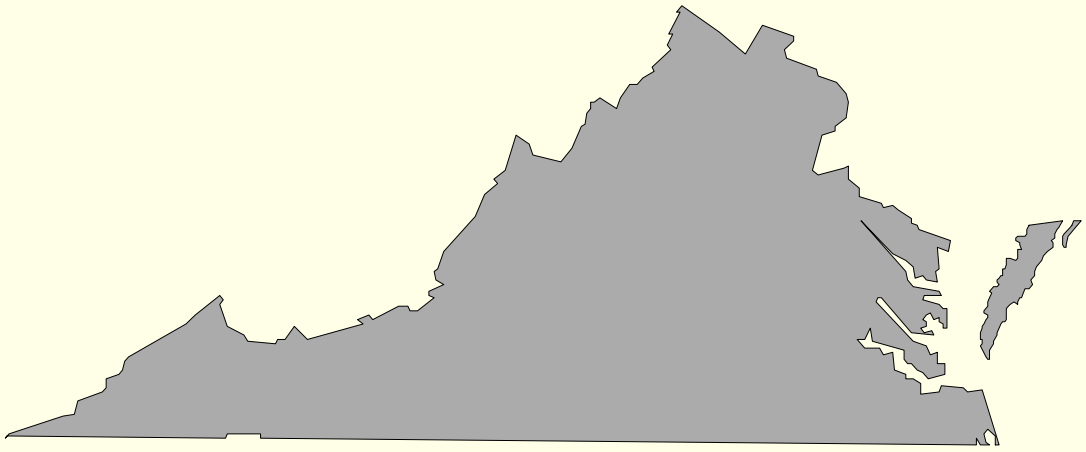
Consumer-Directed Services

in Virginia's

Individual and Family Developmental Disabilities Support Waiver



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 Virginia's Individual and Family Developmental Disabilities Support Waiver (DD 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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The Partnership for People with Disabilities is a university center for excellence in developmental disabilities at Virginia Commonwealth University. VCU is an equal opportunity/affirmative action university providing access to education and employment without regard to age, race, color, national origin, gender, religion, sexual orientation, veteran's status, political affiliation or disability. If alternative formats of this document are needed, please contact the Partnership for People with Disabilities at (804) 828-3876 or (800) 828-1120 (TDD Relay). Support for this initiative was provided through from the Centers for Medicare and Medicaid Services.

Purpose

The purpose of this workbook is to provide information about how to get and how to use CD services offered under Virginia's DD Waiver. The workbook can be used by individuals with disabilities, their family members, other supporters, including case managers (formerly called support coordinators) and CD services facilitators.

Recognizing that each of us processes information in our own unique way, the workbook is 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 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.

ADL	Activities of Daily Living
CD	Consumer-Directed
CDC	Child Development Clinic
CMS	The Centers for Medicare and Medicaid Services
CSBs or BHAs	Community Services Boards or Behavioral Health Authorities
DD	Developmental Disabilities
DMAS	Department of Medical Assistance Services
DSS	Department of Social Services
EMM	Employee Management Manual
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
HIPAA	Health Insurance Portability and Accountability Act
IADL	Instrumental Activities of Daily Living
ICF/MR	Intermediate Care Facility for Individuals with Mental Retardation
LOF Survey	Level of Functioning Survey
POC	Plan of Care
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 Individual and Family Developmental Disabilities Support Waiver

Introduction

This workbook provides information about **consumer-directed (CD) services** in Virginia's Individual and Family Developmental Disabilities Support Waiver, referred to as the DD Waiver. Home and community based services waivers, such as the DD 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 DD Waiver, but focuses on CD services. The workbook describes the steps that individuals with developmental disabilities (referred to as "individuals") go through, including:

Consumer-directed services = CD services

Individuals with developmental disabilities = individuals

- Application for DD Waiver services.
- Eligibility screening for DD Waiver services.
- Development of an initial Plan of Care.
- Enrollment into the DD Waiver.
- Making an informed choice about using CD services.
- Finalizing the Plan of Care and preauthorization of 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.

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 DD 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 DD 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 developmental disabilities. 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 DD Waiver can be consumer-directed:

1. Personal care services

   CD personal care services help individuals with their daily needs, such as dressing, bathing, eating, housekeeping, shopping, and assistance with self-administration of medication. CD personal care services may also be used to support individuals with activities of daily living at work and other places in the 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. CD respite services are limited to a maximum of 720 hours per calendar year.

3. Companion services

   CD companion services, which are available only for adults, provide support to individuals who need the physical presence of an aide to insure their safety through monitoring and supervision. Companion services may not exceed 8 hours a day.

