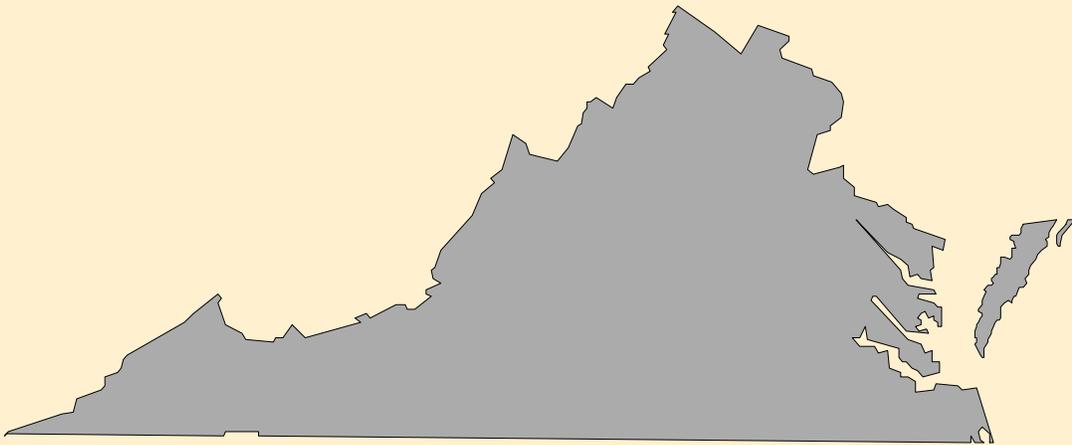


# Consumer-Directed Services

in Virginia's

## Elderly or Disabled with Consumer-Direction

Home and Community Based Services Waiver



Partnership for People with Disabilities  
*a university center for excellence in developmental disabilities*

Virginia Commonwealth University

2007

A Workbook for Individuals, Families, and Providers



## Acknowledgments

This workbook is the result of a collaborative effort by a team of writers and reviewers who share a common goal of providing information to make consumer-directed (CD) services more accessible, understandable, and doable for all who want to use CD services in the EDCD Waiver. It is intended for seniors and individuals with disabilities, their families and others who support them, and the professionals who work with them.

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This document was developed under Grant No. 11-P-92029/3-01 from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. However, the contents herein do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not infer endorsement by the Federal government. Please include this disclaimer whenever copying or using all or any part of this document in training and dissemination activities.

## Purpose

This workbook provides information about how to get and how to use CD services offered under Virginia's EDCD Waiver. The workbook is for users of CD services, their family members, other supporters, and CD services facilitators.

The workbook provides information in different formats to address multiple learning styles.

The Big Picture is a narrative overview that introduces each new section of the workbook.

Who Does What is a grouping of person-specific responsibilities at each stage of the process. This can be used as a reference and may be particularly helpful to those new to CD services to remind them who is responsible for various aspects of the process.

Check it Out is an ordered listing of activities to be completed, accompanied by a check box () that encourages each CD service user and his or her team to work together through the process of getting and using CD services. A simple check in the check box allows an individual and his or her team members to verify that they are moving along in the process and to remind them of what needs to be done next.

The Paperwork section provides a listing of the more important forms and documents that are used in obtaining CD services.

Appendix A - Glossary of Terms.

Appendix B - Department of Medical Assistance Services Booklet, *About Your Appeal*

## Terms, Acronyms, and Key Agencies

The following is a list of initials used in this workbook. If you are not familiar with them, you may want to remove this page and keep it alongside the workbook as you are reading through it for easy reference.

ADL	Activities of Daily Living
CD	Consumer-Directed
CMS	Centers for Medicare and Medicaid Services
DMAS	Department of Medical Assistance Services
DSS	Department of Social Services
EDCD Waiver	Elderly or Disabled with Consumer-Direction Home and Community Based Services Waiver

For more detailed information about the terms used in this work book, a Glossary of Terms is provided in Appendix A.

Key agencies include:

**CMS:** The Centers for Medicare and Medicaid Services, the federal Medicaid agency.

**DMAS:** The Department of Medical Assistance Services, the state agency responsible for all Medicaid services in Virginia.

**Local DSS:** The local Department of Social Services, the local agency responsible for determining the financial eligibility of an individual for all Medicaid services in Virginia, including Medicaid waiver services.



# Table of Contents

Acknowledgements.....	i
Purpose.....	ii
Terms and Acronyms.....	iii
Introduction .....	1
Eligibility for the EDCD Waiver .....	7
Selecting a CD Services Facilitator .....	17
The Initial Comprehensive Visit .....	25
Beginning CD Services .....	33
Maintaining CD Services.....	45
Appendix A Glossary of Terms	
Appendix B Department of Medical Assistance Services Booklet, <i>About Your Appeal</i>	



# CONSUMER-DIRECTED SERVICES IN THE Elderly or Disabled with Consumer-Direction Waiver Introduction

This workbook provides information about **consumer-directed (CD) services** in Virginia's Elderly or Disabled with Consumer-Direction Waiver, referred to as the "EDCD Waiver." Home and community based services waivers, such as the EDCD Waiver, are part of a system of long term care services provided by Medicaid, a joint program between the federal and state governments.

This workbook describes the process for getting and using CD services, the roles and responsibilities of everyone involved with CD services, important timelines to be followed, and paperwork required. The workbook does not provide information on all aspects of the EDCD Waiver, but focuses on CD services. The workbook follows individuals with physical disabilities or those over the age of 65 (both referred to as "individuals") through:

- ▣ Eligibility screening for EDCD Waiver services.
- ▣ Enrollment into the EDCD Waiver.
- ▣ Selection of a CD services facilitator.
- ▣ Development of a Plan of Care.
- ▣ Learning to be a CD services employer.
- ▣ Directing and maintaining CD services.

The workbook is designed to be used by individuals, family members, or caregivers, CD services facilitators, and CD employees, working together as partners.

Consumer-directed services =  
CD services

Individuals with disabilities or  
those over age 65 =  
individuals

## **THIS WORKBOOK CAN BE USED TO:**

- ▣ Provide information about important tasks and timelines for individuals, family, CD employees, and CD services facilitators.
- ▣ Strengthen relationships and communication by providing a common source of information in an easy to understand format.
- ▣ Provide individuals and family with information about CD services in the EDCD Waiver so that they can make an informed choice.
- ▣ Explain the responsibilities of CD services to individuals or family so they can decide if they are ready and able to commit to using CD services.
- ▣ Prepare individuals or family for meetings by providing ideas on information to collect, questions to ask, and tasks to be completed.
- ▣ Provide important information about eligibility, enrollment, selecting CD services, writing plans, and keeping plans current and responsive to the individual's needs.
- ▣ Support individuals and family as they become CD employers by providing information on how to:
  - select CD services facilitators.
  - get help in hiring, training, and supervising CD employees.
  - manage the paperwork.

## A Special Note about Person-Centered Planning

In developing any type of plan for services and support for an individual, a person-centered, team approach is essential to help ensure that goals and supports are in line with the individual's desires for his or her life. Person-centered planning is a process for learning how a person wants to live and what is important to him or her in everyday life.

Person-centered planning is based on a variety of approaches or tools to organize and guide life planning with individuals, their families, and friends. It is rooted in what is important to the individual while taking into account all of the other factors that affect his or her life: effects of aging and /or disability, issues of health and safety, and the views of those who know and care about the person. Life planning and service planning come together in person-centered planning when the focus is on goals defined by the individual and those who know and love him or her best. Focusing on the "person" in person-centered planning ensures that the team (selected by the individual and his or her family and friends) moves beyond program planning for the individual and looks at the whole picture of the individual's life.

### **PERSON-CENTERED PLANNING:**

- ◆ Looks to the future and helps the individual plan for positive outcomes.
- ◆ Puts the individual and his or her gifts, talents, dreams, preferences, needs, and choices in the center of the planning process.
- ◆ Helps individuals to find and use their voices to state what is truly important to and for them.
- ◆ Requires really listening to the individual and the people who know him or her best, and translating dreams and desires into action plans.
- ◆ Enlists the support of family, friends, and professionals to follow through on those action plans so that the individual may become better connected to his or her community.

The use of a person-centered approach is fundamental to developing and using consumer-directed services. Additional information on person-centered planning is available through a variety of sources.

## OVERVIEW OF CD SERVICES

Individuals who receive services through the EDCD Waiver can select CD services or agency-directed services, or a combination of the two, when developing plans to help them live successfully in their homes and in their communities. CD services allow the individual to be the employer. As the employer, the individual is responsible for hiring, training, supervising, and dismissing his or her CD employees. Within the terms and conditions of the EDCD Waiver, the individual and sometimes his or her family decide the amount and type of services needed, who will provide the services, when the services will be provided, where the services will be provided, and how the services will be provided.

