ID waiver case manager.

Providers: An institution, facility, agency, partnership, corporation, or association that meets the standards and requirements set forth by DMAS, and has a current, signed contract with DMAS to be a provider of waiver services.