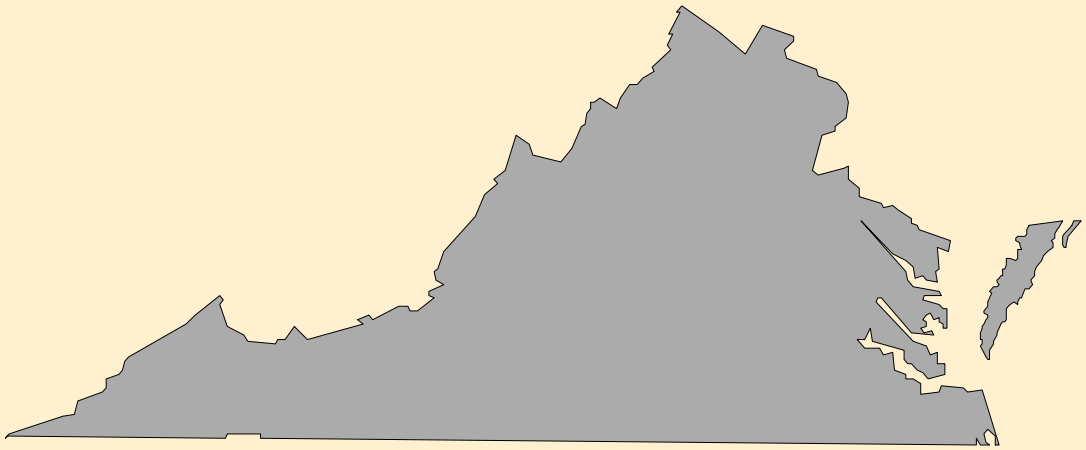
Consumer-Directed Services

in Virginia's

Mental Retardation

Home and Community Based Services Waiver



A Workbook for Individuals, Families, and Providers

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

Virginia Commonwealth University

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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 MR Waiver. It is intended for individuals with disabilities, their families and others who support them, and the professionals who work with them.

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Purpose

The purpose of this workbook is to provide information about how to get and how to use CD services offered under Virginia's Mental Retardation Home and Community Based Services Waiver. The workbook can be used by individuals with disabilities, their family members, and other supporters, including case managers and CD services facilitators.

Recognizing that each of us processes information in our own unique way, the workbook is intentionally organized to provide information in different formats.

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 for team members, particularly 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 an individual 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 and Acronyms

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, keep it alongside the workbook as you are reading through it, and use it for easy reference.

CD	Consumer-Directed
CMS	The Centers for Medicare and Medicaid Services
CSBs or BHAs	Community Services Boards or Behavioral Health Authorities
CSP	Consumer Service Plan
DMAS	The Department of Medical Assistance Services
DMHMRSAS	The Department of Mental Health, Mental Retardation, and Substance Abuse Services
DSS	The Department of Social Services
EMM	Employee Management Manual
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
ICF/MR	Intermediate Care Facility for Individuals with Mental Retardation
ISP	Individual Service Plan
ISAR	Individual Service Authorization Request
LOF Survey	Level of Functioning Survey
LOC	Level of Care
MR Waiver	Mental Retardation Home and Community Based Services Waiver
OMR	Office of Mental Retardation
SSI	Supplemental Security Income

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

Table of Contents

CONSUMER-DIRECTED SERVICES IN THE Mental Retardation Waiver

Introduction

This workbook provides information about **consumer-directed (CD) services** in Virginia's Mental Retardation Home and Community Based Services Waiver, referred to as the MR Waiver. Home and community based services waivers, such as the MR 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 MR Waiver, but focuses on CD services. The workbook describes the steps that individuals with mental retardation (referred to as "individuals") go through, including:

- Entry into services at the Community Services Board.
- Eligibility screening for MR Waiver services.
- Enrollment into the MR Waiver.
- Developing a Consumer Service Plan.
- Making an informed choice about using CD services.
- Selecting a CD services facilitator.
- 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, case managers, CD services facilitators, and CD employees, working together as partners.

Consumer-directed services = CD services

Individuals with mental retardation = individuals

THIS WORKBOOK CAN BE USED TO:

- Strengthen relationships and communication by providing a common source of information in an easy to understand format.
- Provide individuals and families with information about CD services in the MR Waiver so that they can make an informed choice.
- Explain the responsibilities of CD services to individuals or families so they can decide if they are ready and able to commit to using CD services.
- Prepare individuals or families 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.
- Provide information about important tasks and timelines for individuals, family, CD employees, CD services facilitators, and case managers.

A Special Note about Person-Centered Planning

In developing any type of plan for services and support for an individual with disabilities, 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 people with disabilities, 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 the 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, 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 for a better or different life 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. You can begin your search for information that meets your needs at www.vcu.edu/partnership/cdservices.

OVERVIEW OF CD SERVICES

Individuals who receive services through the MR 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 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. When services are consumer-directed, the individual and sometimes his or her family decide what amount and type of service(s) is needed, who will provide it, when it will be provided, where it will be provided, and how it 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.

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 with mental retardation. Because support is provided by family members or other caregivers, the term "individual" often means "with support and assistance from others."

Currently three services in the MR Waiver can be consumer-directed:

1. Personal assistance services

   CD personal assistance services help individuals with their daily needs, such as dressing, bathing, eating, and assistance with self-administration of medication. CD personal assistance services may also be used to support individuals with their activities of daily living at work and other places in their communities.

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.

3. Companion services

   CD companion services, which are available only for adults, assist individuals with housekeeping, shopping, and community activities. This support can provide individuals with opportunities to get to know people in their communities and to participate more fully in community activities that interest them. This is also the only CD service that is available to individuals who receive congregate residential services (live in group homes) under the MR Waiver.(The regulatory definitions of these services are included in the glossary, **Appendix A**).

CD services in the MR Waiver are different from agency-directed services in the MR Waiver. Most services provided through group homes, day support, and workshop programs are agency-directed services. The agency employs the people (usually called “staff”) who work with the individual in agency-directed services. The individual chooses the agency and the staff members work for the agency. In CD services, the individual chooses the CD personal assistance, companion, and respite employees. They work for the individual.

FEDERAL, STATE, AND LOCAL AGENCIES ARE INVOLVED IN THE MR WAIVER. KEY AGENCIES INCLUDE THE FOLLOWING:	
CMS	The Centers for Medicare and Medicaid Services, the federal Medicaid agency.
CSBs or BHAs	Community Services Boards or Behavioral Health Authorities, the local government agencies in Virginia responsible for mental health, mental retardation, and substance abuse services for citizens in their communities. Forty (40) CSBs or BHAs provide some services in every city and county in Virginia, 135 localities in all.
DMAS	The Department of Medical Assistance Services, the state agency responsible for all Medicaid services in Virginia.
DMHMRSAS	The Department of Mental Health, Mental Retardation, and Substance Abuse Services, the state agency responsible for administering the day-to-day operations of the MR Waiver in Virginia.
DSS	The Department of Social Services, the state/local agency responsible for determining financial eligibility for all Medicaid services in Virginia, including Medicaid waiver services.
OMR	The Office of Mental Retardation, part of DMHMRSAS, responsible for approving MR Waiver services requests and providing technical assistance to individuals, families, case managers, providers, and others.

FORMAT

This workbook is divided into two main sections:

Section One: Getting CD Services through the MR Waiver

Section Two: Using CD Services in the MR Waiver

The information in Section One provides guidance to individuals interested in receiving MR Waiver services, their family/caregivers, and case managers. Section Two provides information to individuals who wish to use CD services and to those involved in making CD services successful.