**If an individual needs support to manage his or her CD services or if the individual is under 18 years of age, a family member or caregiver serves as the CD employer for the individual.**

Currently two services in the EDCD Waiver can be consumer-directed:

1. Personal care services  
CD personal care services help individuals with their daily needs, such as dressing, bathing, eating, housekeeping, shopping, and assistance with self-administration of medication. CD personal care services may also be used to support individuals with activities of daily living at work and other places in the community.
2. Respite services  
CD respite services provide assistance and supports to individuals that give the unpaid caregiver (for example, family members) some time to do things that they need to do for themselves or other members of the family. A respite worker assists the individual at home and in the community with things the family/caregiver normally helps with, giving the family/caregiver the needed time away.

(The regulatory definitions of these services are included in the glossary, **Appendix A**).

CD services in the EDCD Waiver are different from agency-directed services in the EDCD Waiver. Services provided through personal care agencies are agency-directed services. The agency employs the people (usually called “staff”, or “certified nurses’ aides”, or “home health aides”) who work with the individual in agency-directed services. The individual chooses the agency; the agency assigns staff members to the individual. In CD services, the CD personal assistant and respite provider work for the CD employer.

The amounts and types of supports and services that individuals receive from family members, friends, supporters, legal guardians or representatives, and other caregivers vary greatly from person to person due to individual circumstances and preferences. Throughout this workbook, the term “**individual**” refers to the person receiving services. Because support is provided by family members or other caregivers, the term “individual” often means “with support and assistance from others.”



# ELIGIBILITY FOR THE EDCD WAIVER

## The Big Picture

To enroll in the EDCD Waiver and to receive services, an individual must be screened and found eligible for EDCD Waiver services. The individual must meet nursing facility criteria, have medical nursing needs, and meet functional criteria. The individual or his/her support person should call their local Department of Social Services (DSS) and request a pre-admission screening for long-term care services. The DSS social worker and/or nurse (sometimes referred to as the screening team) visit the individual in his or her place of residence and review the individual's needs, including medical nursing needs, and explains available services. The individual should be prepared to discuss the physical effects of his or her condition and describe any difficulties with activities of daily living (ADLs) such as bathing, dressing, eating, walking, and toileting. The individual must demonstrate a need for personal assistance in activities of daily living and have medical nursing needs to be eligible to receive EDCD Waiver services. The social worker and/or nurse determine if the individual meets the initial criteria through the pre-admission screening. The social worker and/or nurse send a letter to the individual informing him or her of the pre-admission screening results.

An eligible individual is provided with a choice of waiver services or institutional placement. Eligible individuals who choose EDCD Waiver services are given the option of receiving agency-directed services, consumer-directed services, or a combination of both. If the eligible individual chooses consumer-directed services, he or she chooses a CD services facilitator to help with devising a Plan of Care for CD services under the EDCD Waiver. The local DSS must determine the individual's financial eligibility for Medicaid long-term care services before services can be reimbursed. Plan of Care development and financial eligibility determination are discussed in the next section.

If an individual is found ineligible for long-term care services at any stage in this process, he or she must be informed in writing and given information about appeal rights.

There is currently no waiting list for the EDCD Waiver.

**TABLE 1: EDCD WAIVER ELIGIBILITY CRITERIA**

Functional Eligibility	Medical Nursing Needs	Financial Eligibility
<p>An individual must be:</p> <ul style="list-style-type: none"> <li>• Dependent in 2-4 ADLs, plus semi-dependent or dependent in behavior and orientation, plus semi-dependent in joint motion or semi-dependent in medication administration, OR</li> <li>• Dependent in 5-7 ADLs plus dependent in mobility, OR</li> <li>• Semi-dependent in 2-7 ADLs, plus dependent in mobility, plus dependent in behavior and orientation.</li> </ul> <p>For purposes of Medicaid eligibility, ADLs include bathing, dressing, transferring, toileting, bowel function, bladder function, and eating/feeding.</p>	<p>In addition to meeting functional criteria, the individual must have medical or nursing supervision or care needs that are not primarily for the care and treatment of mental disease. (Alzheimer's and dementia are not considered mental diseases.)</p> <ul style="list-style-type: none"> <li>• The individual's medical condition requires observation and assessment to assure evaluation of the person's needs due to the inability for self observation or evaluation; OR</li> <li>• The individual has complex medical conditions which may be unstable or have the potential for instability; OR</li> <li>• The individual requires at least one ongoing medical or nursing service.</li> </ul> <p>Functional eligibility and medical nursing needs are assessed through the pre-admission screening. The screening:</p> <ul style="list-style-type: none"> <li>• requires a face-to-face assessment by the DSS social worker and nurse and input from those who know the individual, and</li> <li>• must be current within 6 months of start date.</li> </ul>	<ul style="list-style-type: none"> <li>• Financial eligibility is determined by the local Department of Social Services.</li> <li>• Parents' income/resources do not count for home and community-based waivers.</li> <li>• If an individual has income greater than the maximum Supplemental Security Income (SSI) benefit for any given year, the individual may be responsible to pay for a part of the cost of his or her waiver services as determined by DSS (called a patient pay).</li> </ul>

The DMAS Pre-Admission Screening Provider Manual from which this information is taken can be found at

[http://websrvr.dmas.virginia.gov/manuals/NHPAS/appendixB\\_nhpas.pdf](http://websrvr.dmas.virginia.gov/manuals/NHPAS/appendixB_nhpas.pdf)

## Examples of Medical Nursing Needs

- Routine care of colostomy or ileostomy or management of neurogenic bowel and bladder;
- Use of physical or chemical restraints;
- Routine skin care to prevent pressure ulcers for individuals who are immobile;
- Care of small uncomplicated pressure ulcers and local skin rashes;
- Management of individuals with sensory, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability;
- Infusion therapy;
- Oxygen;
- Application of aseptic dressings;
- Routine catheter care;
- Respiratory therapy;
- Therapeutic exercise and positioning;
- Chemotherapy;
- Radiation;
- Dialysis;
- Suctioning; and,
- Supervision for adequate nutrition and hydration for individuals who show clinical evidence of malnourishment or dehydration or have a recent history of weight loss or inadequate hydration which, if not supervised, would be expected to result in malnourishment or dehydration.



## WHO DOES WHAT: Eligibility for the EDCD Waiver

### INDIVIDUAL

- Meets with local DSS social worker and nurse to discuss his or her preferences, desires, needed services and supports.
- Assists in getting and providing information to determine eligibility and supports as needed.
- Makes a choice between waiver services or placement in a nursing facility if found eligible by the screening team.
- May appeal the decision if found “not eligible” for the EDCD Waiver.
- Chooses consumer-directed services, agency-directed services, or a combination of both if EDCD Waiver services are chosen.
- Chooses CD services facilitator if consumer-directed services are chosen (discussed further in next section).

### DSS SOCIAL WORKER AND NURSE

- Assesses the individual’s functional eligibility (using the Uniform Assessment Instrument (UAI)) and the individual’s medical nursing needs as part of the pre-admission screening.
- Informs the individual of long-term care services eligibility; provides information about appeal rights to individuals found ineligible.
- Talks with the individual to identify needed supports and preferred services.
- Provides an explanation of HIPAA and obtains written consent from the eligible individual to exchange information with other agencies and providers if needed.
- Provides information about the different types of services available, explaining the services provided through the EDCD Waiver home and community-based services and the services provided by the nursing facility and offers the individual the choice between the two.
- Completes the DMAS-101A form to determine if the individual has a diagnosis of a mental illness, mental retardation, or related condition which requires a referral to the CSB for further evaluation.
- If a CSB evaluation is needed, completes the top portion of the DMAS-101B and forwards both the DMAS-101A and DMAS-101B to the CSB.

## WHO DOES WHAT: Eligibility for the EDCD Waiver

### **DSS SOCIAL WORKER AND NURSE** (cont.)

- Completes a DMAS-96 authorization form and a DMAS-97 Screening Team Plan of Care form with the individual.
- Refers individual to DSS eligibility worker for financial eligibility determination.
- Completes the DMAS-95-Addendum (Questionnaire To Assess An Applicant's Ability to Independently Manage Consumer-Directed Services) for individuals choosing consumer-directed services.
- Provides DMAS-95B (Consumer-Direction Services Management Questionnaire) to family members who are considering managing consumer-directed services on behalf of an individual who is unable to independently manage these services.
- Provides choice of CD services facilitators to individuals choosing consumer-directed services.
- Sends referral information to chosen CD services facilitator.
- Submits pre-admission screening to DMAS.
- Notifies the individual of all decisions and of the right to appeal decisions denying eligibility or services.