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

CD services in the DD Waiver are different from agency-directed services in the DD Waiver. Services provided through day support, in-home residential support, supported employment, and skilled nursing are examples of 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 CD personal care, companion, and respite employees work for the individual.

FEDERAL, STATE, AND LOCAL AGENCIES ARE INVOLVED IN THE DD WAIVER. KEY AGENCIES INCLUDE THE FOLLOWING:	
CASE MANAGEMENT ORGANIZATIONS	Private organizations that are DMAS enrolled Medicaid providers of case management (formerly referred to as support coordination) services under the DD Waiver.
CMS	The Centers for Medicare and Medicaid Services, the federal Medicaid agency.
CDC, DEPARTMENT OF HEALTH	Child Development Clinics are part of the Child Development Services Program located at the Virginia Department of Health. There are 11 clinics located around the state. It is their responsibility to screen applicants for diagnostic and functional eligibility for the DD Waiver.
DMAS	The Department of Medical Assistance Services, the state agency responsible for all Medicaid services 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.

FORMAT

This workbook is divided into two main sections:

Section One: **Getting CD Services through the DD Waiver**

Section Two: **Using CD Services in the DD Waiver**

The information in Section One provides guidance to individuals interested in receiving DD 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 DD WAIVER

Section One:

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

1. Introduction to Services
2. Eligibility for the DD Waiver
3. Development of the Initial Plan of Care and Enrollment into the DD Waiver
4. Finalization of the Plan of Care and Preauthorization of Services

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

Individuals in Virginia receive services and supports in a variety of ways. Many individuals receive unpaid support from their families and community members. Some individuals pay for supports and services through personal resources or through public funding. For individuals with developmental disabilities who are six years of age and older, who do **not** have a diagnosis of mental retardation, and who qualify or are found eligible, home and community based services offered through the DD Waiver are a source of supports and services. **Child Development Clinics (CDCs) are the point of entry for the DD Waiver**. A list of Virginia's CDCs, the areas that they serve, and contact information can be found at http://www.dmas.virginia.gov/content/ltc-dd_wvr_request_for_services.htm

INTRODUCTION TO SERVICES

The Big Picture

For individuals to use CD services in the DD Waiver, they must be enrolled in the DD Waiver. In Virginia, enrollment in the DD Waiver is determined by:

- an individual's eligibility for DD Waiver services,
- the approval of the individual's initial Plan of Care (POC) by the Department of Medical Assistance Services (DMAS), and
- the availability of an opening or vacancy in DD Waiver services.

These broad steps are described in greater detail in the following sections.

There are more individuals in need of and eligible for DD Waiver services than there are openings. Therefore there is a waiting list for the DD Waiver. Individuals with developmental 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 the process of seeking needed Medicaid waiver services, an individual with developmental disabilities (from the age of five years and nine months through adulthood) **first** contacts DMAS in order to receive a copy of the Request for Screening form. Parents of children with developmental disabilities younger than five years and nine months of age should contact their local Community Services Boards or Behavioral Health Authority (CSB or BHA) to seek assistance. 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 interested in applying for the DD Waiver contact DMAS for a copy of the Request for Screening form.

The form can be downloaded at: http://www.dmas.virginia.gov/downloads/forms/DMAS-305.pdf or http://www.dmas.virginia.gov/content/ltc-dd_wvr_request_for_services.htm

or requested by phone at 804-785-1465.

Return the completed, signed, and dated form to the Child Development Clinic (contact information listed in Appendix B) nearest to you. You may submit your Request for Screening form by mail or fax.

WHO DOES WHAT: Introduction to Services

INDIVIDUAL

- Contacts the Department of Medical Assistance Services (DMAS) to get a copy of the Request for Screening form.
- Fully completes the form, signing and dating it, and returns completed form by mail or fax to the nearest Child Development Clinic (CDC).
- Is notified by the CDC that his or her Request for Screening form has been received and arranges an appointment with the CDC for a screening.
- Begins to gather documentation (such as medical records, psychological evaluations, birth certificate, school records, and any other records that help to show the individual's diagnosis and functional ability) for the screening appointment.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)

- Provides Request for Screening form to the individual.
- Provides guidance and support to the CDCs.

CHILD DEVELOPMENT CLINIC (CDC)

- Receives the completed Request for Screening form from the individual.
- Contacts the individual (and legal guardian, family members, and other interested persons, as applicable) and schedules an appointment for the screening to take place at the clinic or at the individual's home.

CHECK IT OUT: Introduction to Services

- ☐ The individual makes initial contact with DMAS by going to the DMAS website or calling DMAS to get a copy of the Request for Screening form.
- ☐ The individual submits the completed and signed Request for Screening form, by mail or fax, to the nearest Child Development Clinic (CDC).
- ☐ The CDC contacts the individual and sets up a screening appointment, advising the individual of the type of records and documentation he or she should bring to the screening.
- ☐ The individual begins gathering information he or she will need to take to the screening.

