



1915c Home & Community Based Services Waiver Redesign Task Force

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ABI Waivers Overview

- All services provided on the various 1915(c) waivers are vitally important to Kentuckians.
- The ABI Waivers are unique because they focus on rehabilitation.
- Some services in the ABI Waivers may have rates that are higher than the services on other waivers. This is due to different service definitions requiring smaller staff to patient ratio's and the intensive focus on rehabilitation. Our goal is to rehabilitate the participants to a level of independence that allows them to re-integrate back into their homes and communities with gainful employment.
- Spending now on rehabilitation services saves the state in the long term.
- The ABI waivers have not been revised in over 20 years. There are two waivers to support brain injuries, the Acute and Long-term waivers. All of these individuals have brain injuries, with each individual having unique needs. These categories should be expanded to include those individuals who are Medically Complex and Neurobehaviorally-Challenged with rates for services adjusted and based on their individual needs.

Reimbursement Challenges



- ABI has not had a rate increase for services in over 15 years.
- In the Navigant Rate Study Recommended Significant Reductions to ABI Waiver Services.
- Therapeutic Services:
 - Therapies provided on the ABI waivers are unique and specialized.
 - Due to the nature of the waiver, therapies are part of the rehabilitation process.
- Day Services:
 - ABI day services have a required 5:1 individual to staff ratio
 - ABI day services have objective-driven activities as part of rehabilitation.
- Residential Services:
 - ABI is constrained in the type of residential services that we can offer:
 - Only staffed residence
 - Staffing ratio of 1 staff to 3 individuals
 - Required to have 24/7 awake staff care
 - Staff write progress notes after every shift
 - These differences can make it more costly to operate a residence on the ABI Waivers

Current Labor Challenges for NeuroRestorative



- 124 OPEN Direct Support Professional positions
- 12 OPEN Clinical staff (OT, SLP, Counseling)
- 3 OPEN Licensed Nurse positions

- With each employee that we turnover it costs more to hire the replacement.

- Average OVERTIME rate in August was 33.9%. The Louisville market saw their highest overtime rate in September of 80%.

- Clinical staff and administrative staff are working as DSP's to ensure the safety of the participants. We are averaging over 1000 clinical hours and 1500 salaried hours per month in covering DSP shifts.

- Any way you look at this, it is not sustainable.

Recommendations

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Short Term Funding Recommendations

- **Immediate funding**— The task force shall direct CHFS to utilize HCBS-only ARPA funds to implement immediate rate increases for all waivers.
- In the 2022 budget, appropriate approximately **\$279 million** to accomplish the following:
 - Implement a **25% increase to reimbursement rates for all waivers** in the 2022 budget.
 - This 25% rate increase shall apply to all waivers and all services with the exception of residential services.
 - The task force shall make the **50% rate increase for SCL and ABI residential services permanent**, without day service attendance exclusions, after expiration of Appendix K.

Long Term Funding Recommendations:

- Include language in the 2022 budget requiring the General Assembly and CHFS, with stakeholder feedback, to implement long term funding solutions which include:
 - a. Regular cost of living adjustments;
 - b. Regular wage analysis;
 - c. Funding to support a robust and qualified workforce and true person-centered care.
- Renew this taskforce to for the 2022 interim to accomplish the items listed above.

Questions?