GETTING CD SERVICES THROUGH THE MR WAIVER

Section One:

Section One explains how an individual starts the process of becoming eligible for and choosing CD services. It is divided into three primary topic areas:

1. Introduction to Services
2. Eligibility for and Enrollment into the MR Waiver
3. Development of a Consumer Service Plan

Each of the topic areas contains the following information:

- **The Big Picture**, a brief description
- **Who Does What**, a listing of responsibilities
- **Check It Out**, a checklist for the topic
- **Paperwork**, needed or suggested forms and documents

Community Services Boards **(CSBs) or** Behavioral Health Authorities **(BHAs) provide mental health, mental retardation, and substance abuse services in the state. A list of Virginia's CSBs and BHAs, the areas that they serve, and contact information can be found at**

http://www.vacsb.org

Individuals in Virginia receive services and supports in a variety of ways. Many individuals receive natural support from their families and community members. Some individuals pay for supports and services through personal resources or through public funding. Community Services Boards (CSBs) provide a way for individuals and families to learn about the supports and services that are available to them. CSBs are the entry point for the MR Waiver.

INTRODUCTION TO SERVICES

The Big Picture

For individuals to use CD services in the MR Waiver, they first enroll in the MR Waiver. In Virginia, enrollment is determined by an individual's eligibility for MR Waiver services and the availability of an opening or vacancy in Medicaid waiver services. There are more individuals in need of and eligible for MR Waiver services than there are openings. Therefore there are waiting lists. Individuals with disabilities who need supports and services in order to live successfully in their communities should actively seek services and make their needs known.

To begin this process of seeking needed services, an individual contacts his or her local CSB and asks for the Director of Mental Retardation Services or the case management supervisor for MR services. This initial contact can take place at any time from birth through adulthood. During this initial contact, the individual requests an "intake," which is a face-to-face meeting with a staff member of the CSB. The individual may ask for information on how the intake process will work, as it can vary from one CSB to another.

Funding for MR Waiver services is made up of the dollars allocated by the Virginia General Assembly combined with the federal government's matching contribution to Virginia to cover its share of the cost of providing these services. The combined federal and state dollars pay for a set number of waiver openings, known as slots.

The intake meeting may be scheduled for another time or take place at the time of initial contact with the CSB. In some instances, the CSB will contact the individual or the individual will be referred by another agency to the CSB for evaluation and services. More often, however, the responsibility to make the initial contact with the CSB rests with the individual.

WHO DOES WHAT: Introduction to Services

INDIVIDUAL

- Makes the initial contact with the CSB.
- Goes to the intake meeting prepared to give current information.
- Brings information to be copied, such as records or assessments if available (keep all original information for personal files). Examples of information that might be requested include:
  - School records
  - Developmental assessment for a child under the age of 6
  - Psychological evaluation (by a qualified evaluator)
  - Results of testing
  - Financial information
  - Medical records
  - Copies of the individual's plans (plans of care, service plans, habilitation plans, educational plans)
  - Proof of diagnosis of mental retardation (if it is available)
- Develops a list of specific ideas about what is needed in terms of supports and services to share at the intake meeting. The list does not have to use the "service system lingo" or be waiver specific. The supports the individual needs can be described in everyday terms. For example, a specific need may be stated as, "We need someone to help with our daughter on weekends when our other children are involved in team sports," rather than, "We need respite services." Or "We need someone to teach our son to do chores around the house so that he will be able to live independently one day," rather than, "We need in-home residential services."
- Requests that the individual be screened for eligibility for the MR Waiver.
- Makes sure someone takes notes at the intake meeting. (It is also wise to keep notes on all telephone conversations and other contacts.)

INTAKE WORKER

- Gathers information on the individual; explains the types of information needed; and asks the individual or family/caregiver to provide reports, records, tests, and assessments, if they have them.
- Provides information about services available.
- Determines the individual's need for case management.
- Informs the individual of a case management assignment.
- Explains required forms and makes sure all are completed and signed.
- Takes and distributes notes (or ensures that someone does) at the intake meeting and provides them to the individual.
- Explains right to appeal and provides individual with written information.

CHECK IT OUT: Introduction to Services

☐ The individual makes initial contact with the CSB and speaks with _____ requesting an intake meeting.
(Name)

☐ The intake meeting is scheduled for _____.
(Date)

☐ The individual prepares for the intake meeting by gathering information and developing a list of needs.

☐ The intake meeting is held and is attended by:

_____ _____

_____ _____

☐ A note-taker (either the intake worker or individual or family/caregiver) is designated to take and distribute notes of the meeting.

☐ The intake worker gathers information about the individual in order to understand the needs for services, including the need for case management services.

☐ The individual provides information and lists (here) any additional information that is requested (dates are added when the information is provided by the individual to the CSB).

o _____

o _____

o _____

☐ The intake worker provides the individual with information about the types of services available, including: the MR Waiver, other Medicaid and Medicaid waiver services for which the individual may be eligible, and other community based services.

☐ The intake worker explains the required agency forms to the individual, assists him/her in completing the forms, and obtains signatures as needed from the individual. A form that provides the individual's consent to the exchange of information by the CSB and other agencies may be required at this time.

- ☐ Notes on the intake meeting are distributed.
- ☐ Each CSB may have other steps that they require, such as
  - ☐ The intake worker/CSB makes a determination about the individual's need for case management services and if needed, a case manager is assigned to the individual.
  - ☐ The intake worker informs the individual of the case manager's

    Name: _____

    Telephone number: _____
  - ☐ The intake worker schedules or completes the screening to determine eligibility of the individual for the MR Waiver.
- ☐ The individual can request a copy of all completed forms or to look at his or her file at any time.

PAPERWORK: Introduction to Services

The MR Waiver requires the use of different forms. These forms are provided by the case manager 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:

Consent to Exchange Information Form

ELIGIBILITY FOR AND ENROLLMENT INTO THE MR WAIVER

The Big Picture

To enroll into the MR Waiver and to receive MR Waiver services, an individual is screened and found eligible for MR Waiver services by a case manager at a CSB. (See **Table 1** for the three parts of eligibility screening). There must also be an opening that is available to the individual in the MR Waiver.

The eligibility process begins during or after an intake meeting, when the individual is assigned a case manager based on CSB policy, procedure, and availability. Federal Medicaid regulations require that individuals be provided with a choice of case management services.

The case manager meets with the individual to determine the individual's needs and preferences and to assist the individual in finding supports and services that match these needs and preferences. The case manager informs the individual of non-waiver services for which he/she may be eligible, including: employment supports; self-advocacy groups; recreational options; day care block grant; family support opportunities; Meals on Wheels; Food Stamps; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); Camp Jaycees; and other community options.

It is the case manager's responsibility to determine eligibility for enrollment into the MR Waiver. Determining eligibility is the start of the application process for the MR Waiver. Eligibility has three parts that must be met: diagnostic, functional, and financial. See **Table 1** for eligibility criteria.

A slot is an opening or vacancy in Medicaid Waiver services for an individual. Having a "slot" in the MR Waiver means that an individual is enrolled into the MR Waiver and may use any services funded through this waiver as long as a justification for the service need can be shown. Each MR Waiver recipient has a "slot."

Once an individual is determined to be eligible for the MR Waiver, a "slot" is needed in order for the individual to be

enrolled. New slots are awarded by the General Assembly through the budget process and the number of slots is based upon funding.

The federal Medicaid agency, the Centers for Medicare and Medicaid Services (CMS), approves the number of slots that Virginia has available.

