



Administered by Human Services Research Institute
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Today's webinar is:

*Tools & Tips for Commenting
on 1915(c) Waivers*



Agenda

- Introductions, welcomes, and logistics from the project team
- Presentations from panelists
 - Jennifer Kucera – Ohio Olmstead Task Force
 - Susan Koller – Self-advocate
 - Elizabeth Edwards – National Health Law Program
- Facilitated Discussion

Grassroots Project team at HSRI



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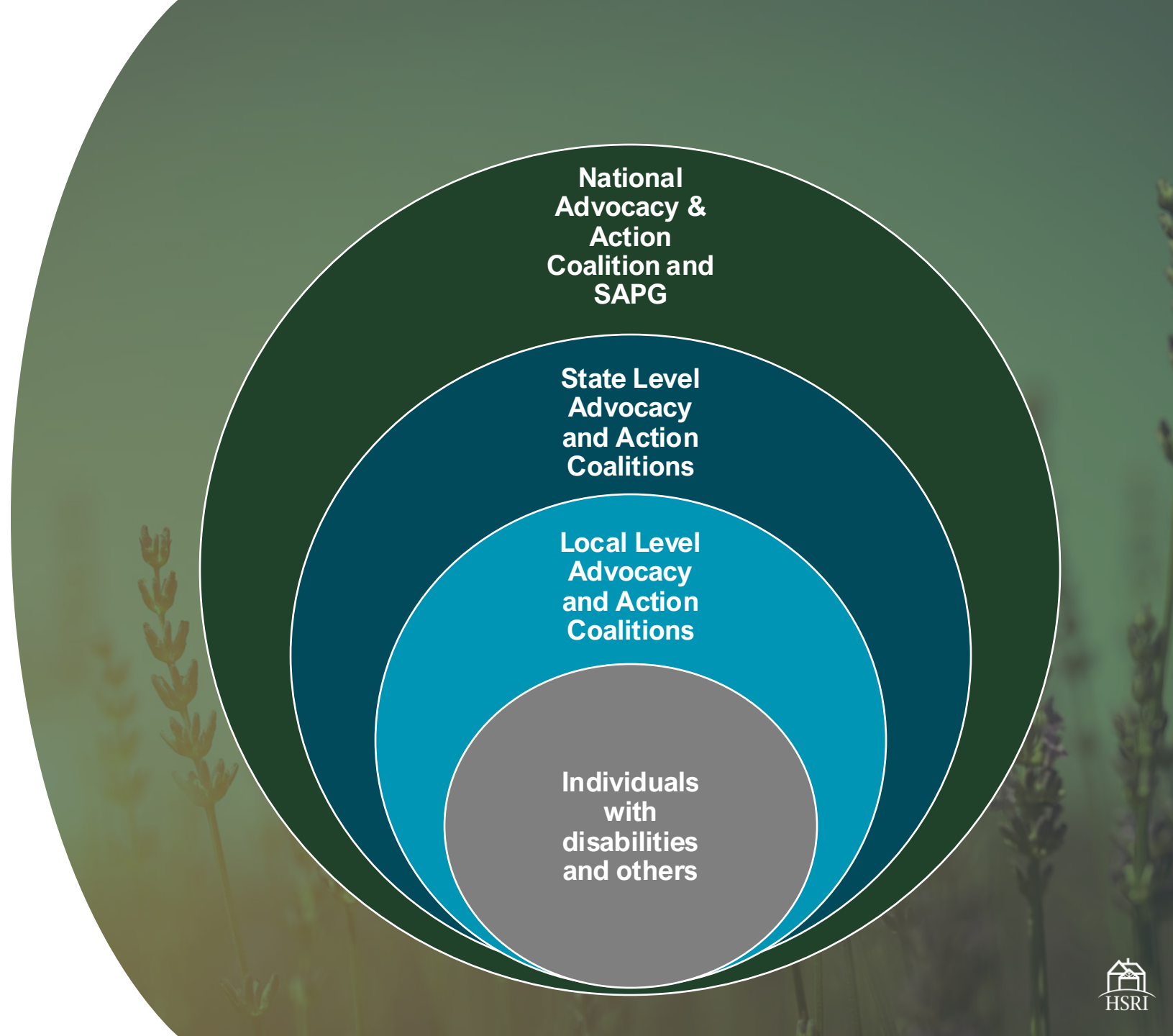


Feedback and Follow-Up

- Follow-up questions and feedback about the webinar can be addressed to grassroots@hsri.org.
- Grassroots Project webinars are not officially approved for Continuing Education Units (CEUs).
- Grassroots Project webinars and associated materials such as plain language summaries and transcripts are archived on the Grassroots Project website at <https://www.hsri.org/projects/the-grassroots-project/>.

Project Goal & Purpose

ACL's Grassroots Project: Engage. Connect. Advocate. was launched in 2023 to support national, state, and local disability advocates in building networks to stay informed about the policies that affect people with disabilities. The Grassroots Project also supports disability advocates to work together to ensure their perspectives, priorities and preferences are reflected in disability policies and service systems.



Key Partners

- A funded National Advocacy and Action Coalition (NAAC)
- An advisory State Agency Partnership Group (SAPG)
- Supported State and Local Advocacy and Action Coalitions

Project approaches

- Develop **structures, processes, and relationships** necessary to build the next generation of **cross-disability, cross generational, and culturally diverse leaders** within the advocacy movement.
- **Connect, grow, and strengthen networks of grassroots advocacy and action coalitions** supporting each other and with the skills and knowledge to advocate for improvements in the quality of community living.