PAPERWORK: Introduction to Services

The DD Waiver requires the use of specific forms. These forms are provided by DMAS, the CDC at the Department of Health, the case manager (formerly called the support coordinator), and/or the CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed or suggested forms:

- **Request for Screening form**

ELIGIBILITY FOR THE DD WAIVER

The Big Picture

in order to receive DD Waiver services, an individual is first screened and found eligible. In determining eligibility, there are three criteria that must be met: diagnostic, functional, and financial. (See **Table 1** on the next page for eligibility criteria). Deciding diagnostic and functional eligibility is the responsibility of the screening team at the Child Development Clinic (CDC). Financial eligibility for individuals is decided by the local Department of Social Services (DSS).

The screening team at the CDC is made up of a social worker, a psychologist and/or a registered nurse, and a physician. Usually the individual meets with a social worker, a psychologist and/or a nurse. The meeting may take place at the individual's home or at the clinic. The psychologist checks that the individual has the proper diagnosis of a developmental disability (see the chart on the next page). Then, using a series of questions from a survey called the Level of Functioning (LOF), the screener checks to see that the individual meets the functional requirements needed to be eligible for placement in and services provided by an Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR).

Although individuals who are eligible for the DD Waiver do not have a diagnosis of mental retardation, the ICF/MR is the alternate institutional placement for the DD Waiver and the individual must meet the same eligibility requirements that are used for admission to that institution.

Upon completion of the screening by the screening team, individuals are notified by letter whether they have been found eligible or ineligible for the DD Waiver. Individuals who are not found eligible are provided with information about their rights to appeal the screening team's decision.

An eligible individual is provided with a choice of waiver services or institutional placement. An individual choosing DD Waiver services is provided with a list from which to choose a case manager. This choice must be made and communicated to the screening team within ten days of receipt of the list. In turn, the screening team has ten

days from the time of notification about the individual's choice of case manager to send the screening information to the selected case manager.

TABLE 1: DD WAIVER ELIGIBILITY CRITERIA

Diagnostic Eligibility	Functional Eligibility	Financial Eligibility
• Determined by the screening team at the CDC • The individual: o is 6 years of age or older o has a condition related to MR such as autism, cerebral palsy, epilepsy or other severe chronic disability (other than mental illness) - with functioning and/or adaptive behavior similar to MR, - with onset before age 22 - that is likely to continue indefinitely o does not have a diagnosis of MR	• Determined by the screening team at the CDC • The individual: o meets ICF/MR level of care: dependency level in 2 or more categories on the Level of Functioning Survey (LOF) o is assessed by the CDC screening team in a face-to-face meeting, with input from those who know the individual o has a current LOF assessment	• Determined by the local Department of Social Services • Parents' income/resources do not count for Home and Community-Based Services 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)

WHO DOES WHAT: Eligibility for the DD Waiver

INDIVIDUAL

- Meets with the screening team at the Child Development Clinic (CDC) or at home, receives HIPAA (see glossary) explanation and signs authorization for release of the individual's information and records, if needed. (Medicaid recipients have already received this information).
- Shares any documentation that has been gathered for the meeting (such as medical records, the results of psychological or developmental testing, school records, etc.).
- Assists CDC screening team by getting and providing any additional information as needed and available to determine functional and diagnostic eligibility.
- Makes a choice between waiver services or placement in an institution, an Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR), if found eligible (functionally and diagnostically – see Waiver Eligibility criteria on previous page) by the screening team.
- Chooses a case manager within 10 days of receiving a list of possible providers from the screening team.
- May appeal the decision within 30 days if found ineligible (functionally and/or diagnostically).

CHILD DEVELOPMENT CLINIC (CDC)

- Meets with the individual and reviews HIPAA explanation and authorization for release of the individual's information, if needed.
- Conducts the screening to determine the individual's functional and diagnostic eligibility for the DD Waiver.
- Sends a letter to the individual informing him or her of the eligibility decision.

  -- If the individual is found ineligible, informs him or her in writing and provides information about the right to appeal the decision.

  -- If the individual is found eligible, presents the individuals with a choice of waiver services or institutional placement and documents the individual's choice (using a form called Documentation of Consumer Choice between Institutional Care or Home and Community-Based Services).
- Provides the individual found eligible for the DD Waiver with a list of case managers from which to choose.
- Sends individual's screening information and case manager choice to DMAS.