Local CSBs are allocated a specific number of MR Waiver slots that are filled by eligible individuals from their areas. When new slots become available, due to new funding, they are allocated to the CSBs based upon the number of individuals on their "Urgent" waiting list. Unless new slots are funded by the General Assembly, slots can become available only if they are vacated by individuals currently using them because of such reasons as moving out of state, a choice not to use services, or death.

TABLE 1: MR WAIVER ELIGIBILITY CRITERIA

Diagnostic Eligibility	Functional Eligibility	Financial Eligibility
An individual • is over the age of 6 and has a diagnosis of mental retardation (as evidenced by a psychological evaluation); or • is under the age of six, has a diagnosis of mental retardation or is shown to be at developmental risk (as evidenced by a psychological or developmental evaluation)	• An individual must meet ICF/MR level of care: dependency level in 2 or more categories on the Level of Functioning Survey • Requires face-to-face assessment by the case manager and input from those who know the individual • Assessment must be current within 6 months of start date	• Determined by the local Department of Social Services • Parents' income/ resources do not count for home and community based waivers • If an individual has income greater than the maximum 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)

Waiting Lists, both local and statewide, have been developed for individuals when waiver slots are not available. Each CSB maintains a local waiting list identifying individuals in three categories: Urgent, Non-Urgent, and Planning. DMHMRSAS maintains a statewide waiting list of the individuals on all 40 CSBs' Urgent and Non-Urgent lists.

The Urgent Category identifies individuals who are eligible for the MR Waiver, who meet one or more of the six criteria for needing services listed below, who needs services within 30 days, and who would accept the requested service(s) if it was offered. The six criteria are:

- Primary caregiver(s) are 55 years of age or older,
- Primary caregiver no longer provides care;
- Clear risk of abuse, neglect, or exploitation;
- A primary caregiver has a chronic health condition which limits his or her ability to continue providing care for the individual;
- Individual is becoming homeless;
- There is a risk to the health and safety of someone in the home.

The Non-Urgent Category identifies individuals who are eligible for the MR Waiver and will need services in the next 30 days but do not meet any of the urgent criteria. Individuals in the non-urgent category are served after all individuals on the urgent need list are served.

The Planning Category is used by localities to identify individuals who are eligible for the waiver and will need services in the future.

WHO DOES WHAT: Eligibility for and Enrollment into the MR Waiver

INDIVIDUAL

- Meets with case manager to discuss his or her preferences, desires, needed services and supports.
- Provides consent for exchange of information by signing forms.
- Assists in getting and providing information to determine eligibility and supports as needed.
- May appeal the decision if found "not eligible" for the MR Waiver or if found eligible but does not agree with the waiting list on which he/she is placed.
- Meets with the case manager within 30 days of enrollment to begin development of the plan.

CASE MANAGER

- Determines the individual's diagnostic and functional eligibility for MR Waiver and informs the individual.
- Talks with the individual to identify needed supports and preferred services.
- Provides information about the different types of services available.
- Obtains written consent from the individual to exchange information with other agencies and providers.
- Assists the individual to connect with supports and services not funded through the MR Waiver for which he or she may be eligible.
- Provides information about MR Waiver services to eligible individuals.
- Explains the choice of MR Waiver home and community based services and ICF/MR and offers the individual the choice between the two.
- Begins the MR Waiver application process with the individual.
- Determines place on appropriate waiting list for eligible individuals.
- Provides the individual with information about the right to appeal decisions about services with which the individual does not agree.

WHO DOES WHAT: Eligibility for and Enrollment into the MR Waiver

CASE MANAGER (cont.)

- When slots are available, begins the enrollment process for selected eligible individuals who meet urgent criteria.
- Facilitates financial eligibility determinations with DSS.
- Submits required information for enrollment to OMR.
- Meets with the individual within 30 days of enrollment to begin plan development.
- Notifies the individual of all decisions and of the right to appeal.

OMR

- Places names of eligible (but not enrolled) individuals on statewide waiting lists.
- Approves enrollment request and notifies case manager.

DSS

- Makes final decision about individual's financial eligibility for Medicaid and Medicaid MR Waiver services.
- Informs the case manager of the decision.
- Determines if the individual is responsible for any patient pay for waiver services and provides that information to the case manager on the DMAS-122.

CHECK IT OUT: Eligibility for and Enrollment into the MR Waiver

- ☐ The case manager meets with the individual and discusses his or her preferences, desires, needed supports and services.
- ☐ The case manager provides the individual with a copy of the DMAS booklet, *"About Your Appeal"* and explains the individual's right to appeal decisions about Medicaid and Medicaid waiver services.
- ☐ The case manager explains the types of services available, including the MR Waiver, other Medicaid and Medicaid waiver services, and other services available in the community.
- ☐ The case manager explains the need for the individual's consent to the exchange of information among the CSB, other agencies, and providers.
- ☐ The individual signs consent form giving permission for exchange of information.
- ☐ The case manager begins the application process for the MR Waiver by:
  - ☐ Determining diagnostic eligibility (psychological or developmental assessments).
  - ☐ Determining functional eligibility (LOF survey).
  - ☐ Facilitating the determination of financial eligibility (this is the responsibility of the Department of Social Services).
- ☐ The case manager informs the individual if he or she is not found eligible and informs him or her of the right to appeal this decision.
- ☐ If the individual is found eligible, the case manager provides information to the individual about ALL MR Waiver agency-directed and consumer-directed services.
- ☐ The case manager informs the individual of the right to choose ICF/MR or MR Waiver.
- ☐ The case manager determines if the individual meets urgent, non-urgent, or planning criteria.

CHECK IT OUT: Eligibility for and Enrollment into the MR Waiver

- ☐ If the individual chooses MR Waiver services but no slot is available and the individual:
  - ☐ Meets urgent criteria, then the case manager sends the individual's name to OMR to be placed on the urgent statewide waiting list.
  - ☐ Meets non-urgent criteria, then the case manager sends the individual's name to OMR to be placed on the non-urgent statewide waiting list.
  - ☐ Meets planning criteria, then the case manager places the individual's name on the CSB's local planning list.
- ☐ The case manager notifies the individual within 10 working days of placement on a waiting list and includes information of the right to appeal this decision.
- ☐ If a slot is available and the CSB has selected the individual as the "most urgent" meeting the Urgent Criteria, then the case manager begins the enrollment process for the individual by sending to OMR a MR Waiver Enrollment Request.
- ☐ If OMR is satisfied with the documentation, OMR sends the case manager an approved Enrollment Request Form and a MR Waiver Level of Care (LOC) Eligibility form.
- ☐ The case manager sends to DSS the OMR-signed LOC Eligibility form and an initial DMAS-122 form (top portion completed).
- ☐ DSS completes, within 45 days, the bottom portion of the DMAS-122 that determines financial eligibility (and may include a patient pay amount for the individual) and returns the completed copy to the case manager.
- ☐ The case manager meets with the individual within 30 days of enrollment to begin developing the Consumer Service Plan.
- ☐ The individual's services begin within 60 days of enrollment.
- ☐ If services do not begin within 60 days, the case manager sends a request to OMR to retain the slot for the individual.
  - ☐ If this request is approved, services for the individual are initiated within 30 additional days.
  - ☐ If this request is denied, then the case manager issues a Right to Appeal letter to the individual, and the individual has 30 days to exercise his or her right to appeal.

PAPERWORK: Introduction to Services

The MR Waiver requires the use of different forms. These forms are provided by the case manager 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:

Level of Functioning Survey

DMAS–122 (Patient Information form)

Notification of Right to Appeal

MR Waiver Enrollment Request form

MR Waiver Level of Care Eligibility form

Request to Retain Slot form

DMAS *About Your Appeal* document (Appendix B)

CONSUMER SERVICE PLAN

The Big Picture

After an individual has been enrolled into the MR Waiver, the work of developing the Consumer Service Plan (CSP) begins. The individual and the case manager assemble a team to meet and develop a CSP. In developing a CSP, a person-centered team approach is recommended to help ensure that goals and services are in line with what the individual desires for his or her life.