### **DSS**

- Makes final decision about individual's financial eligibility for Medicaid EDCD Waiver upon receiving the DMAS -122 from the CD services facilitator (discussed further in a later section).
- Informs the CD services facilitator of the decision.
- Determines if the individual is responsible for any patient pay for waiver services and provides that information to the individual and CD services facilitator.
- Informs the individual of all decisions and provides appeal rights.

## CHECK IT OUT: Eligibility for the EDCD Waiver

- The individual gathers information needed for the screening.
- The social worker and/or nurse meet with the individual, provide an explanation of HIPAA, and request that the individual complete an authorization for release of information if needed.
- The DSS social worker and/or nurse discuss the individual's preferences, desires, needed supports and services.
- The DSS social worker and/or nurse complete the pre-admission screening and make a determination regarding the individual's functional eligibility and medical nursing needs.
- The DSS social worker and/or nurse discuss available services with the individual.
- Eligible individuals choose between waiver services and institutional services. This choice is documented on the "Documentation of Consumer Choice between Institutional Care or Home and Community-Based Services" form.
- The DSS social worker and/or nurse complete the DMAS-96 and DMAS 97, authorizing Medicaid long-term care services and developing the screening team plan of care with the individual.
- Eligible individuals choose between consumer-directed services, agency-directed services, or a combination of both.
- The DSS social worker and/or nurse complete the DMAS-95-Addendum (Questionnaire to Assess an Applicant's Ability to Independently Manage Consumer-Directed Services) for individuals choosing consumer-directed services.
- The DSS social worker and/or nurse provide the DMAS-95B (Consumer-Direction Services Management Questionnaire) to family members who are considering managing consumer-directed services on behalf of an individual who is unable to independently manage these services.
- Eligible individuals choose a CD services facilitator from a list provided by the DSS social worker and/or nurse.
- The DSS social worker and/or nurse send the referral to the chosen CD services facilitator.

## CHECK IT OUT: Eligibility for the EDCD Waiver (cont.)

- If an individual is denied eligibility for long-term care services, the DSS social worker and/or nurse inform the individual in writing and notify him or her of the right to appeal this decision.
- The DSS social worker and/or nurse send the pre-admission screening to DMAS.
- The individual completes the Medicaid application process with DSS if needed.
- The local DSS eligibility worker makes a final decision about the individual's financial eligibility for the EDCD Waiver upon receiving the DMAS-122 from the CD services facilitator (discussed in next section).
- If an individual is denied eligibility for Medicaid, the DSS eligibility worker informs the individual in writing and notifies him or her of the right to appeal this decision.
- The local DSS eligibility worker determines if the individual is responsible for any patient pay for waiver services.
- The local DSS eligibility worker notifies the CD services facilitator of the individual's Medicaid eligibility and patient pay by returning the completed DMAS-122.
- The local DSS eligibility worker informs the individual of all decisions and provides appeal rights.

## PAPERWORK: Eligibility for the EDCD Waiver

The EDCD Waiver requires the use of different forms. These forms are provided by the social worker and/or CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed or suggested forms:

### **Uniform Assessment Instrument (UAI)**

**Medicaid Funded Long-Term Care Services Authorization Form (DMAS-96)**

**Screening Team Plan of Care for Medicaid-Funded Long-Term Care (DMAS-97)**

**Questionnaire To Assess An Applicant's Ability to Independently Manage  
Consumer-Directed Services (DMAS-95-Addendum)**

**Consumer-Direction Services Management Questionnaire (DMAS-95B)**

**MI/MR Level I Supplement (DMAS-101A)**

**Assessment of Active Treatment Needs for Individuals with MI, MR or RC  
(DMAS-101B)**

**Notification of Right to Appeal**

**DMAS About Your Appeal document (Appendix B)**

**Patient Information form (DMAS-122)**



## SELECTING A CD SERVICES FACILITATOR

### The Big Picture

Under the EDCD Waiver, it is required that an individual choosing to use CD services have a CD services facilitator. A CD services facilitator is a person who supports the individual in his or her role as a CD employer. The CD services facilitator is a Medicaid provider and meets the qualifications required by DMAS, the state Medicaid agency.

The DMAS website, [www.dmas.virginia.gov](http://www.dmas.virginia.gov), provides a listing of CD services facilitators who are enrolled with DMAS. The pre-admission screening team will also provide a list of available CD services facilitators to eligible individuals. It is the individual's responsibility to choose a CD services facilitator.

#### **CD Services Facilitator's Responsibilities:**

- ▣ Helps identify an individual's need for a particular CD service.
- ▣ Assists the individual in developing the Plan of Care (POC).
- ▣ Provides, reviews, and explains the Employee Management Manual.
- ▣ Trains the individual (or whoever is the CD employer) on the responsibilities of being a CD employer, explaining enrollment forms necessary for the fiscal agent and assisting with their completion.
- ▣ Provides ongoing support to the CD employer.

It is a good idea to ask questions of the CD services facilitator that you are considering. These questions will help you decide which CD services facilitator matches your needs.

#### **Sample Questions for Interviewing CD Services Facilitators**

- ▣ Where is the CD services facilitator physically located?
- ▣ How long has he or she been a CD services facilitator?
- ▣ What is his or her experience in working with individuals who are elderly or who have physical disabilities?

- ▣ How many individuals is he or she currently supporting?
- ▣ How large a geographic area does he or she cover?
- ▣ Does he or she have names of CD employees who may be available to work for the individual?
- ▣ What does he or she think about CD services?
- ▣ What are the strengths and limitations of the CD services facilitator?
- ▣ How readily does the CD services facilitator respond to requests for assistance and what is his or her back up system when unavailable (e.g. on vacation)?
- ▣ Can he or she provide references to be checked by the individual?

If an individual knows a person who wants to be his or her CD services facilitator, but the person is not an approved Medicaid provider, the person can apply to get a Participation Agreement and a provider number with DMAS.

FOR MORE INFORMATION ABOUT BECOMING A CD SERVICES FACILITATOR FOR THE EDCD WAIVER, CALL DMAS AT 804-786-1465 AND ASK TO SPEAK TO SOMEONE REGARDING THE EDCD WAIVER.

The person interested in being a CD services facilitator must meet the required knowledge, skills, and abilities and have sufficient resources to be a provider. This is not

### **The CD services facilitator cannot be**

- ▣ **The individual**
- ▣ **The individual's spouse**
- ▣ **The individual's parent, if the individual is a minor child**
- ▣ **A family member/caregiver who is also the CD employer**

as difficult as it sounds but requires following through with the application paperwork. A parent of an individual can go through this process and become a CD services facilitator for an adult child but not if they are serving as the CD employer or attendant. At no time can a parent be the CD services facilitator for his or her minor child. A parent can become a CD services facilitator and provide facilitation for other individuals while serving as the CD employer for his or her child's services. Families can provide support to each other and learn more about the process in this way.

## WHO DOES WHAT: **Selecting a CD Services Facilitator**

### **INDIVIDUAL**

- Chooses CD services, agency-directed services, or a combination of CD and agency-directed services.
- Contacts potential CD services facilitators, interviews them (in person or on the telephone), and checks references. Sometimes interviews are not conducted, but a selection is made based on the availability of CD services facilitators in an area or the urgency of the individual's need for services.
- Selects a CD services facilitator.

### **DSS SOCIAL WORKER**

- Provides the individual with information about CD services facilitators, what they do, who is available, and how they can be contacted.
- Confirms that the CD services facilitator selected by the individual is a DMAS enrolled Medicaid provider and is able to accept new referrals.
- Forwards the referral information, pre-admission screening information, and other information to the selected CD services facilitator.

### **SELECTED CD SERVICES FACILITATOR**

- Arranges a visit, known as the Initial Comprehensive Visit, with the individual and the family/caregiver, if appropriate.



## CHECK IT OUT: Selecting a CD Services Facilitator

- The eligible individual chooses CD services.
- The individual develops a list of questions to be asked in interviewing potential CD services facilitators.
- The DSS social worker provides a list of available CD services facilitators.
- The individual contacts potential CD services facilitators.
- The individual interviews and selects a CD services facilitator.
- The individual informs the DSS social worker that the CD services facilitator has been selected.
- The DSS social worker confirms that the selected CD services facilitator has an active agreement with DMAS to provide service facilitation services under the EDCD waiver.
- The DSS social worker confirms that the selected CD services facilitator is able to accept a new referral.
- The DSS social worker forwards the pre-admission screening including the DMAS 95-Addendum to the selected CD services facilitator.