Advocacy and advocacy*

Advocacy

- Direct action
- Lobbying
- Note the Byrd Amendment
 - *Second, Title 31 Sec 1352 of the United States Code, commonly referred to as the Byrd Amendment to the Federal Acquisitions Regulations (FAR), places lobbying restrictions on organizations that receive federal grants and federal contractors. These prohibit the use of federal funds for lobbying purposes but generally allow those organizations to lobby provided they use non-federal funds.*

advocacy*

- Education
- Information dissemination
- Preparation
- Organizing

Lowercase “a” in **advocacy** is the area that the national, state, and local advocacy and action coalitions affiliated with the Grassroots Project can be engaged in.

Webinar aim:

This national webinar – the fourth hosted by the Grassroots Project – brings together National Health Law Program experts and individual advocates from the state of Ohio to explore the experience of commenting on the 1915(c) waiver. The webinar will touch on technical skills expanded upon in NHeLP’s Commenting on Section 1915(c) HCBS Waivers: A Guide for Common Issues while people receiving waiver services discuss their experiences with the public comment process for 1915(c) waiver renewals and amendments.

Ohio Olmstead Task Force



- Started in 2002, when advocates were trying to get the state Medicaid agency to take the Olmsted decision seriously
- a statewide grassroots coalition of Ohioans with disabilities of all ages, family members, advocates and organizations advocating for the right to live, work and participate in their communities
- OOTF works closely with Ohio departments and agencies, centers for independent living, disability rights organizations, and lawmakers, among many others, to advocate and facilitate change

OOTF's Mission & Vision



Mission Statement:

To advocate, educate, and support change for all people with disabilities ensuring their rights to participate in a thriving community life.

Vision Statement:

Ohioans with disabilities shall have access to inclusive, integrated, and person-centered services and support tailored to their individual needs to live independently in the community.

<https://ohioolmstead.com/>

Waiver System in Ohio

- Very complex system in Ohio!
- 3 cabinet agencies responsible for Ohio's waivers: Ohio Department of Medicaid, Ohio Department of Aging and Ohio Department of Developmental Disabilities

Ohio HCBS Waivers

- Ohio Department of Medicaid
 - Ohio Home Care waiver – fee for service model
 - MyCare Ohio waiver – Managed Care

- Ohio Department of Aging
 - PASSPORT waiver

- Ohio Department of Developmental Disabilities
 - Individual Options waiver
 - Level One waiver
 - Self-Empowered Life Funding waiver

Commenting on waivers in Ohio

- Difficulties
 - Understanding the waiver system
 - Getting notice of the open commenting period
 - General difficulties with the waiver document itself
- Techniques used in Ohio
 - Collaborating with advocates
 - Divide and conquer
 - Collaborating with other organizations to learn what we don't understand



Question & Answer with self-advocate Susan Koller



Improving HCBS Waivers through Public Comment

Elizabeth Edwards, Senior Attorney



Why Comment?

- Change the waiver!
- States do not always fully understand how a waiver works on the ground
- Structured opportunity for feedback on waiver issues
 - State is expected to respond
 - Funnels information to CMS
- Basis of advocacy to CMS about waiver issues and state responsiveness
- Note: if the waiver is being amended, the amendment will be summarized in section 2 (in the first few pages)

Section 1915(c) Comment Requirements

- Public comment of at least 30 days before submitting a proposed change to CMS
 - Some changes can be retroactive but not common
- State must:
 - Summarize public input on the waiver
 - Section 6.I
 - Explain why any comments were not adopted
 - Do not have to respond individually to comments
- Often only see the summary in the approved waiver

Navigating Waivers: The Basics

- Very long – but all the same, with clear structure
 - CMS Technical Guide is arranged just like the waiver application
 - Commenting on Section 1915(c) HCBS Waivers: A Guide for Common Issues
- Once you know where to go, you can get to it easily
 - Basic Structure:
 - Appendix B: Eligibility
 - Appendix C: Services
 - Appendix D: Person-centered planning and service delivery

Common Issues

- Eligibility – who can get into the waiver?
 - Reserved capacity
- Services:
 - Design, including who may provide
 - Paid family caregivers
 - Limits – hours, how services may be combined, etc.
- Cost limits
 - Overall cost limits
 - Individual budgets
- Person-centered planning processes
- Rates

Appendix C: Participant Services

- C-4 Additional Limits on Amount of Waiver Services:
- Common area for disliked limits like:
 - Budgets
 - Limits by level of support
 - How services may be combined
 - Other limitations not listed by service
- Commenting:
 - How does this work on the ground?
 - Great opportunity for addressing issues with service design
 - Questions that probe the basis of the limits and why they do not work
 - Exceptions process
 - Safeguards for when limits mean individuals do not get the services they need

Remember:

- You do not have to understand everything about a waiver to comment
 - All waivers are different
- Describing how a waiver does or does not work for you is valuable information and effective commenting
- Explain how or why a change is needed
 - Provide an example
- You can comment as a group or individually
- All comments are helpful!

Connect with National Health Law Program online:



www.healthlaw.org



@NHeLProgram



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Discussion with panelists

Thank you & stay tuned for...

- The recording and PowerPoint for this webinar will be available for download at:
<https://bit.ly/GrassrootsProject>
- Contact us: grassroots@hsri.org



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