Consumer Service Plan
=
CSP
=
Plan of Care

The CSP is not a single document, but is a collection of documents and information that helps describe an individual's need for services and supports, desired outcomes of the services and supports, and the specific services that will be provided to meet the need. See Table 2 for a list of documentation, at a minimum, that a CSP includes.

TABLE 2: CSP Documentation

Social Assessment	Individual's Goals and Desired Outcomes from Services	Individual Service Plan(s) (ISPs)	Documentation of Agreement
a comprehensive functional evaluation completed by the case manager with the individual that focuses on the individual's needs and preferences	with team support, the individual determines his/her goals and outcomes based on information from the Social Assessment	developed and written by each provider of services with and for the individual; describes the MR Waiver service(s) that an individual is to receive from a specific provider in terms of goals, objectives, strategies, and responsible staff; reflects the needs, preferences and goals included in the CSP	a form signed by the individual and case manager at a minimum, indicating agreement with the ISP developed and its component parts

NOTE: When CD services are chosen, a CD services facilitator is selected to work with the individual to develop the ISP(s) for the CD service(s).

"Once a case manager has determined an individual meets the functional criteria for MR services, the individual has chosen MR Waiver services, and an available slot has been verified by DMHMRSAS, the team will meet within 30 calendar days to discuss the individual's needs, existing supports, agency-directed and consumer-directed options and to develop a Consumer Service Plan."

The Mental Retardation Community Services Manual (the MR Manual)

As a beginning step, the case manager describes the range of options available through the MR Waiver. The case manager is required to explain agency-directed and CD services to the individual. The case manager does not make the decision of which service option will work best for the individual but takes the time to talk about both agency-directed and CD services so that the individual can make an informed choice. The individual may choose CD services, agency-directed services, or a combination of the two. All services selected are included in the CSP.

Before services can begin, preauthorization is required. To get services preauthorized, each provider summarizes the information included in the ISP on another form called the Individual Service Authorization Request (ISAR). The ISAR is submitted with the ISP to the case manager. The case manager reviews it, contacts the provider for adjustments (if needed), approves it, and submits it to OMR for authorization. When the ISAR is authorized by OMR, the individual may begin to receive that service. According to regulations, services must start within 60 days of notification of enrollment.

After the CSP is developed and services are started, the case manager ensures that the team continues to be available to provide assistance to the individual as needed and that services are provided as stated in the CSP.

An ISAR will not be approved by OMR if:

- It includes services that cannot be used in connection with other services.
- It has more hours than are allowed.
- It contains services that do not match the needs that have been identified by and for the individual.

WHO DOES WHAT: Consumer Service Plan

INDIVIDUAL

- Guides the development of the CSP, identifying and agreeing to services needed.
- Chooses CD services, agency-directed services, or a combination of both.
- Selects providers and other team members with the case manager.
- Talks about individual needs, preferences, and desired outcomes.
- Makes sure the individual remains the center of the plan.
- Approves the CSP.
- Receives notification of authorization of agency-directed services from DMAS and of CD services from DMAS and the CD services facilitator.

CASE MANAGER

- Works with the individual in developing the CSP, using a person centered approach.
- Assists the individual in forming a team.
- Explains CD services and agency-directed services to the individual.
- Provides the individual with information about providers of needed services.
- Assists the individual, as needed, in contacting and selecting service providers.
- Obtains ISPs and ISARs from providers.
- Reviews ISPs and ISARs to see that the services meet the identified needs and forwards the ISARs to OMR for prior authorization.
- Serves as a member of and is responsible for the “coordination and maintenance of the individual’s team,” is available to all members of the team for the purpose of scheduling meetings, addressing concerns, or for any other team-related purpose identified in the individual’s plan.
- Agrees to the CSP in terms of who will do what.
- Ensures that services are provided as stated in the CSP.

WHO DOES WHAT: Consumer Service Plan

INDIVIDUAL'S TEAM

- Helps the individual develop his or her CSP that clearly states the individual's needs, preferences, goals, desired outcomes and the waiver and non-waiver services needed.
- Continues to be available to provide assistance to individual as needed.

SERVICE PROVIDER(S)

- Develops an Individualized Service Plan with the individual and other team members, summarizes it in the ISAR, and submits it to the case manager.

OMR

- Reviews ISARs and communicates with the case manager within 10 working days if more information is needed.
- Informs the case manager of prior authorization decisions.
- Sends notice of authorization of agency-directed services to service providers and the individual.

CHECK IT OUT: Consumer Service Plan

- ☐ Within 30 days of enrollment in the MR Waiver, the case manager and the individual begin to develop a Consumer Service Plan by
  - ☐ Completing a Social Assessment with the individual.
  - ☐ Securing a medical examination if not already completed.
  - ☐ Reviewing with the individual all assessments and other information.
  - ☐ Assisting the individual in developing personal goals and identifying the desired outcomes of services.
  - ☐ Assisting the individual in identifying preferred services.
  - ☐ Making sure that the individual has the information to make an informed choice about the use of CD services.
  - ☐ Identifying and discussing all available and appropriate service providers with the individual.
  - ☐ Arranging for visits or interviews with potential providers as desired by the individual.
- ☐ The individual chooses agency-directed services, CD services, or a combination of CD services and agency-directed services.
- ☐ The individual selects providers.
- ☐ The case manager documents choice of providers and shares copies of the individual's social assessment with each selected provider.
- ☐ The case manager assists the individual in creating a team consisting of selected providers and other friends, family and supporters identified by the individual.
- ☐ The case manager coordinates a meeting of the individual's team at which the individual's goals, needs and preferences are discussed, and the individual signs a form indicating agreement with the plan developed and the component ISPs.
- ☐ Each provider works with the individual to develop ISPs.
- ☐ The provider(s) develops ISAR(s) for each ISP.

CHECK IT OUT: Consumer Service Plan

- ☐ The providers send the ISP(s) and ISAR(s) to the case manager for review.
- ☐ The case manager reviews the ISPs to see that they are consistent with the individual's needs, goals and preferences and that they are complete.
- ☐ The case manager reviews the ISARs to see that they are consistent with the ISPs and that they are complete.
- ☐ The case manager approves and signs the ISARs.
- ☐ The case manager sends the social assessment, the signed ISAR(s), and the Plan of Care Summary form to OMR for prior authorization.
- ☐ OMR reviews and approves the services requested on the ISAR(s) within 10 working days and returns to case manager.
- ☐ The ISPs can be changed at any time with the signed consent of the individual. A change in an ISP is a modification to the CSP.