## PAPERWORK: **Selecting a CD services facilitator**

The EDCD Waiver requires the use of different forms. These forms are provided by the DSS social worker and/or CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed or suggested forms:

### **Uniform Assessment Instrument (UAI)**

**Medicaid Funded Long-Term Care Services Authorization Form (DMAS-96)**

**Screening Team Plan of Care for Medicaid-Funded Long-Term Care (DMAS-97)**

**Questionnaire To Assess An Applicant's Ability to Independently Manage Consumer-Directed Services (DMAS-95-Addendum)**



# THE INITIAL COMPREHENSIVE VISIT

## The Big Picture

Once a CD services facilitator is selected, his or her first task is to complete an Initial Comprehensive Visit. The CD employer is determined prior to this meeting during the pre-admission screening process. The actual timing of the Initial Comprehensive Visit is based on an individual's need to start services. Most individuals want and need the services to begin as soon as possible. The Initial Comprehensive Visit takes place in the individual's home.

The individual and the services facilitator meet and develop the Plan of Care for CD services during the Initial Comprehensive Visit. The Plan of Care lists the types of activities of daily living tasks the individual needs assistance with, the weekly hours, and the back-up plan. It also describes the services the individual will need such as respite and/or personal assistance services. The services facilitator discusses the services available under the EDCD waiver so that the individual can choose his/her needed services. If the individual chooses agency-directed services in addition to consumer-directed services, the services facilitator and the individual work together with the chosen agency. The services facilitator submits the Plan of Care to the pre-authorization agent contracted by DMAS for approval. The individual cannot hire a personal care aide until approval is received, which takes about 10 business days.

As mentioned previously in this workbook, it is recommended that a person-centered approach be used when developing an individual's Plan of Care.

An individual may be found **ineligible** for CD services if:

1. It is determined that he or she cannot be the CD employer and no one else is able to assume the CD employer responsibilities.
2. He or she wants CD services but cannot develop an emergency backup plan.
3. He or she has medication or skilled nursing needs that cannot be met through CD services.

## WHO SHOULD ATTEND THE INITIAL COMPREHENSIVE VISIT?

- The person who is directing the services, the CD employer (who may or may not be the individual).
- The individual, even if he or she is not the CD employer.
- The CD services facilitator.
- The CD employee, if chosen.

## WHAT TO EXPECT AT THE INITIAL COMPREHENSIVE VISIT:

- Discussions about what is and is not allowed under the EDCD Waiver, such as:
  - the different CD services
  - the requirements for each CD service
  - the qualifications for CD employees
  - the responsibilities of the CD employer
- Identification of needed CD services.
- Development of supporting documentation for CD services, including the Plan of Care. Documents included are listed in the chart at the end of this section.
- Provision of management training using the Employee Management Manual, a copy of which is given to the CD employer at this visit.
- Development of an emergency back-up plan for each CD service.
- Provision of a registry of CD employees if the individual has not chosen a CD employee(s) yet.

EDCD Waiver Supporting Documentation for CD Services	
<b>DMAS-97AB</b>	Agency or Consumer Direction Provider Plan of Care (developed for each of the CD services the individual is to use). It indicates the number of requested hours for the CD service and contains a schedule of how those hours will be used by the individual to meet his or her needs. The individual or his/her legal guardian or authorized representative must sign each plan.
<b>DMAS-99</b>	Community-Based Care Recipient Assessment Report. This form is a brief assessment of the individual's current functioning that must be included with every Plan of Care for CD services.
<b>DMAS-95-Addendum</b>	Questionnaire to Assess an Applicant's Ability to Independently Manage Consumer-Directed Services.

## WHO DOES WHAT: The Initial Comprehensive Visit

### **INDIVIDUAL (IF HE OR SHE IS NOT THE CD EMPLOYER)**

- ▣ Attends the initial comprehensive visit with the CD services facilitator.
- ▣ Discusses the selected CD service(s) with the CD services facilitator.
- ▣ Works with the CD services facilitator to develop the Plan of Care and supporting documentation for each CD service selected.

### **CD EMPLOYER**

- ▣ Attends the initial comprehensive visit with the CD services facilitator.
- ▣ Selects the CD services needed.
- ▣ Works with the CD services facilitator to develop the Plan of Care and supporting documentation for each CD service selected.
- ▣ Receives the Employee Management Manual and begins management training with the CD services facilitator.
- ▣ Develops an emergency back-up plan as described in the Employee Management Manual in case the CD employee(s) is unable or unwilling to work.
- ▣ Reviews and completes needed documents with the CD services facilitator.

### **CD SERVICES FACILITATOR**

- ▣ Reviews all of the assessment materials provided by the DSS social worker.
- ▣ Assists in identifying who will serve as the CD employer if not previously established.
- ▣ Discusses the available services with the CD employer and the individual (if he or she is not the CD employer) and helps select needed CD services.
- ▣ Gives the CD employer a copy of the Employee Management Manual.
- ▣ Using the Employee Management Manual, provides the CD employer and the individual (if he or she is not the CD employer) with management training. Training relates specifically to hiring and management practices and paperwork, not the direct training of CD employees.

## WHO DOES WHAT: The Initial Comprehensive Visit

### **CD SERVICES FACILITATOR (CONT.)**

- ▣ Develops the Plan of Care for the CD services needed with the CD employer and the individual (if he or she is not the CD employer).
- ▣ Assists in developing an emergency back-up plan as described in the Employee Management Manual and includes it in the Plan of Care.
- ▣ Writes a summary of the Initial Comprehensive Visit and completes necessary documentation for pre-authorization (DMAS-97AB, DMAS-99, DMAS-98)
- ▣ Sends a DMAS-122 to the individual's DSS eligibility worker indicating the date of the initial comprehensive visit as the start date of services.
- ▣ Sends the DMAS-122 with all necessary documents for pre-authorization of CD Services to the pre-authorization agent contracted by DMAS.
- ▣ Sends the DMAS-122 to the fiscal agent contracted by DMAS.

### **DSS**

- ▣ DSS Medicaid Eligibility Worker completes the DMAS-122 indicating the individual's Medicaid eligibility, returns the form to the CD services facilitator within 45 days and enrolls the eligible individual into the EDCD Waiver.

### **PRE-AUTHORIZATION AGENT (CONTRACTED BY DMAS)**

- ▣ Reviews the CD services requested within 10 business days.
- ▣ Approves, denies, rejects, or places in pending status the request for more information.
- ▣ Notifies the individual and CD services facilitator of decision and provides appeal rights for denied and reduced services.

## CHECK IT OUT: The Initial Comprehensive Visit

- The DSS social worker provides the CD services facilitator with the pre-admission screening packet.
- The individual and the CD employer (if he or she is not the individual) meet with the CD services facilitator for the initial comprehensive visit.
- The CD services facilitator discusses the available services with the individual and the CD employer (if he or she is not the individual).
- The individual and the CD employer (if he or she is not the individual) select the needed CD services.
- The individual and the CD employer (if he or she is not the individual) work with the CD services facilitator to develop the Plan of Care and supporting documentation for CD services.
- The CD services facilitator provides the CD employer with a copy of the Employee Management Manual.
- The CD services facilitator conducts the management training (the management training may be a separate visit if the individual and/or CD employer request separate visits for each task).
- The CD employer and the CD services facilitator develop an emergency back-up plan for each CD service.
- The CD services facilitator writes a summary of the Initial Comprehensive Visit.
- The CD services facilitator sends a DMAS-122 to the individual's DSS Medicaid eligibility worker indicating the initial comprehensive visit date as the start date of services.
- The DSS Medicaid eligibility worker completes the DMAS-122 indicating any patient pay and returns the form to the CD services facilitator.
- The DSS Medicaid eligibility worker enrolls the individual into the EDCD Waiver.
- The CD services facilitator forwards the appropriate paperwork to the pre-authorization agent contracted by DMAS.

## CHECK IT OUT: The Initial Comprehensive Visit (cont.)

- The CD services facilitator forwards a copy of the DMAS-122 to the fiscal agent contracted by DMAS.
- The pre-authorization agent informs the CD services facilitator of pre-authorization decisions within 10 business days.

## PAPERWORK: **The Initial Comprehensive Visit**

The EDCD Waiver requires the use of different forms. These forms are provided by the DSS social worker and/or CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed or suggested forms:

### **Pre-admission Screening Forms**

#### **Employee Management Manual (EMM)**

**Agency of Consumer Direction Provider Plan of Care (DMAS-97AB)**

**Emergency Back-up Plan (included in the CD services Plan of Care)**

**Community-Based Care Recipient Assessment Report (DMAS-99)**

**Community Based Care Request for Services Form (DMAS-98)**

**Patient Information Form (DMAS-122)**



# BEGINNING CD SERVICES

## The Big Picture

Before CD services begin, the following must occur:

1. The pre-authorization agent contracted by DMAS approves services.
2. The CD services facilitator provides training on how to be an employer to the CD employer (beginning at the initial visit).
3. The CD employer hires CD employees.