CHECK IT OUT: Eligibility for the DD Waiver

- ☐ The individual begins gathering information he or she will need to take to the screening.
- ☐ The screening team meets with the individual, provides an explanation of HIPAA, and requests that the individual complete an authorization for release of information, if needed.
- ☐ The individual provides the team with a completed release of information form if needed.
- ☐ The screening team determines diagnostic eligibility (psychological or developmental assessments) and functional eligibility (Level of Functioning survey) of the individual.
- ☐ The screening team informs the individual in writing if he or she is not found eligible and informs him or her of the right to appeal the decision. The individual may choose to appeal (within 30 days) an eligibility decision with which he or she does not agree.
- ☐ The screening team informs the individual in writing if he or she has been found eligible and presents the individual with a choice of waiver services or institutional placement.
- ☐ The individual chooses waiver services or institutional placement and documents his or her choice by signing the "Documentation of Consumer Choice between Institutional Care or Home and Community-Based Services."
- ☐ If the eligible individual chooses institutional placement, he or she is referred to DMAS.
- ☐ If the eligible individual chooses waiver services, the screening team provides the individual with a list of case managers (formerly called support coordinators) from which to choose.
- ☐ The individual chooses a case manager from the list of DMAS enrolled case management providers within 10 calendar days and informs the screening team of his or her case management choice.
- ☐ The screening team sends screening information (including the Request for Screening form, the completed Level of Functioning survey, and the signed Documentation of Consumer Choice form) and case manager choice to DMAS.
- ☐ The screening team sends the individual's screening information to the selected case manager within 10 calendar days.

PAPERWORK: Eligibility for the DD Waiver

The DD Waiver requires the use of specific forms. These forms are provided by DMAS, the Child Development Clinic at the Department of Health, the case manager (formerly called the support coordinator), and/or the CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed or suggested forms:

- **HIPAA explanation and release of information form**
- **ICF/MR Level of Functioning (LOF) Survey**
- **Documentation of Consumer Choice between Institutional Care or Home and Community-Based Services (DMAS - 459)**
- **List of Case Managers**
- **Notification of Right to Appeal**
- **DMAS *About Your Appeal* document (Appendix B)**

DEVELOPMENT OF THE INITIAL PLAN OF CARE AND ENROLLMENT INTO THE DD WAIVER

The Big Picture

After an individual has been found diagnostically and functionally eligible for the DD Waiver, the following must occur before an individual can be enrolled and begin receiving services:

- development and review of the individual's initial Plan of Care (POC);
- determination of funding availability and POC approval; and,
- determination of the individual's financial eligibility.

THE INTITIAL PLAN OF CARE (POC)

The selected case manager must contact the individual within ten days of receiving the screening information from the screening team. The case manager, the individual, and other team members requested by the individual then meet within 30 days of that contact to develop the initial POC. This is done at a face-to-face meeting. The individual's needs as well as his or her goals (developed by the individual and invited team members) are considered at this time. The individual's needs are identified through the Level of Functioning (LOF) survey used to determine eligibility and the Social Assessment completed by the case manager.

During this meeting, the case manager helps the individual identify needed services and supports and informs the individual of non-waiver services for which he or she may be eligible, including: self-advocacy groups; recreational opportunities; non-waiver employment supports; family support opportunities; Meals on Wheels; Food Stamps, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for children who are Medicaid eligible; and other community opportunities.

The case manager also describes the range of services available under the DD waiver, explaining agency-directed and consumer-directed services to the individual as well as the freedom, choice, control, and responsibilities of being a CD employer. The individual may choose CD services, agency-directed services, or a combination of the two.

All needed services are included in the initial POC. This is a uniform document, used across the state by all recipients of the DD Waiver. The case manager, with the individual, completes and submits the documentation in Table 2 to DMAS to review for enrollment in to the DD Waiver.

TABLE 2: DOCUMENTATION SUBMITTED TO DMAS FOR ENROLLMENT

PLAN OF CARE (DMAS-456)	Indicates whether enrollment is initial, revision, renewal, or termination; frequency and duration of all services; and estimates of annual service costs. Includes signature of individual and case manager.
SOCIAL ASSESSMENT	A comprehensive functional evaluation focusing on individual needs, preferences, and desired outcomes completed by the case manager with the individual.
SUPPORTING DOCUMENTATION FORM (DMAS-457)	Includes a justification of the need for services (including case management), identification of goals addressed, frequency and duration of services outlined, and signature of case manager. Justification for environmental modifications/assistive technology requests must include equipment names and price quotes (this level of detail is not needed until a slot is available).