PAPERWORK: Consumer Service Plan

The MR Waiver requires the use of different forms. These forms are provided by the case manager 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:

Social Assessment

Individual Service Plan (ISP)

Individual Service Authorization Request (ISAR)

Plan of Care Summary form

USING CD SERVICES IN THE MR WAIVER

Section Two:

Section Two explains how an individual uses and maintains CD services. It is divided into four primary topic areas:

1. Selecting a CD Services Facilitator
2. The Initial Comprehensive Visit
3. Beginning CD Services
4. Maintaining CD Services

Following the same format as Section One, each of the topic areas contains the following information:

- ***The Big Picture***, a brief description
- ***Who Does What***, a listing of responsibilities
- ***Check It Out***, a checklist for the topic
- ***Paperwork***, needed or suggested forms and documents

SELECTING A CD SERVICES FACILITATOR

The Big Picture

Under the MR Waiver, it is required that an individual choosing to use CD services have a CD services facilitator. The CD services facilitator 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 CD services facilitator cannot be

- ⊡ **The individual**
- ⊡ **The individual's**
  - **case manager**
  - **direct service provider**
- ⊡ **A spouse or parent of the individual who is a minor child**
- ⊡ **A family/caregiver who is also the CD employer**

The case manager is responsible for assisting the individual in finding a CD services facilitator. The DMAS website (www.dmas.virginia.gov) provides a listing of CD services facilitators who are enrolled with DMAS. Sometimes CD services facilitators call and notify case managers of their presence in the area and ask to have individuals referred to them. Periodically, the Office of Mental Retardation (OMR) at DMHMRSAS sends updated lists of CD services facilitators to case managers.

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. 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 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. 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 (an) other individual(s) 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.

FOR MORE INFORMATION ABOUT BECOMING A CD SERVICES FACILITATOR FOR THE MR WAIVER, CONTACT A COMMUNITY RESOURCE CONSULTANT (HTTP://WWW.DMHMRSAS.VIRGINIA.GOV/OMR-CONTACTS.HTM) (A LIST OF CONSULTANTS IS INCLUDED IN **APPENDIX C**)

CD Services Facilitator's Responsibilities:

- Arranges and conducts an initial visit.
- Helps identify an individual's need for a particular CD service.
- Assists the individual in developing the ISP.
- Trains the CD employer on the responsibilities of being an employer.
- Provides ongoing support to the individual and CD employer (if the individual is not the CD employer).

It is the individual's responsibility to develop a list of questions to use in interviewing potential CD services facilitators. The individual can review the list with the case manager to see that nothing important has been overlooked. Case managers may be asked to provide support in this and other ways, based on individual 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?
- 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 of the CD services facilitator?
- What are the limitations of the CD services facilitator?
- Can he or she provide references to be checked by the individual?

WHO DOES WHAT: Selecting a CD Services Facilitator

INDIVIDUAL

- Chooses CD services, agency-directed services or a combination of CD and agency-directed services.
- Decides who will be the CD employer (the individual or a family member or caregiver, if the individual needs assistance in managing his or her 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.)
- Selects a CD services facilitator.
- Informs the case manager that the CD services facilitator has been selected.

CASE MANAGER

- Provides the individual with information about CD services facilitators, what they do, who is available, and how they can be contacted.
- Provides support to the individual in selecting a CD services facilitator such as developing or reviewing interview questions, or actually attending interviews, as needed and requested.
- Confirms that the CD services facilitator selected by the individual is a DMAS enrolled Medicaid provider.
- Contacts the CD services facilitator selected by the individual to confirm the individual is currently enrolled on the MR Waiver.
- Forwards a copy of the DMAS-122, noting any patient pay and collector of patient pay, 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.

CHECK IT OUT: Selecting a CD Services Facilitator

- ☐ The case manager assists the individual in finding a CD services facilitator.
- ☐ The individual develops a list of questions to be asked in interviewing potential CD services facilitators.
- ☐ The case manager may assist with developing the interview questions or reviewing the list with the individual, or providing other support as needed, at the individual's request.
- ☐ The individual contacts potential CD services facilitators.
- ☐ The individual interviews and selects a CD services facilitator.
- ☐ The individual informs the case manager that the CD services facilitator has been selected.
- ☐ The case manager confirms that the CD services facilitator is a DMAS enrolled Medicaid provider.
- ☐ The case manager contacts the CD services facilitator to confirm that the individual is currently enrolled in the MR Waiver.
- ☐ The case manager forwards a copy of the DMAS -122, indicating any patient-pay and collector of patient-pay, to the selected services facilitator.
- ☐ The CD services facilitator arranges the Initial Comprehensive Visit with the individual.
- ☐ The individual determines where and when the Initial Comprehensive Visit should be held and who should attend.

PAPERWORK: Selecting a CD Service Facilitator

The MR Waiver requires the use of different forms. These forms are provided by the case manager 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:

Patient Information Form (DMAS-122)

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, at which time the CD employer is designated and the individual's needs for particular consumer-directed services are determined. 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. Generally the initial comprehensive visit takes place in the individual's home or wherever the individual decides the meeting should take place.

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 case manager (if he or she is invited by the individual).
- The CD services facilitator.

WHAT TO EXPECT AT THE INITIAL COMPREHENSIVE VISIT:

- A determination about who will serve as the CD employer is made by the individual and the CD services facilitator.
- There are discussions about what is and is not allowed under the MR Waiver, such as:
  - the different CD services
  - the requirements for each CD service
  - the qualifications for CD employees
  - the responsibilities of the CD employer

- The Employee Management Manual (EMM) is given to the CD Employer.
- The needs and preferences assessments in the EMM may be completed by the individual with assistance as needed.
- Needed CD service(s) are identified.
- Based on the DMAS-122 provided by the case manager to the services facilitator, patient pay obligations (if any) are explained.
- Other information is gathered as needed.
- ISPs for each of the CD services needed are developed.
- An emergency back-up plan is developed.

WHO DOES WHAT: The Initial Comprehensive Visit

INDIVIDUAL

- Identifies (with the assistance of the CD services facilitator) who will serve as the CD Employer.
- Attends the initial comprehensive visit with the CD services facilitator.
- Discusses the individual's needs with the CD services facilitator.
- Selects the CD services needed.
- Participates in developing the ISPs for the CD services selected.

CD EMPLOYER

- Attends the initial comprehensive visit with the CD services facilitator.
- Participates in developing the ISPs for the CD services selected.
- Develops an emergency back-up plan as described in the EMM in case the CD employee(s) is unable or unwilling to work.
- Receives the EMM and begins management training with the CD services facilitator.
- Reviews and completes needed documents with the CD services facilitator.

CASE MANAGER

- Provides the CD services facilitator with the most recent social assessment (and other assessments as requested by the CD services facilitator) the Consumer Service Plan, and the DMAS-122 indicating any patient pay, as available.
- Holds a signed consent form that allows him or her to provide the CD services facilitator with all information.
- Assists in developing an emergency back-up plan if asked.
- Reviews the summary of the Initial Comprehensive Visit, the ISPs, and ISARs for CD services.
- Includes the ISPs for CD services in the CSP.
- Sends the ISARs to OMR for preauthorization.

WHO DOES WHAT: The Initial Comprehensive Visit

CD SERVICES FACILITATOR

- Reviews all of the assessment materials provided by the case manager.
- Assists in identifying who will serve as the CD employer.
- 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.
- Explains patient pay obligations (if any) based on the DMAS-122.
- Gives the CD employer a copy of the EMM.
- Reviews, if requested, the "My Needs Inventory" and the "My Likes and Dislikes" assessment in the EMM with the individual, to determine his or her needs and preferences and how CD services can help.
- Reviews, completes, and files Appendices A and B of the Employee Management Manual with the CD employer, explaining the responsibilities associated with CD services.
  - **Appendix A** - lists the 5 responsibilities of the individual
  - **Appendix B** - agreement between the CD employer and the CD services facilitator to be signed by both parties
- Develops ISP(s) 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 EMM and includes it in the ISP(s).
- Develops ISAR(s) for the CD services needed.
- Writes a summary of the initial comprehensive visit (can use the DMAS-99b form, but not required to use this form).
- Sends the summary of the initial comprehensive visit, the ISP(s), and the ISAR(s) to the individual's case manager.

OMR

- Reviews and authorizes the CD services requested.