The CD services facilitator is the primary support to the CD employer and begins this support by providing training to him or her. After the training is completed, the employer is ready to hire CD employees. The CD services facilitator can assist the CD employer as needed to develop job descriptions, advertise, schedule interviews, and help decide the questions to ask at the interviews.

In the Employee Management Manual there are sample job descriptions, advertisements, interview questions, employee applications, work records, reference check forms, and other information to help the CD employer get started in finding and screening potential employees.

The CD employer and the individual (if the individual is not the employer) conduct the interview(s). The CD services facilitator or others may be asked by the CD employer to attend the interview(s) if help is needed. Once the interviews are completed, selections are made, and the CD employee(s) is hired.

Before CD employee(s) begin working for the individual, the CD employer and employee(s) must complete all necessary employment forms and submit these forms to the fiscal agent contracted by DMAS. The CD services facilitator should obtain information needed to complete the Fiscal Agent Services Request Form and fax this form to the fiscal agent as soon as possible after receiving the referral. Upon receipt of the Fiscal Agent Services Request Form from the CD services facilitator, the fiscal agent mails the Welcome Packet that includes the necessary employment forms to the individual.

The fiscal agent for the EDCD Waiver is contracted by DMAS. The fiscal agent is responsible for ensuring all hiring and tax rules are followed in hiring CD employees, paying CD employees, and keeping records of paychecks and hiring information.

The Welcome Packet includes the Employer Information Packet and Employment Packet – Information for Attendants. The CD employer and CD employee(s), with assistance from the CD services facilitator as needed, complete the necessary forms found in the Welcome Packet, make a copy for their records, and mail the originals to the fiscal agent. It is important to remember that downloading forms from the Internet does not always provide the most current and accurate information. The forms to be completed should be those mailed to the individual by the fiscal agent in the Employer Information Packet and Employment Packet. The application for an Employer Identification Number from the Internal Revenue Service (IRS) is included in the Employer Information Packet. After it is completed by the CD employer and returned to the fiscal agent, it is sent to the IRS by the fiscal agent.

The current fiscal agent for DMAS is Public Partnerships, LLC (PPL).

Public Partnerships, LLC  
Fiscal Agent Services  
P.O. Box 662  
Richmond, VA 23218-0662

**Phone** 1-866-259-3009  
**TTY** 1-800-360-5899  
**Administrative Fax** 1-866-709-3319  
**Timesheet Fax** 1-888-564-1532  
**Website** [www.publicpartnerships.com](http://www.publicpartnerships.com)

CD Employees cannot be paid until the fiscal agent has received and processed all the necessary paperwork included in the Employer Information Packet and Employment Packet and authorization for service has been received.

### CD EMPLOYER RESPONSIBILITIES

The CD services facilitator, if requested, can help the CD employer set up a system to manage the responsibilities and duties of being a CD employer. Some of these responsibilities include:

- ◆ Completing hiring packets and a request for criminal records checks on CD employees and submitting them to the FA.
- ◆ Keeping records and hiring information on CD employees.
- ◆ Reviewing and approving time sheets. (If the individual is unable to sign the time sheets, the CD services facilitator must note that the “individual is unable to sign” on the Signatory Authorization form found in the employment packet.)
- ◆ Deciding with the employee who will submit time sheets to the fiscal agent (employee or CD employer).
- ◆ Keeping copies of time sheets.

Important Timesheet Reminders	
✓	Timesheets are submitted every 2 weeks by fax or mail (allow for mail delivery time).
✓	Timesheets are checked by CD employer for completeness and <b>accuracy</b> .
✓	Timesheets are signed by <b>both</b> CD employer and CD employee.
✓	Timesheets are sent to the fiscal agent by either the CD employer or employee.
✓	Checks are sent directly to the CD employee. Direct deposit is also available.
✓	Predetermined pay schedule is explained by the CD services facilitator during Employee Management Training.

### CRIMINAL RECORDS CHECKS

For each employee, a request for a criminal records check and child protective services check (for individuals younger than 18) must be completed and submitted to the fiscal agent contracted by DMAS for processing. If the CD employee has been convicted of certain crimes known as barrier crimes, as described in the Code of Virginia, the CD employee will no longer be reimbursed under this program for services provided to the individual effective the date the criminal record was confirmed. An employer must sign the Individual/Employer Acceptance of Responsibility for Employment form located in the Employer Information Packet if they choose to employ someone who has been convicted of non-barrier crimes outlined in the Code of Virginia. This form must be kept in the individual's file.

### TRANSPORTATION ISSUES

CD employees can transport individuals in their vehicles, but they cannot get paid for both their time and transportation expenses. However, they may keep track of their mileage and related transportation expenses and may be able to take these as

deductions from their income taxes, even if they are using the short form for filing their taxes. Vehicles used for transporting individuals, whether they belong to the individual or the CD employee(s), must be currently registered in Virginia and appropriately insured.

**NOTE: CD employees are not eligible for Worker's Compensation and are responsible for their own medical bills.**

## WHO DOES WHAT: **Beginning CD Services**

### **INDIVIDUAL** (IF THE INDIVIDUAL IS NOT THE CD EMPLOYER)

- ▣ Participates in all activities with the CD employer to the extent that the individual chooses.

### **CD EMPLOYER** (MAY BE ASSISTED BY THE CD SERVICES FACILITATOR IN THESE ACTIVITIES, AS REQUESTED)

- ▣ Receives training and support from the CD services facilitator.
- ▣ Develops a job description for CD employee(s) (with individual if the individual is not the CD employer).
- ▣ Develops a list of family, friends, and acquaintances who may be interested in the job or as a backup person.
- ▣ Develops an ad, if he or she is going to advertise.
- ▣ Identifies places where an ad may be posted.
- ▣ Requests a list of potential CD employees from the registry kept by the CD services facilitator.
- ▣ Develops a list of questions to ask the potential CD employee(s).
- ▣ Arranges to meet and interview CD employees (with the individual if the individual is not the CD employer).
- ▣ Asks for assistance with any of these activities from the CD services facilitator as needed.
- ▣ Asks for and checks references of potential CD employees.
- ▣ Selects (with the individual if the individual is not the CD employer) and hires the CD employee(s).
- ▣ Completes all necessary employment forms provided in the Employer Information Packet.
- ▣ Reviews and assists in completing the Employment Packet with the CD employee(s).
- ▣ Reads and signs with each employee the Employment Agreement form (part of the Employment Packet).

## WHO DOES WHAT: Beginning CD Services

### **CD EMPLOYER** (CONT.)

- ▣ Signs the Individual/Employer Acceptance of Responsibility for Employment form (located in the Employer Information Packet) if the individual chooses to employ someone who has been convicted of non-barrier crimes.
- ▣ Mails all employment forms (including requests for criminal records checks) to the fiscal agent.
- ▣ Creates personnel file(s) for CD employee(s); keep copies of employment forms, hiring information, and time sheets.
- ▣ Asks the CD services facilitator to note that the “individual is unable to sign” on the Signatory Authorization form if the individual is unable to sign the time sheets.
- ▣ Reviews and approves time sheets.
- ▣ Decides with the CD employee who will submit completed time sheets to the fiscal agent.

### **CD SERVICES FACILITATOR**

- ▣ Obtains information necessary to complete the Fiscal Agent Services Request Form and faxes the completed form to the fiscal agent.
- ▣ Notifies the CD employer that CD services have been authorized.
- ▣ Trains the CD employer within 7 days of the Initial Comprehensive Visit using the Employee Management Manual provided at the Initial Comprehensive Visit to explain the CD employer’s responsibilities.
- ▣ Helps the CD employer find CD employees by providing a registry of potential CD employees, connecting the individual with others who have been successful in finding CD employees, and by exploring the option that the CD employer hires family members, friends, neighbors, and other acquaintances (a family member living in the household may only be hired if no other employees can be found).
- ▣ Informs the individual's primary health care provider that services are being provided and requests skilled nursing consultation as needed (if the CD services facilitator is not a registered nurse or supervised by one).
- ▣ Provides the CD employer with needed support and assistance.

## WHO DOES WHAT: **Beginning CD Services**

### **CD SERVICES FACILITATOR (CONT.)**

- ▣ Assists CD employer and employee(s) with employment paperwork as needed.
- ▣ Assists the CD employer, as needed, to make sure that upon employment all CD employees have or are scheduled to have a TB test.
- ▣ Bills DMAS for the cost of the TB test and maintains records of this cost.
- ▣ Enters CD employees who are willing into the CD Employee Registry.
- ▣ Assists the CD employer, as requested, to set up a system to submit time sheets to the fiscal agent and to keep a copy of the time sheets.
- ▣ Notes that the “individual is unable to sign” on the Signatory Authorization form if the individual is unable to sign the time sheets.