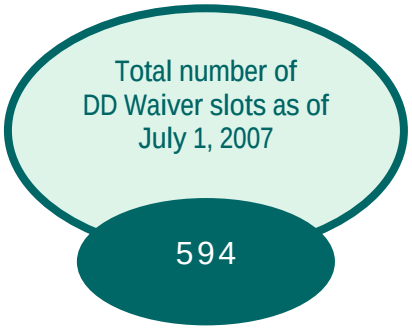
DMAS reviews the documentation submitted by the case manager and requests additional information as necessary. If DMAS requires more information, the case manager is notified in writing and it is the case manager's responsibility to provide DMAS with the needed information. Until all required information is received, the individual will not be enrolled in the DD Waiver or placed on the waiting list.

Once all necessary documentation is submitted, DMAS makes one of the following decisions based on the documentation and available funding: approves the POC for Medicaid coverage; denies the POC for Medicaid coverage if the individual does not meet eligibility criteria; or, places the individual on the DD Waiver waiting list if no funding is available. The individual and case manager are notified in writing of the decision. If the POC is denied for Medicaid coverage, DMAS advises the individual in writing of his or her of appeal rights.

FUNDING AND SLOT INFORMATION

The Virginia General Assembly provides funding for individuals to receive services under Virginia's Medicaid waivers, including the DD Waiver, through the Commonwealth's budget. State funds allocated for the DD Waiver provide "slots" that are assigned to individuals. Each DD Waiver recipient has a "slot," or an opening in DD Waiver services.

The federal Medicaid agency, the Centers for Medicare and Medicaid Services (CMS), approves the number of slots Virginia has available. The federal government also jointly funds Virginia's and each state's Medicaid program.



The availability of funding for an individual is based on: the number of slots allocated by the General Assembly, the dollar amount of the individual's plan (see Table 3: Breakdown of DD Waiver Funding Categories), the individual's waiting list number, whether or not the individual's circumstances constitute an emergency, and the availability of emergency funding.

DD WAIVER FUNDING CATEGORIES

Total available funding for the DD Waiver is divided into three categories (see chart below). As each individual's POC is developed, an estimate of the cost of funding the services and supports included in the POC is made. The individual plan is then categorized as level one (cost less than $25,000/year) or level two (cost more than $25,000/year) based on the estimated cost of the individual's service needs. A small percentage of total funds are available to individuals who qualify for emergency funding.

TABLE 3: BREAKDOWN OF DD WAIVER FUNDING CATEGORIES

Category	% of total funding	Individual service needs
Level one	50%	cost less than $25,000/year
Level two	40%	cost more than $25,000/year
Emergency	10%	½ of these slots are reserved for individuals ready to be discharged from institutions

DD WAIVER WAITING LIST INFORMATION

DMAS is responsible for managing the waiting lists for the DD Waiver. Once an individual is found eligible for DD Waiver services and his or her POC has been submitted to DMAS, a determination is made about the availability of funding. If funding is not available, the individual is placed on the level one or level two waiting list, based on the estimated cost of his or her plan.

DMAS sends a letter to the individual that includes the waiting list number that has been assigned to him or her. Note: The waiting list number does not show an individual's place "in line" for services or indicate how many must receive services before he or she does.

As slots become available (due to new funding being allocated, death, or individuals choosing to vacate slots they are using), DMAS approves the POC and notifies the individual and case manager. Individuals on waiting lists are offered slots based on the availability of funds in each of the categories (level one and level two) and the individuals' assigned waiting list numbers.

When emergency funds are available, half of all emergency funding is designated for individuals ready to be discharged from an institution. The remaining funds are used for individuals meeting at least one of the emergency care criteria listed below, without concern for waiting lists.

EMERGENCY CARE CRITERIA for the DD WAIVER

- The primary caregiver has a serious illness, has been hospitalized, or has died;
- DSS has determined that the individual has been abused, neglected or exploited and needs services immediately;
- The individual has behaviors that present risk to personal or public safety;
- The individual provides an extreme physical, emotional, or financial burden and the family is unable to provide care.

FINANCIAL ELIGIBILITY

Once the initial POC has been approved, if the individual has not already been found financially eligible for Medicaid, DMAS advises the individual in a notification letter to apply for Medicaid at the local Department of Social Services (DSS). The individual

applies for Medicaid and the local DSS determines if the individual is financially eligible based on his or her financial circumstances (parents' finances are not considered once an individual has been found eligible for a Medicaid waiver). It is important for the individual to inform DSS that he or she has been found eligible and has been assigned a slot for the DD Waiver so that DSS does **not** consider the parents' finances. DSS also determines at this time if the individual has a patient pay obligation. A patient pay is a Medicaid term that refers to an individual's responsibility to pay for a portion of his or her Medicaid waiver services based on the amount of income he or she receives.

ENROLLMENT INTO THE DD WAIVER

Upon completion of this final step of financial eligibility, the individual is enrolled by DMAS into the DD Waiver.