CHECK IT OUT: The Initial Comprehensive Visit

- ☐ The case manager provides the CD services facilitator with the needed documents.
- ☐ The CD services facilitator works with the individual to arrange the initial comprehensive visit.
- ☐ The individual decides when and where the initial comprehensive visit is to be held and who is to attend.
- ☐ The CD services facilitator and the individual identify who is to serve as the CD employer.
- ☐ The CD services facilitator discusses any patient pay obligations with the CD employer.
- ☐ The CD services facilitator provides the CD employer with a copy of the EMM.
- ☐ The individual completes the “My Needs Inventory” and the “My Likes and Dislikes” assessments, with help as needed from the CD services facilitator.
- ☐ The CD services facilitator discusses the available services with the CD employer and the individual and helps with the selection of those that are needed.
- ☐ The CD services facilitator reviews and completes Appendices A and B of the EMM with the CD employer.
- ☐ The CD employer and the CD services facilitator develop an emergency back-up plan.
- ☐ The CD services facilitator writes a summary of the initial comprehensive visit.
- ☐ Together, the CD employer, the individual (if he or she is not the employer), and the CD services facilitator develop the ISP(s), including the emergency back-up plan.
- ☐ The CD services facilitator completes the ISARs for the CD services and sends them with the ISPs and the summary of the initial comprehensive visit to the case manager.
- ☐ The case manager includes the ISPs in the CSP and sends the ISARs to OMR for preauthorization.
- ☐ OMR informs the case manager of preauthorization decisions.

PAPERWORK: The Initial Comprehensive Visit

The MR Waiver requires the use of different forms. These forms are provided by the case manager 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:

Employee Management Manual

Appendix A: Individual Selection of Consumer Directed Services

Appendix B: Services Agreement Between the Individual and Services Facilitation Provider

Individual Service Plan (ISP)

Individual Service Authorization Request (ISAR)

BEGINNING CD SERVICES

The Big Picture

Before CD services begin, the following must occur:

1. OMR preauthorizes 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.

Once the ISAR is approved by OMR, the CD employer needs to receive training in order to hire the CD employee(s). The CD services facilitator is the primary support to the CD employer and begins this support by providing training to him or her.

The CD services facilitator uses the Employee Management Manual (EMM) to explain to the CD employer his or her responsibilities as an employer and how to direct CD services. After the training is completed, the employer is ready to hire the 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.

Training by the CD services facilitator relates specifically to hiring and management practices and paperwork and not the direct training of the CD employees.
Training of the CD employer can be completed during the Initial Comprehensive Visit if the CD employees are known at that time. If not, it must be completed within 7 days of receiving authorization for services.
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 CD employee(s) are 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 employment forms are included in the Welcome Packet mailed to the individual by the fiscal agent upon receipt of the Fiscal Agent Services Request Form from the CD services facilitator. 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 from the case manager. The Welcome Packet includes the Employer Information Packet and Employment Packet – Information for Attendants.

The fiscal agent for the MR Waiver is an agency 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 CD employer and CD employee(s), with assistance from the 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 recommended that the Employment Packet be mailed to the fiscal agent along with the required forms in the Employer Information Packet so that the fiscal agent can match employer and employees.

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 for CD employees.
- 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 **accuracy**.
✓ Timesheets are signed by **both** 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.**

DON'T FORGET

- Completed hiring packet(s) are submitted by the CD employer to the fiscal agent.
- For each employee, requests for criminal background checks and child protective services checks (for individuals younger than 18) must be completed and sent to the fiscal agent for processing.
- Documentation of annual TB tests is required.

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

- Receives training and support (as requested) 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 and identifies places to post, if he or she is going to advertise.
- Requests a list of potential CD employees from the CD services facilitator.
- Develops a list of questions to ask the potential CD employee(s).
- Arranges to meet and interview CD employees (with individual if the individual is not the CD employer).
- Asks for and checks references of potential CD employees.
- Selects (with 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).
- 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.
- 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.

WHO DOES WHAT: Beginning CD Services

CD EMPLOYER (CONT.)

- Creates a personnel file(s) for CD employee(s), keeps copies of employment forms, hiring information, and time sheets.
- Reviews and approves time sheets.
- Decides with the CD employee who will submit completed time sheets to the fiscal agent.

CASE MANAGER

- Returns an authorized copy of the ISAR(s) for CD services to the CD services facilitator, once ISAR is approved by OMR.
- Continues to ensure that the waiver services are meeting the individual's support needs and that the individual remains satisfied with the services. To do this the case manager maintains, at a minimum, a monthly activity related to the individual's CSP objectives.

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.
- Faxes a copy of the DMAS-122 to the fiscal agent.
- Trains the CD employer within 7 days of receiving authorization for services using the MR Waiver 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 other individuals 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, or a family member living in the household 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 other support and help as needed, including assistance with employment paperwork.

WHO DOES WHAT: Beginning CD Services

CD SERVICES FACILITATOR (CONT.)

- Assists the CD employer, as needed, to make sure that all CD employees have or are scheduled to have an annual TB test.
- Bills DMAS for the cost of the TB test and maintains records of this cost.
- Enters CD employees into the CD Employee Registry, if they are willing.
- Assists the CD employer, as requested, to set up a system to submit time sheets to the fiscal agent and for the CD employer 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 an annual 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.

OMR

- Notifies the individual, the CD services facilitator, and the case manager that services have been preauthorized, 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.
- ☐ OMR sends the authorized ISAR(s) for CD services to the case manager, who in turn notifies the CD services facilitator.
- ☐ The CD services facilitator informs the individual and the CD employer that the CD services are approved.
- ☐ The CD services facilitator forwards the DMAS-122 to the fiscal agent.
- ☐ Within 7 days of authorization (or during the Initial Comprehensive Visit), the CD services facilitator trains the CD employer, using the Employee Management Manual.
- ☐ The CD services facilitator helps the CD employer to “brainstorm” people who might be hired to be CD employees.
- ☐ The CD services facilitator provides the CD employer with a registry of CD employees maintained by the CD services facilitator, if further assistance is needed in finding CD employees.
- ☐ The CD employer develops a job description for CD employee(s) based on the ISPs and ISARs.
- ☐ 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 forms to the CD employer.
- ☐ The CD employer reviews the completed forms for each employee and submits these forms to the fiscal agent along with the required forms in the Employer Information Packet.

CHECK IT OUT: Beginning CD Services

- ☐ The CD services facilitator provides assistance with the required paperwork as needed.
- ☐ The fiscal agent processes criminal record 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 an annual TB test.
- ☐ The CD employer creates a personnel file for each CD employee (with assistance from the CD services facilitator as needed).
- ☐ The CD employer (with the assistance of the CD services facilitator if necessary) sets up a system for time sheets to be completed, signed, and sent to DMAS.
- ☐ If the individual is unable to sign the time sheets, 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 hiring packet is completed and submitted and (2) the ISAR has been approved.

PAPERWORK: Beginning CD Services

The MR Waiver requires the use of different forms. These forms are provided by the case manager 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

- **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 – Information for Attendants

- **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 using CD services, the CD employer is managing his or her employees and CD services. The case manager and the CD services facilitator are involved in activities to support the individual and the CD employer (if he or she is not the individual). Through meetings and reviews, the case manager and the CD services facilitator monitor and ensure the quality and appropriateness of the CD services. The case manager, the CD services facilitator, and the CD employer **work together** to provide these periodic reviews, schedule team meetings, and keep documentation updated. For companion and personal assistance services, the CD services facilitator is required to review the ISP quarterly. For respite services, the review is required every six months, or upon the use of 300 respite hours, whichever comes first. For all CD services, the CD services facilitator must conduct a reassessment visit face to face with the individual at least every six months.