### **CD EMPLOYEE(S)**

- ▣ Completes the employment paperwork.
- ▣ Completes the required paperwork to request a criminal records check and child protective services check (for individuals younger than 18).
- ▣ Obtains a periodic TB test.
- ▣ Attends training at the request of the individual or CD employer (if other than the individual).
- ▣ Submits signed time sheets to CD employer every two weeks.
- ▣ Decides with the CD employer who will submit completed time sheets to the fiscal agent.

### **PRE-AUTHORIZATION AGENT (CONTRACTED BY DMAS)**

- ▣ Notifies the individual and the CD services facilitator that services have been pre-authorized, denied, or pended.

### **FISCAL AGENT (CONTRACTED BY DMAS)**

- ▣ Makes sure all employment and financial rules are followed.
- ▣ Processes criminal records checks and child protective services checks and notifies CD employer of results.
- ▣ Provides payment to CD employee(s)



## CHECK IT OUT: Beginning CD Services

- The CD services facilitator obtains the information necessary to complete the Fiscal Agent Services Request Form and faxes the completed form to the fiscal agent.
- Upon receipt of the Fiscal Agent Services Request Form, the fiscal agent mails the individual a Welcome Packet which includes necessary employment forms.
- The pre-authorization agent sends the pre-authorization approval to the CD services facilitator and the individual.
- The CD services facilitator informs the individual and the CD employer that the CD services are approved.
- Within 7 days of the Initial Comprehensive Visit (or during the Initial Comprehensive Visit), the CD services facilitator trains the CD employer, using the Employee Management Manual.
- The CD employer develops a job description for CD employee(s) based on the Plan of Care, with assistance from the CD services facilitator if needed.
- The CD services facilitator may help the CD employer to “brainstorm” people who might be hired to be CD employees.
- The CD services facilitator may provide the CD employer with a registry of CD employees maintained by the CD services facilitator.
- The CD employer advertises for the position(s).
- The CD employer develops questions to ask of the potential CD employees, including requests for references.
- The CD employer interviews potential CD employee(s). If the individual is not the CD employer, he or she should be included in these interviews.
- The CD employer checks references on potential CD employees.
- The CD employee(s) is hired and completes the forms in the Employment Packet, returning the completed forms to the CD employer.
- The CD employer reviews the completed forms for each employee and submits these forms (including requests for criminal records checks) to the fiscal agent along with the required forms in the Employer Information Packet.
- The CD services facilitator provides assistance with the required paperwork as needed.

## CHECK IT OUT: Beginning CD Services

- The fiscal agent sends the completed Application for Employer Identification Number to the IRS.
- The fiscal agent processes criminal records checks and child protective services checks and provides the CD employer with the results.
- The CD employer signs the Individual/Employer Acceptance of Responsibility for Employment form (located in the Employer Information Packet) if they choose to hire someone who has been convicted of a non-barrier crime.
- The CD services facilitator assists the CD employer in assuring that all CD employees have a periodic TB test.
- The CD employer creates a personnel file for each CD employee (with assistance from the CD services facilitator as needed).
- If the individual is unable to sign the time sheets, the CD services facilitator notes that the “individual is unable to sign” on the Signatory Authorization form.
- The CD employee completes and signs a time sheet every two weeks and submits it to the CD employer.
- The CD employer reviews and signs the time sheet.
- Either the CD employer or employee submits the time sheet to the fiscal agent.
- The fiscal agent pays the CD employee(s) either by check or direct deposit. A CD employee cannot be paid the first time until (1) the Employer Information packet is accurately completed and submitted to the fiscal agent, (2) the Employment Packet is accurately completed and submitted to the fiscal agent (including criminal records checks), (3) an Employer Identification Number (EIN) has been received from the Internal Revenue Service, and (4) pre-authorization has been received.

## PAPERWORK: **Beginning CD Services**

The EDCD Waiver requires the use of different forms. These forms are provided by the DSS social worker and/or CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed or suggested forms:

### **Fiscal Agent Services Request Form**

**Employer Information Packet (available from Fiscal Agent contracted by DMAS):**

- **IRS Form SS-4 - Application for Employer Identification Number**
- **VA Form R-1 Business Registration Application**
- **VA Form FC-27 Registration for Employer Unemployment Account**
- **IRS Form 2678 - Employer Appointment of Agent**
- **IRS Form 2848 - Power of Attorney & Declaration of Representative**
- **VA Form PAR 101 – Power of Attorney and Declaration of Representative**
- **IRS Form 8821 – Tax Information Authorization**
- **Signatory Authorization Form**

### **Employment Packet**

- **USCIS Form I-9. Department of Homeland Security - Employment Eligibility Verification**
- **IRS Form W-4. Employee's Withholding Allowance Certificate**
- **VA Form VA-4. Virginia Employee's Withholding Exemption Certificate**
- **Employment Agreement**
- **Criminal History Record Name Search Request**
- **Virginia DSS/CPS Central Registry Release**
- **EFT Application (optional)**
- **Federal Tax Exemption Information Form (optional)**
- **Timesheet Instructions**
- **Timesheet**
- **Payroll Schedules A and B**



# MAINTAINING CD SERVICES

## The Big Picture

Throughout the time the individual is receiving CD services, the CD employer is managing his or her employees and CD services. The CD services facilitator is involved in activities to support the individual and CD employer (if he or she is not the individual). Through meetings and reviews, the CD services facilitator monitors and ensures the quality and appropriateness of the CD services. The CD services facilitator works together with the CD employer to provide these periodic reviews and keep documentation updated. For personal care services, the CD services facilitator is required to review the Plan of Care quarterly. For respite care services, the review is required every six months, or upon the use of 300 respite hours, whichever comes first. The CD services facilitator must conduct a reassessment visit face to face with the individual at least every three months for personal care services and at least every six months for respite care services.

### REASSESSMENT VISIT PROGRESS NOTES SHOULD DOCUMENT THAT:

CD services are adequate to meet the individual's needs.

If applicable, a hospitalization or a change in medical condition, functioning, or cognitive status has occurred.

The individual is or is not satisfied with services.

The CD employee(s) is present or absent in the home during the visit.

There is a change in CD employees.

Time sheets have been reviewed and reflect that the approved amount of hours have not been exceeded.

If applicable, bowel and bladder, catheter care, range of motion exercises, and wound care are part of the Plan of Care and have special documentation by the CD services facilitator.

### WHEN A CHANGE IN THE CD SERVICES FACILITATOR IS REQUESTED:

CD employer/individual notifies the existing CD services facilitator of his or her intention to change CD services facilitators.

The new CD services facilitator submits to the pre-authorization agent supporting documentation to begin services with the new CD services facilitator.

It is important for the old and new CD services facilitators to coordinate their end and start dates to prevent gaps in authorization and payments to CD employees.



## WHO DOES WHAT: Maintaining CD Services

### **INDIVIDUAL** (IF THE INDIVIDUAL IS NOT THE CD EMPLOYER)

- ▣ Participates in all activities with the CD employer to the extent that the individual chooses.

### **CD EMPLOYER**

- ▣ Meets with the CD services facilitator as needed.
- ▣ Manages CD employees, including hiring new employees (with the individual if he/she is not the CD employer) as necessary.
- ▣ Participates in developing and amending POCs (with the individual if he/she is not the CD employer).

Participates in all person-centered planning efforts (with the individual if he/she is not the CD employer).

### **CD SERVICES FACILITATOR**

- ▣ Conducts two onsite visits within 60 days of initiation of CD services, after the Initial Comprehensive Visit, to monitor and ensure quality and appropriateness of services.
- ▣ Decides with the CD employer, after the first two visits, how often they are going to meet (for personal care services at least every three months; for respite care services at least every six months).
- ▣ Is available by telephone (at least during normal working hours) to the CD employer and individual (if the individual is not the CD employer).
- ▣ Reviews and updates the Plan of Care with the individual as necessary.
- ▣ Submits, if warranted, the necessary documentation in order to increase or decrease needed service hours.
- ▣ Provides the CD employer and/or the individual with additional management training (up to 4 hours are billable within any 6 month period) upon request.
- ▣ Arranges for special training for the CD employees (within the billable hours noted immediately above) at the request of the CD employer and/or individual.

## WHO DOES WHAT: Maintaining CD Services

### **CD SERVICES FACILITATOR (CONT.)**

- ▣ Conducts a face-to-face meeting with the CD employer (and the individual if she or he is not the CD employer) at least every 3 months for personal care services and at least every 6 months for respite care services.
- ▣ Maintains a registry of persons experienced with providing CD services or who are interested in providing these services. DMAS does not require the CD services facilitator to verify employee's qualifications prior to enrollment in a registry.