Once the individual has been enrolled into the DD Waiver, services are initiated within 60 days. If they are not, the case manager must submit information to DMAS explaining why more time is needed and request a 30 day extension. DMAS can approve or deny the extension request. A limit of four consecutive extensions is included in the latest set of regulations for the DD Waiver. If services are not started within this time frame and extensions are not requested and approved, Medicaid eligibility can be affected.

WHO DOES WHAT: Development of the Initial Plan of Care and Enrollment into the DD Waiver

INDIVIDUAL

- Is contacted by the selected case manager and sets up a time to meet to develop the initial Plan of Care (POC).
- Selects other team members with the help of the case manager.
- Guides the development of the initial POC, making sure he or she remains the center of the plan, identifying and agreeing to services needed.
- Talks about his or her individual needs, preferences, and desired outcomes.
- Chooses consumer-directed (CD) services, agency-directed services, or a combination of both.
- Approves and signs the initial POC.
- Receives notification from DMAS if: the POC has been approved for Medicaid coverage; the POC has been denied for Medicaid coverage; or, no funding is available and the individual has been placed on a waiting list.
- May appeal the decision within 30 days if denied Medicaid coverage of the POC.
- Upon receipt of written notification of approval of the initial POC from DMAS, applies for Medicaid with the local Department of Social Services (DSS), if the individual is not already receiving Medicaid, and informs the DSS eligibility worker that he or she has funding for DD Waiver Services.
- Provides the case manager with the name of his or her eligibility worker at DSS.

CASE MANAGER

- Contacts the individual within ten days of receiving the screening material from the Child Development Clinic.
- Develops the initial POC and supporting documentation with the individual (within thirty days of contacting him or her), using a person-centered approach.
- Assists the individual in forming a team.
- Explains CD services and agency-directed services to the individual.
- Submits to DMAS the necessary documents for the initial POC.
- Submits additional information to DMAS if requested.
- Receives notification from DMAS if: the POC has been approved for Medicaid coverage; the POC has been denied for Medicaid coverage; or, no funding is available and the individual has been placed on a waiting list.

WHO DOES WHAT: Development of the Initial Plan of Care and Enrollment in the DD Waiver

CASE MANAGER (CONT.)

- Sends to the local DSS the Patient Information form (DMAS-122) for verification of financial eligibility and calculation of possible patient pay (after being informed by DMAS that there is available funding for the individual's POC).
- Upon receiving the completed DMAS-122 from DSS, forwards a copy to DMAS for enrollment.

DSS

- Completes the DMAS-122 and returns it to the case manager verifying the individual's financial eligibility and any patient pay responsibilities.
- Sends Medicaid card to individual who is eligible.
- Sends a letter to an individual found financially ineligible, informing him or her of the decision, and of appeal rights and procedures.

DMAS

- Reviews initial POC and supporting documentation and requests additional information from the case manager if necessary.
- Notifies the individual and case manager in writing if the individual is being placed on the level one or level two waiting list due to no available funds.
- Manages waiting list and assigns slots as funding becomes available.
- Notifies the individual and case manager in writing of the approval of the POC for Medicaid coverage.
- Upon receipt of the DMAS-122, enrolls into the DD Waiver the eligible individual who has an available slot and whose POC is approved.
- Notifies the case manager and individual if an individual's POC is denied Medicaid coverage and advises of appeal rights and procedures.

INDIVIDUAL'S TEAM

At a minimum the team consists of the individual and his or her case manager; and, in addition, anyone else the individual chooses to have participate such as family members, friends, providers, and community members who are invested in the individual's success.

- Helps the individual develop his or her POC using a person centered approach that clearly states the individual's needs, preferences, goals, desired outcomes, and the waiver and non-waiver services needed.

CHECK IT OUT: Development of the Initial Consumer Service Plan and Enrollment in the DD Waiver

- ☐ The case manager contacts the eligible individual within 10 calendar days of receiving the screening material from the Child Development Clinic screening team.
- ☐ The case manager, the individual, and other team members requested by the individual, meet within 30 days of their first contact to develop the initial Plan of Care. This includes:
  - ☐ Completing the Social Assessment with the individual.
  - ☐ Reviewing with the individual all assessment and other information.
  - ☐ Assisting the individual in developing personal goals and identifying desired outcomes of services.
  - ☐ Identifying, for the individual, the range of services provided through the DD Waiver.
  - ☐ Assisting the individual in identifying and documenting needed and preferred services.
  - ☐ Making sure that the individual has the information to make an informed choice about the use of CD services.
- ☐ The case manager submits the initial POC (signed by the individual and the case manager) and supporting documentation to DMAS for review.
- ☐ DMAS requests additional information from the case manager as needed.
- ☐ Once all necessary information has been submitted, DMAS notifies the individual and the case manager in writing of one of the following:
  - ☐ The initial POC is approved and a slot is available.
  - ☐ The individual meets eligibility criteria for the DD Waiver but a slot is not available and the individual has been placed on a waiting list.
  - ☐ The initial POC has been denied for Medicaid coverage.
- ☐ DMAS advises the individual of appeal rights and procedures if the POC has been denied for Medicaid coverage.
- ☐ DMAS manages the waiting list and assigns slots as funding becomes available.