AT THE 6 MONTH 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.
Timesheets have been reviewed and reflect that the approved amount of hours has not been exceeded.
If applicable, bowel and bladder care, 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 case manager of his or her intention to change CD services facilitators.
The existing CD services facilitator or case manager completes a "termination" ISAR for the existing CD services facilitator.
New ISAR noting "provider change" is completed and signed by the new CD services facilitator and submitted to the case manager.
The case manager submits new ISAR to OMR for approval.

WHO DOES WHAT: Maintaining CD Services

INDIVIDUAL (IF HE OR SHE 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 and the case manager 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 of ISPs and CSPs (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.
- Notifies the case manager if the individual or the CD employer is not able to manage the employer responsibilities or if the services do not appear to be appropriate for the individual.
- Decides with the CD employer, after the first two visits, how often they are going to meet (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).
- 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 above) at the request of the CD employer and/or individual.
- Reviews ISPs at least quarterly for personal assistance and companion services and every six months or upon the use of 300 hours of service for respite care.

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 6 months.
- Attends CSP meetings, or other relevant team meetings, as requested by the individual.
- 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 new hires indicate interest in being listed and distributes it to families as requested.

CASE MANAGER

- Coordinates service hours of agency-directed and CD services (ensuring that the CD services facilitator is aware) so as not to exceed needed/allowable service hours.
- Submits the necessary documentation to OMR to begin services.
- Submits, if warranted, the necessary documentation in order to increase or decrease needed service hours.
- Is available to the CD employees for sharing information and consultation or any other team-related objective in the furtherance of the individualized support goals if the individual's CD employees are identified by the individual/employer as being part of the support team.
- Reports health and safety issues to child protective services or adult protective services at the local department of social services, as appropriate.
- Revises the CSP as needed.
- Receives and reviews quarterly reviews submitted by the CD services facilitator.
- Schedules all team meetings as required for the annual reviews, adaptations to the CSP as needed, and changes in providers as required.
- Keeps all persons involved in the CD services informed (CD services facilitator, individuals, employers, family members, and CD employee(s)).

WHO DOES WHAT: Maintaining CD Services

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

OMR

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

FISCAL AGENT (CONTRACTED BY DMAS)

- Makes sure all employment and financial rules are followed.
- Provides payment to CD employee(s).

CHECK IT OUT: Maintaining CD Services

- ☐ 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, individual (if he or she is not the CD employer) and CD services facilitator meet face-to-face at least every 6 months.
- ☐ The CD services facilitator evaluates the quality and appropriateness of services and documents visits with the CD employer and the individual (if he or she is not the CD employer).
- ☐ The CD services facilitator submits quarterly reports to the case manager.
- ☐ 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), develops new ISPs and amends existing ISPs as needed.
- ☐ The CD services facilitator develops new ISARs as needed.
- ☐ The CD services facilitator submits new and amended ISPs and new ISARs to case manager.
- ☐ The case manager reviews new and amended ISPs and ISARs and submits new ISARs to OMR for preauthorization.
- ☐ OMR reviews requests for changes in services and informs the case manager, 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 an annual TB test.
- ☐ 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.

CHECK IT OUT: Maintaining CD Services

- ☐ The CD services facilitator consults with the individual and the CD employer (if the individual is not the CD employer) during visits to evaluate services and employee management skills.
- ☐ The CD services facilitator notifies the case manager if CD services appear to be inappropriate for the individual.
- ☐ The CD services facilitator, case manager, CD employer, and the individual meet, if needed, to revise ISPs for CD services and the CSP.
- ☐ At least annually, the CD services facilitator, case manager, CD employer, and individual (if the individual is not the CD employer), hold a team meeting and use a person-centered planning approach to develop the CSP.
- ☐ The fiscal agent makes sure that all employment rules are followed and provides payment to CD employee(s).
- ☐ The case manager keeps all team members involved and informed about the individual.

PAPERWORK: Maintaining CD Services

The MR Waiver requires the use of different forms. These forms are provided by the case manager 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:

Timesheets

Employment Packet – Information for Attendants

Individual Service Plan (ISP)

Individual Service Authorization Request (ISAR)

Consumer Service Plan (CSP)

Appendix A

Glossary of Terms

GLOSSARY
CD SERVICES IN VIRGINIA'S MR WAIVER

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

Appeal	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)
Appeal Process	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, *About Your Appeal* (included in Appendix F). You can also get a copy of this document on the DMAS website (www.dmas.virginia.gov) or by requesting it from DMAS by calling (804) 371- 8488.
Barrier Crimes	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).
Behavioral Health Authority (BHA)	The local agency, established by a city or county or combination of counties or cities or cities and counties under §37.2-100 et seq. of the code of Virginia, that plans, provides, and evaluates mental health, mental retardation, and substance abuse services in the jurisdiction or jurisdictions it serves.
Case Management	The assessing and planning of services; linking the individual to services and supports identified in the consumer service plan; assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources; coordinating services and service planning with other agencies and providers involved with the individual; enhancing community integration; making collateral contacts to promote the implementation of the consumer service plan and community integration; monitoring to assess ongoing progress and ensuring services are delivered; and education and counseling that guides the individual and develops a supportive relationship that promotes the consumer service plan.

Case Manager	The individual on behalf of the community services board or behavioral health authority possessing a combination of mental retardation work experience and relevant education which indicates that the individual possess the knowledge, skills and abilities necessary to perform case management services.
Centers for Medicare and Medicaid Services (CMS)	The unit of the federal Department of Health and Human Services that administers the Medicare and Medicaid programs.
Community Services Board (CSB)	The local agency established by a city or county or combination of counties or cities, or cities and counties, under §37.2-500 et seq. of the *Code of Virginia*, that plans, provides, and evaluates mental health, mental retardation, and substance abuse services in the jurisdiction or jurisdictions it serves.
Community Resource Consultants	DMHMRSAS Office of Mental Retardation staff responsible for providing training and technical assistance to providers of MR Targeted Case Management or MR Waiver services, as well as to caregivers and other parties interested in the welfare of persons with mental retardation in the Commonwealth.
Consent to Exchange Information Form	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.
Consumer-Directed (CD) Companion Care	Non-medical care, supervision, and socialization provided to an adult. The provision of companion services does not entail hands-on care and is provided in accordance with a therapeutic goal in the Consumer Service Plan. This shall not be the sole service used to divert an individual from institutional care. The individual will be responsible for hiring, training, supervising, and firing the companion. If the individual is unable to independently manage his own companion services, a family member/caregiver may serve as the employer on behalf of the individual.
Consumer-Directed (CD) Services	Services for which the individual or family/caregiver (as the CD employer) is responsible for hiring, training, supervising, and firing of the employees.
Consumer-Directed (CD) Personal Assistance	Assistance with activities of daily living, instrumental activities of daily living, access to the community, self-administration of medication, or other medical needs, and the monitoring of health status and physical condition. The individual will be responsible for hiring, training, supervising, and firing the personal assistant. If the individual is unable to independently manage his own personal assistance services, a family member/caregiver may serve as the employer on behalf of the individual.