Updates the CD employees' registry as recently hired CD employees indicate interest in being listed and distributes it to families as requested.

### **CD SERVICES EMPLOYEE(S)**

Completes the employment paperwork found in the Employment Packet (if a new employee).

Completes the required paperwork located in the Employment Packet for a criminal records check and, for individuals under the age of 18, a child protective services check (if a new employee).

Obtains a periodic TB test.

- ▣ Attends training at the request of the individual or CD employer.
- ▣ Submits signed time sheets to CD employer every two weeks.

### **PRE-AUTHORIZATION AGENT (CONTRACTED BY DMAS)**

- ▣ Upon receiving a request for an increase or decrease in services, notifies the individual and the CD services facilitator that services have been pre-authorized, denied or pended.

### **FISCAL AGENT (CONTRACTED BY DMAS)**

- ▣ Makes sure all employment and financial rules are followed.
- ▣ Provides payment to CD employee(s).
- ▣ Provides the CD employer a quarterly summary (Quarterly Services Report) of hours used by service, attendant and patient pay information, if applicable.

## CHECK IT OUT: Maintaining CD Service

- The CD employer manages CD employees on a day-to-day basis, including the hiring and firing or letting go of employees, as necessary.
- The CD services facilitator conducts two onsite visits within 60 days of initiation of services.
- The CD employer and CD services facilitator determine how frequently they will meet.
- The CD employer, the individual (if he or she is not the CD employer), and the CD services facilitator meet face-to-face at least every 3 months for personal care services and at least every 6 months for respite care services.
- The CD services facilitator evaluates the quality and appropriateness of services and documents visits with the CD employer and individual (if he or she is not the CD employer).
- The CD services facilitator maintains and distributes (upon request) a registry of CD employees.
- The CD services facilitator, with the employer and the individual (if he or she is not the CD employer), reviews and updates Plans of Care as necessary.
- The CD services facilitator submits new and amended Plans of Care to the pre-authorization agent contracted by DMAS for authorization.
- The pre-authorization agent contracted by DMAS reviews requests for changes in services and informs the CD services facilitator and individual whether services have been approved, denied or pended.

The CD employee(s), if he or she is new, completes all of the necessary paperwork and activities for hire.

The CD employee(s) obtains periodic TB tests.

The CD employee(s) attends trainings as requested by the CD employer.

The CD employee(s) turns in time sheets every two weeks to the CD employer.

- The fiscal agent contracted by DMAS provides payment to CD employee(s).
- The fiscal agent provides the CD employer with a quarterly report of hours used by service, attendant and patient pay information, if applicable.



## PAPERWORK: Maintaining CD Services

The EDCD Waiver requires the use of different forms. These forms are provided by the DSS social worker and/or CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed or suggested forms:

### **Employment Packet**

### **Agency of Consumer Direction Provider Plan of Care (DMAS-97AB)**

### **Employee Management Manual**

### **Time Sheets**



# Appendix A

## Glossary of Terms



## GLOSSARY

### CD SERVICES IN VIRGINIA'S EDCD WAIVER

Many of the definitions that are included in this appendix have been taken from existing resources such as the EDCD Waiver Regulations and the EDCD Waiver Manual.

<b>Appeal</b>	A special kind of complaint you make if you disagree with any decision about your Medicaid or Medicaid waiver services. This complaint is made to Virginia's Department of Medical Assistance Services, the state Medicaid agency. There is a special process you must use to make your complaint. (See Appeal Process)
<b>Appeal Process</b>	The process you use if you disagree with any decision about your Medicaid services. If you disagree with a decision you can have the initial decision reviewed again. A description of your appeal rights and an explanation of how to appeal are given to you by your case manager in a document called, <i>About Your Appeal</i> (included in Appendix F). You can also get a copy of this document on the DMAS website ( <a href="http://www.dmas.virginia.gov">www.dmas.virginia.gov</a> ) or by requesting it from DMAS by calling (804) 371- 8488.
<b>Barrier Crimes</b>	Serious offenses that, if found in an employee's or potential employee's Criminal History Record, are grounds for immediate dismissal. The list includes such crimes as murder, abduction, assault, robbery, arson, abuse, and neglect. A full listing is contained in the Code of Virginia (Section 37.2-416).
<b>Centers for Medicare and Medicaid Services (CMS)</b>	The unit of the federal Department of Health and Human Services that administers the Medicare and Medicaid programs.
<b>Consent to Exchange Information Form</b>	A document signed by an individual or the individual's legally authorized representative giving authorization to one entity to share or disclose confidential information about the individual (such as protected health information) with another entity.
<b>Consumer-Directed (CD) Services</b>	Services for which the individual or family/caregiver (as the CD employer) is responsible for hiring, training, supervising, and firing of the employees.

<b>Consumer-Directed (CD) Personal Care</b>	Hands on care, of both a supportive and health-related nature. The individual will be responsible for hiring, training, supervising, and firing the personal care aide. If the individual is unable to independently manage his own personal care services, a family member/caregiver may serve as the employer on behalf of the individual.
<b>Consumer-Directed (CD) Respite Care</b>	Services provided to eligible individuals who are unable to care for themselves, provided on an episodic or routine basis because of the absence or need for relief of those unpaid persons normally providing the care. The individual will be responsible for hiring, training, supervising, and firing the respite assistant. If the individual is unable to independently manage his own respite services, a family member/caregiver may serve as the employer on behalf of the individual.
<b>Consumer-Directed (CD) Services Facilitator</b>	The provider contracted with DMAS who is responsible for ensuring development and monitoring of the Plan of Care, management training, and review activities as required by DMAS for consumer-directed personal care and respite services.
<b>CD Employer</b>	An individual who chooses to use CD services under the EDCD Waiver and assumes the responsibility of hiring, training, supervising and firing CD employees. If the individual is unable to independently manage his or her own consumer-directed services or if the individual is under 18 years of age, a family member/caregiver must serve as the CD employer on behalf of the individual.
<b>CD Employees</b>	Persons hired by the CD employer to perform CD personal care or CD respite services offered under the EDCD Waiver.
<b>CD Employees Registry</b>	A list maintained by a CD services facilitator that contains the names of persons who have experience providing personal care or respite services, or who are interested in doing so, and who are willing to be listed in the registry.
<b>Criminal Records Check</b>	A requirement of all CD employees prior to their employment as CD employees. The fiscal agent assists individuals in processing these checks through the Virginia State Police.
<b>DMAS</b>	The Department of Medical Assistance Services, the state agency responsible for all Medicaid services in Virginia.

<b>DMAS-122</b>	Otherwise known as the “Patient Information” form, this is used in the EDCD Waiver to relay eligibility and Patient Pay information between an individual’s CD services facilitator and Department of Social Services (DSS) eligibility worker. The CD services facilitator sends one to DSS at the initiation of EDCD Waiver and any time a person’s status (including financial status) changes. The DSS eligibility worker returns it to the CD services facilitator with the individual’s Patient Pay (amount owed toward the cost of his/her own services) noted.
<b>DSS</b>	The Department of Social Services, the state agency responsible for determining financial eligibility for Medicaid and all Medicaid waiver services in Virginia.
<b>Eligibility</b>	The evaluation process whereby an individual is determined to meet the diagnostic, functional, and financial requirements for EDCD Waiver services through the Medicaid program.
<b>Emergency Backup Plan</b>	A plan developed by and for an individual using CD services under the EDCD Waiver that identifies a family member, neighbor, friend, or paid employee willing and available to assist an individual in case the CD employee is unable to work as expected or terminates employment without prior notice. This plan must be identified in the Plan of Care for consumer-directed services. Individuals who do not have an emergency back-up plan are not eligible for CD services until they have developed one.
<b>Employee Management Manual</b>	A manual provided by the CD services facilitator to the CD employer at the Initial Comprehensive Visit that explains his or her responsibilities as an employer.
<b>Employee Management Training</b>	Training provided by the CD services facilitator to the CD employer within 7 days of the Initial Comprehensive Visit, that explains the CD employer’s responsibilities.
<b>Enroll</b>	The action that indicates that the individual has been determined by the screening team and DSS to meet the eligibility requirements for the EDCD Waiver.
<b>EPSDT</b>	(Early Periodic Screening, Diagnosis and Treatment) A program administered by the Department of Medical Assistance Services according to federal guidelines, for children under the age of twenty-one, that prescribes specific preventive and treatment services for Medicaid-eligible children.
<b>First Health</b>	The agency contracted by DMAS to enroll providers of waiver services.