CHECK IT OUT: Development of the Initial Consumer Service Plan and Enrollment in the DD Waiver

- ☐ When a slot is available and the Plan of Care has been approved, DMAS advises the individual in his or her notification letter to apply for Medicaid at the local Department of Social Services (DSS) if the individual is not already Medicaid eligible.
- ☐ The individual applies for Medicaid with the local DSS, informing the local DSS that he or she has funding for DD Waiver services. The individual then provides his or her case manager with the name of the eligibility worker at DSS to contact.
- ☐ The case manager sends a copy of the DMAS notification letter and the DMAS-122 form to the eligibility worker at the local DSS for verification of financial eligibility and calculation of possible patient pay obligations.
- ☐ DSS provides the individual with a Medicaid card.
- ☐ DSS sends the completed DMAS-122 indicating financial eligibility and any patient pay responsibilities to the case manager.
- ☐ DSS sends a letter to the individual if he or she has not been found financially eligible, informing him or her of the decision and of appeal rights and procedures.
- ☐ The case manager sends a copy of the completed DMAS-122 to DMAS so that DMAS can **enroll** the individual in the DD Waiver.
- ☐ DMAS notifies the individual and case manager in writing that he or she is enrolled.
- ☐ The individual may appeal a decision of DMAS or DSS. Information on how this is done is provided in Appendix B.

PAPERWORK: Development of the Initial Plan of Care and Enrollment in the DD Waiver

The DD Waiver requires the use of specific forms. These forms are provided by DMAS, the Child Development Clinic at the Department of Health, the case manager (formerly called the support coordinator), and/or the 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**
- **DD Waiver Plan of Care – DMAS-456**
- **Social Assessment**
- **Supporting Documentation form – DMAS-457**

FINALIZATION OF THE PLAN OF CARE AND PREAUTHORIZATION OF SERVICES

The Big Picture

Finalization of the Plan of Care and preauthorization of services takes place after enrollment into the DD Waiver has been completed but before services begin. The case manager provides the individual with information about waiver service providers. The individual selects providers based on availability, interviews, visits, and/or the advice of friends and professionals. After choosing providers, the individual and case manager meet with each provider to develop supporting documentation for the POC using a person-centered planning process. This is also true for CD services except that the individual may choose to have his or her case manager serve as a CD services facilitator (a role discussed in the next section, *Selecting a CD Services Facilitator*) and be responsible for developing the supporting documentation for each CD service to be used.

The supporting documentation for each service is submitted by the providers to the case manager for his or her review. Satisfied that the documentation is consistent with the individual's needs, preferences, and desired outcomes, the case manager sends this documentation to the preauthorization agent contracted by DMAS for review and preauthorization of services. The case manager works with the individual and provider to revise the POC if the supporting documentation for a service indicates that a change is needed in the amount and/or type of service previously approved on the individual's POC. The case manager submits the revised POC to DMAS for approval prior to submitting preauthorization requests for these services.

The preauthorization agent contracted by DMAS provides written notification of the preauthorization decision to the individual, the case manager, and the provider(s). The case manager sends the providers copies of the DMAS-122 form which gives them information they need on any possible patient pay obligation on the part of the individual. Services can begin for the individual on or after the preauthorization date.

WHO DOES WHAT: Finalization of the Plan of Care and Preauthorization of Services

INDIVIDUAL

- Identifies potential service providers from information provided by the case manager, and visits, interviews, and selects providers.
- Works with each selected service provider and the case manager to develop supporting documentation for each of the selected services.
- Meets with the case manager, providers, and others of his or her choice to complete POC.

CASE MANAGER

- Updates and completes all evaluations and documentation.
- Provides the eligible individual with information about service providers.
- Assists the individual as needed in visiting, interviewing, and selecting service providers.
- Documents the individual's choice of service providers.
- Provides the DMAS approved initial Plan of Care to selected DD Waiver service providers.
- Develops supporting documentation for needed CD service(s), if asked by the individual to do so.
- Reviews the supporting documentation for needed services submitted by the service providers to ensure that all provider plans are working toward the identified goals of the individual.
- Coordinates a meeting with the individual, selected service providers, and anyone of the individual's choice, to update the POC if a revised POC is needed.
- Submits the supporting documentation with the completed and updated POC to DMAS for approval of services if the POC has been revised.
- Submits the Community Based Care Request for Services Form and necessary supporting documentation to the preauthorization agent contracted by DMAS.
- Sends the preauthorization approval and the completed DMAS-122 to the selected DD Waiver service providers and notifies them to initiate services on or after authorized start date of services.