Consumer-Directed (CD) Respite Care	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.
Consumer-Directed (CD) Services Facilitator	The provider contracted with DMAS who is responsible for ensuring development and monitoring of the Consumer Service Plan, management training, and review activities as required by DMAS for consumer-directed Companions, Personal Assistance, and Respite services.
CD Employer	An individual who chooses to use CD services under the MR Waiver and assumes the responsibility of hiring, training, supervising and firing assistants or companions. 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.
CD Employees	Persons hired by the CD Employer to perform CD Personal Assistance, CD Companion, or CD Respite services offered under the MR Waiver.
CD Employees Registry	A list maintained by a CD services facilitator that contains the names of persons who have experience providing Personal Assistance, Companion, or Respite services or who are interested in doing so, and who are willing to be listed in the registry.
Consumer Service Plan (CSP)	The document (sometimes a collection of documents) addressing all needs of the recipients of MR Waiver services, in all life areas. Supporting documentation, such as Individual Service Plans, developed by service providers is incorporated in the CSP by the case manager. Factors to be considered when this plan is developed may include, but are not limited to, the recipient's age, primary disability, and level of functioning.
Criminal Records Check	A requirement of all CD employees prior to their employment as consumer-directed assistants and companions. The CD services facilitator assists individuals in processing these checks through the Virginia State Police.
Documentation of Agreement	A form, signed by all parties present at a CSP meeting, indicating their participation in the discussion and agreement to the plan developed for the individual.

DMAS	The Department of Medical Assistance Services, the state agency responsible for all Medicaid services in Virginia.
DMAS-122	Otherwise known as the "Patient Information" form, this is used in the MR Waiver to relay eligibility and Patient Pay information between an individual's case manager and Department of Social Services (DSS) eligibility worker. The case manager sends one to DSS at the initiation of MR Waiver and any time a person's status (including financial status) changes. The DSS eligibility worker returns it to the case manager with the individual's Patient Pay (amount owed toward the cost of his/her own services) noted.
DMHMRSAS	The Department of Mental Health, Mental Retardation and Substance Abuse Services, the state agency responsible for administering the day-to-day operations of the MR Waiver.
DSS	The Department of Social Services, the state agency responsible for determining financial eligibility for Medicaid and all Medicaid waiver services in Virginia.
Eligibility	The evaluation process whereby an individual is determined to meet the diagnostic, functional, and financial requirements for MR Waiver services through the Medicaid program.
Emergency Backup Plan	A plan developed by and for an individual using CD services under the MR 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 Individual Service Plan(s) 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.
Employee Management Manual	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.
Employee Management Training	Training provided by the CD services facilitator to the CD employer within 7 days of authorization of services (of at the Initial Comprehensive Visit), that explains the CD employer's responsibilities.
Enroll	The action that indicates that the individual has been determined by the case manager to meet the eligibility requirements for the MR Waiver, that DMHMRSAS has verified the availability of a MR Waiver slot for that individual, and that DSS has determined the individual's Medicaid eligibility for home and community based services.

EPSDT	**(**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.
First Health	The agency contracted by DMAS to enroll providers of waiver services.
Fiscal Agent	An agency or organization within DMAS or contracted by DMAS to handle employment, payroll, and tax responsibilities on behalf of individuals who are receiving Consumer-Directed Personal Assistance, Respite, and Companion services.
Individual	The recipient or user of MR Waiver services. Because of support provided by family members and other caregivers, the term “individual” often implies “with support and assistance from others.”
Individual Service Authorization Request (ISAR)	A form requesting preauthorization of a MR Waiver service, which is completed by the potential provider of that service. It briefly summarizes the need for the requested service and the types and amount of services to be provided. It is reviewed by the case manager and DMHMRSAS Preauthorization Consultant to determine appropriateness of the service. The signed and stamped form is returned to the case manager, if the service is preauthorized.
Individual Service Plan (ISP)	The service plan developed by the individual service provider related solely to the specific waiver service. Multiple ISPs help to comprise the overall Consumer Service Plan for the individual.
Initial Comprehensive Visit	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 Individual Service Plan(s) 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.
Intake	The process of an individual and /or family member making the individual’s needs known at a local CSB or BHA and completing the exchange of required information.

Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR)	A facility or distinct part of another facility certified by the Virginia Department of Health, as meeting the federal certification regulations for an intermediate care facility for persons with mental retardation and related conditions. These facilities must address the total needs of the residents which include physical, intellectual, social, emotional, and habilitation and must provide active treatment. An ICF/MR is the institutional placement "waived" when an individual chooses to use home and community based services offered through the MR Waiver.
ICF/MR Level of Care	The level of care that an individual would require in order to be found eligible and admitted to an intermediate care facility for persons with mental retardation.
Level of Functioning Survey	The tool used to determine an individual's functional eligibility for the MR Waiver. It is completed by the case manager. The individual must meet criteria in at least two of the seven categories to be MR Waiver eligible. It is the same tool that is used for ICF/MR eligibility.
Medicaid	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.
Mental Retardation	A disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before the age of 18. A complete and accurate understanding of mental retardation involves realizing that mental retardation refers to a particular state of functioning that begins in childhood, has many dimensions, and is affected positively by individualized supports. As a model of functioning, it includes the contexts and environment within which the person functions and interacts and requires a multidimensional and ecological approach that reflects the interaction of the individual with the environment, and the outcomes of that interaction with regards to independence, relationships, societal contributions, participation in school and community, and personal well being.
Monitoring	A planned, systematic, and ongoing process to gather and organize data, and aggregate results in order to evaluate performance.
Non-Urgent Category	Identifies individuals who are eligible for the MR Waiver and will need services in the next 30 days, but do not meet any of the urgent criteria. Individuals in the non-urgent category are served after all individuals on the urgent care list are served.

Planning Category	A designation used by localities to identify individuals who are eligible for the MR Waiver and who will need services in the future.
Plan of Care	Another term used for the Consumer Service Plan (CSP).
Plan of Care Summary Form	A form completed by the case manager and sent to the Preauthorization Consultant for initial authorizations of MR Waiver services and transfers of case management from one jurisdiction to another, which summarizes the services, providers and amounts of services (Waiver and non-Waiver) received by or planned for that individual.
Preauthorization	Prior approval for specific MR waiver services provided by DMHMRSAS based on the ISARs submitted by each provider of services through the individual's case manager.
Provider Number	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.
Provider Participation Agreement	The form completed by an agency requesting to become a provider of specific MR 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.
Slot	A designation of individual funding on the MR Waiver that indicates an individual is enrolled into the MR Waiver and may use any services funded through this waiver as long as a justification for the service need can be shown. Each MR Waiver recipient has a "slot."
Social Assessment	The case manager's functional assessment, which summarizes the assessment information (LOF, medical, psychological reports, etc.), as well as the individual's strengths, needs, desired outcomes and services/supports received in eight life areas: (1) physical/mental health, personal safety and behavior issues; (2) financial, insurance, transportation and other resources; (3) home and daily living; (4) education and vocation; (5) leisure and recreation; (6) relationships and social supports; (7) legal issues and guardianship; and (8) individual empowerment, advocacy and volunteerism.

Urgent Category	Identifies individuals who are eligible for the MR Waiver, who meet one or more of the six criteria for needing services listed below, who needs services within 30 days, and who would accept the requested service(s) if offered. The six criteria are 1. Primary caregiver(s) are 55 years of age or older. 2. Primary caregiver indicates that he or she can no longer provide care. 3. Clear risk of abuse, neglect, or exploitation. 4. A primary caregiver has a chronic health condition which limits ability to continue providing care. 5. Individual is becoming homeless. 6. There is a risk to the health and safety of someone in the home.
Waiting List	Both local and statewide, have been developed for individuals when waiver slots are not available. Each CSB maintains a local waiting list identifying individuals in three categories: Urgent, Non-Urgent, and Planning. DMHMRSAS maintains a statewide waiting list of the individuals on all 40 CSBs' Urgent and Non-Urgent lists.

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.

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.