<b>Fiscal Agent</b>	An agency or organization within DMAS or contracted by DMAS to handle employment, payroll, and tax responsibilities on behalf of individuals who are receiving CD personal care or respite services.
<b>Individual</b>	The recipient or user of EDCD Waiver services. Because of support provided by family members and other caregivers, the term “individual” often implies “with support and assistance from others.”
<b>Initial Comprehensive Visit</b>	A home visit made by the CD services facilitator to the individual who is to receive CD services for the purpose of identifying, with the individual or family/caregiver, all of the individual’s needs to be addressed in the Plan of Care for the selected CD service(s). At this meeting, the CD services facilitator provides the individual with a copy of the Employee Management Manual. This visit must occur prior to the start of CD services.
<b>Medicaid</b>	A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state.
<b>Monitoring</b>	A planned, systematic, and ongoing process to gather and organize data, and aggregate results in order to evaluate performance.
<b>Plan of Care</b>	The written plan developed by the provider related solely to the specific services required by the individual to ensure optimal health and safety while remaining in the community.
<b>Preadmission Screening</b>	Means the process to: (i) evaluate the functional, nursing, and social supports of individuals referred for pre-admission screening; (ii) assist individuals in determining what specific services the individuals need; (iii) evaluate whether a service or a combination of existing community services are available to meet the individuals’ needs; and (iv) refer individuals to the appropriate provider for Medicaid funded nursing facility or home and community-based care for those individuals who meet nursing facility level of care.
<b>Preadmission Screening Team</b>	Means the entity contracted with DMAS that is responsible for performing pre-admission screenings.
<b>Preauthorized</b>	The preauthorization agent has approved a service for initiation and reimbursement prior to the commencement of the service by the service provider.

<b>Provider Number</b>	A number assigned by First Health to a provider upon review of the agency's Provider Participation Agreement and acceptance as a new Medicaid provider. This number must be used by the provider on all CMS-1500s (billing claims forms) in order to receive reimbursement.
<b>Provider Participation Agreement</b>	The form completed by an agency requesting to become a provider of specific EDCD Waiver services. It is sent, along with the appropriate credentials (license, certification, etc.) to First Health, the agency that contracts with DMAS to perform provider enrollment.
<b>Uniform Assessment Instrument (UAI)</b>	the standardized multidimensional questionnaire, that is completed by the Pre-admission Screening Team, which assesses an individual's physical health, mental health, social, and functional abilities to determine if the individual meets the nursing facility level of care.



# Appendix B

## **Department of Medical Assistance Services**

### *About Your Appeal*



ABOUT  
YOUR  
APPEAL

Medicaid FAMIS SLH





## **HOW TO REQUEST AN APPEAL/REVIEW**

You have the right to request an appeal or review of any action related to initial or continued eligibility for Medicaid, FAMIS, and State and Local Hospitalization coverage. This includes delayed processing of your application, actions to deny your request for medical services, or actions to reduce or terminate coverage after your eligibility has been determined.

To request an appeal or review, notify us in writing of the action you disagree with within 30 days of receipt of the agency's notice about the action. You may write a letter or complete an Appeal Request Form. Forms are available on the Internet at: [www.dmas.state.va.us](http://www.dmas.state.va.us).

Be specific about what you want us to review and include a copy of the notice about the action if you have it. Be sure to sign the letter or form.

Please mail appeal/review requests to the:

**Appeals Division  
Department of Medical Assistance Services  
600 E. Broad Street  
Richmond, Virginia 23219  
(804) 371-8488**

**Appeal/review requests may also be faxed to:  
(804) 371-8491**

For reduction or termination of coverage, if your request is made before the effective date of the action and the action is subject to appeal/review, your coverage may continue pending the outcome of the appeal/review.

## **BEFORE THE HEARING**

You will receive an APPEAL SUMMARY from the agency that made the decision on your case. The Appeal Summary tells you how the agency made its decision. It will describe the facts and program policy that the agency used in the decision. PLEASE READ the Appeal Summary carefully. If you think that any of the information on the Appeal Summary is incorrect, please tell the Hearing Officer at the hearing.

You are not required to have an attorney. If you DO get legal help, please let the Hearing Officer know before the date of your hearing by submitting this information in writing.

If you cannot come to the hearing yourself, you can have a relative or other person present the facts as you see them. If you want someone else to do this, you must let the Hearing Officer know in writing before the hearing or on the day of the hearing.

Please remember to bring to the hearing all documents and people you need to present your case.

If you are unable to keep your hearing appointment, you must notify the Hearing Officer or the local agency at least 3 days in advance.

## **AT THE HEARING**

The Hearing Officer will identify and introduce the people at the hearing. The Hearing Officer will explain the APPEAL ISSUE(S) and the procedures that the hearing will follow.

All witnesses must swear or affirm to tell the truth. The hearing is informal, but will be recorded so that an accurate record can be made. The Hearing Officer will have an agency representative describe the decision made on your case and explain why the action was taken.

Next, the Hearing Officer will give you or your representative an opportunity to present facts and tell why you disagree with the agency's decision. You may ask the agency representative(s) questions about the decision. You may also give information or bring witnesses to the hearing to help explain why you disagree with the decision. However, any information given must relate to the APPEAL ISSUE(S).

The Hearing Officer may ask questions of you and the agency representative(s). Before the hearing is over, the Hearing Officer will ask if you have presented all that you want to be considered.

The Hearing Officer will also ask you if all of your questions about the APPEAL ISSUE(S) have been addressed. Remember that all documentation and information must be presented at the hearing. The Hearing Officer will then explain how the appeal process continues and, if there are no questions, the hearing will be closed.

## **AFTER THE HEARING**

The appeal record will be evaluated by the Hearing Officer who will research policy and regulations related to your issue(s), write a summary of relevant facts, and send you the decision.

The Appeal Decision Packet will include the Hearing Officer's decision, all evidence and documentation, and copies of policy and regulations used to make the decision.

If you disagree with the Hearing Officer's decision, the next level of appeal is to your local Circuit Court. You will be sent information about this process.

## **THE HEARING OFFICER CAN**

- Decide if the agency correctly closed or denied your case or correctly denied or reduced services under established policy.
- Make one of three decisions:
  - Sustain (agree with) the agency's decision.
  - Remand (send the case back) for more information and evaluation.
  - Reverse (overturn) the agency's decision.

## **THE HEARING OFFICER CANNOT**

- Accept information that is submitted after the hearing record is closed.
- Rule on things that are brought up at the hearing that do not relate to the APPEAL ISSUE(S).
- Change income limits that are within the permissible range allowed by law.
- Change or make exceptions to policy or law.
- Give you a decision the day of the hearing or by telephone.

## **HEARING OFFICER MUST DECIDE WITHIN 90 DAYS**

The Hearing Officer must make a decision within 90 days from the date the Appeal Division received your hearing request. If you need extra time and request that your hearing be rescheduled, the Hearing Officer gets extra time to make the decision.

Requests for delay by you or your authorized representative extend the 90-day time frame. The amount of extra time is explained below:

1. If you ask to keep the record open after the hearing, the 90-day time limit will be extended by the number of days the record is left open.
2. If you ask to postpone the hearing within 30 days of the request for hearing, the 90-day time limit will be extended by the number of days from the date when the first hearing was scheduled until the date to which the hearing is rescheduled.
3. If you ask to postpone the hearing within 31 to 60 days of the request for a hearing, the 90-day time limit will be extended by 1.5 times the number of days from the date when the first hearing was scheduled until the date to which the hearing is rescheduled.
4. If you ask to postpone the hearing within 61 to 90 days of the request for a hearing, the 90-day time limit will be extended by 2 times the number of days from the date when the first hearing was scheduled until the date to which the hearing is rescheduled.

The Hearing Officer will make all reasonable efforts to reschedule the hearing to the earliest date possible. If you ask for a delay at the hearing, the Hearing Officer will tell you the number of days of delay. If you ask for a delay any other time, the Hearing Officer will send you a letter telling you the number of days of delay.

## **IF DECISION IS NOT ISSUED WITHIN 90 DAYS**

Call the Medicaid Appeal Line during regular business hours at (804) 786-6048 if your decision has not arrived within 93 days (90 days to issue the decision and 3 days for mailing). If you have asked for a delay, call this number when the decision is overdue. When you call, tell us the date your hearing was held. You may also appeal the delay to your local circuit court.

If the Medicaid Appeal Line is long distance for you, call (804) 786-6048, leave your phone number, and ask for an immediate call back. Sorry! We cannot accept collect calls.

If the decision on your case has not been made on time, DMAS will immediately investigate your case. We will notify you and any authorized representative within three business days of the results of the investigation. We will tell you how to appeal the delay to your local circuit court. We will also give you the name, address and telephone number of a legal aid office in your area, which may be able to help.

