

MFTD Waiver Families

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Proposed 2012 MFTD Waiver What does the removal of hospital level of care mean?

DSCC and HFS have stated that the removal of the hospital level of care from the 2012 MFTD Waiver will have no effect on currently eligible children. Here's a screen shot from their page, <http://www2.illinois.gov/hfs/agency/Pages/MFTD.aspx>:

How is the change of level of care to nursing facility in the waiver going to affect my child?

The change to nursing facility level of care in the waiver will not affect your child's eligibility for the program. Under a waiver, states are required to demonstrate cost-neutrality on an aggregate basis, not for each individual child. To establish the cost neutrality of the MFTD waiver, the costs of home and community-based services will be compared to the costs of nursing facility services for a population with similar needs as the MFTD population. Individual eligibility and the available services under the restructured MFTD program will be assessed individually, based on medical need, as described in #6 and #7 below.

Their application for the program to the Centers for Medicare and Medicaid Services says otherwise. The following are direct quotes or screen shots from the proposed waiver application document, with bolding added:

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- Hospital level of care has been removed as a comparable population. The institutional cost comparison will be nursing facility, using a comparable population with similar medical and technology needs as those served in the waiver.
- 4. Waivers Requested B. Income and Resources for the Medically Needy
 - The state will not request a waiver to use institutional income and resource rules for the medically needy (parental income will now be considered in determining financial eligibility)

Appendix B: Participant Access and Eligibility

B-4: Eligibility Groups Served in the Waiver:

- The state has removed all other eligibility groups and will submit a state plan amendment for approval to be effective September 1, 2012 to cover technology dependent children up to 500% of the FPL as identified through a level of care instrument. This new eligibility group will be the only eligibility group under this waiver.

p. 3 “Select applicable level of care: **Nursing Facility** As defined in 42 CFR §440.40 and 42 CFR §440.155.”

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- **Institutional Cost Limit.** Pursuant to 42 CFR 441.301(a)(3), the State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. *Complete Items B-2-b and B-2-c.*

p. 132 “Cost neutrality Demonstration...Level(s) of Care: Nursing Facility...” From the table Total G+G' in Year 1 = **\$177,423.00**.

p. 135 “Factor G has been established through a methodology to approximate an individual level rate. A total of 116 people were identified who: were **residing in nursing homes**; were **under the age of 60**; and had a condition requiring a ventilator or tracheostomy...A daily rate was then calculated which incorporates various add-ons related to service needs specific to people with a ventilator or tracheostomy...Factor G’ was established through per capita ancillary expenditures for individuals **residing in a nursing home** for each year during the previous waiver renewal period...”

What does this mean? The state has written their application to deny entrance to the waiver for the most complicated and expensive children. Only children designated as having a nursing facility level of care, whose annual costs are lower than the cost of a nursing home, will be eligible for the new 2012 MFTD Waiver.

See <http://savemftdwaiver.com/MFTD2012application.pdf> for the full MFTD application proposal.