WHO DOES WHAT: Finalization of the Plan of Care and Preauthorization of Services

DMAS

- Reviews revised POC and approves, revises or denies services based on the documentation submitted by the case manager or requests additional documentation.
- Notifies the case manager, in writing, of the decision.

SERVICE PROVIDER(S) (BOTH AGENCY AND CD SERVICES)

- Develops supporting documentation with the individual and case manager for the particular service provided.
- Submits supporting documentation for needed services to the case manager.
- Participates in meeting with individual, case manager, other providers, and others of the individual's choice to revise the POC as necessary.

PREAUTHORIZATION AGENT (CONTRACTED BY DMAS)

- Reviews preauthorization requests submitted by the case manager.
- Notifies the individual and case manager that services have been approved, denied or pended for additional information.

INDIVIDUAL'S TEAM

- Meets to update the individual's POC if revisions to the initial POC are necessary.
- Continues to be available to individual as needed.

CHECK IT OUT: Finalization of the Plan of Care and Preauthorization of Services

- ☐ Upon enrollment into the DD Waiver, the case manager provides the individual with information about waiver service providers and the individual meets with and selects providers.
- ☐ The case manager documents the individual's choice of DD Waiver service providers.
- ☐ The case manager provides the DMAS approved initial POC to selected providers.
- ☐ The individual selects either the case manager or a CD services facilitator to develop supporting documentation for needed CD services.
- ☐ The individual and case manager meet with each selected provider of agency-directed services to develop the required supporting documentation.
- ☐ The individual meets with either the case manager or the CD services facilitator to develop the required supporting documentation for CD services.
- ☐ The selected providers submit the supporting documentation to the case manager.
- ☐ The case manager reviews the supporting documentation to see that it reflects the individual's identified needs, preferences, goals, allowable activities, hours, and start dates.
- ☐ The case manager coordinates a meeting with the individual, selected providers, and others the individual requests, to revise the POC as necessary.
- ☐ The case manager updates and completes all evaluations and documentation connected with the individual's approved initial POC, revises the POC with the individual as necessary, and submits the revised POC to DMAS for approval.
- ☐ DMAS reviews the revised POC and approves, revises or denies the services based on documentation submitted by the case manager or requests additional information.
- ☐ DMAS notifies the case manager in writing of decisions made regarding the revised POC.
- ☐ The case manager submits the supporting documentation for needed services to the preauthorization agent contracted by DMAS for preauthorization.

- ☐ The preauthorization agent contracted by DMAS reviews and acts on the documentation submitted.
  - ■ If services are approved, a notification letter is sent to the individual, service providers, and case manager notifying them of the approval of services and the authorized start date.
  - ■ If services are denied, a notification letter is sent to the individual, service providers, and case manager explaining the reason for denial and providing the individual with information about appeal rights and procedures.
    - o The individual may appeal the decision.
  - ■ If services are pended for receipt of additional documentation, a notification letter is sent to the service providers and the case manager explaining the reason for the action and any additional information or action required of the case manager or service providers.
    - o Upon receipt and review of the requested additional information (within 30 days time), the preauthorization agent contracted by DMAS may approve or deny the services.
    - o The preauthorization agent contracted by DMAS sends a notification letter to the individual, the service providers, and the case manager informing them of the approval, denial, or pending of services as described above.
    - o If services are denied, the individual may appeal the decision.
- ☐ The case manager sends a copy of the preauthorization approval and the completed DMAS-122 to the selected DD Waiver service providers and notifies them to start services on or after the authorized start date.
- ☐ All team members continue to be available to the individual as needed.

PAPERWORK: Finalization of the Plan of Care and Preauthorization of Services

The DD Waiver requires the use of specific forms. These forms are provided by DMAS, the Child Development Clinic at the Department of Health, the case manager (formerly called the support coordinator), and/or the CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed or suggested forms:

- **DMAS Approved Initial Plan of Care (DMAS-456)**
- **DD Waiver Supporting Documentation form (DMAS-457)**
- **Patient Information form (DMAS-122)**
- **Community Based Care Request for Services Form (DMAS-98)**

USING CD SERVICES IN THE DD 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 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

If the individual has selected CD services, the individual's case manager talks with him or her to determine who is to be the CD employer. If an individual who is over the age of 18 is to be his or her own CD employer, the individual and the case manager complete a questionnaire, a DMAS 95-Addendum, to assess the individual's ability to direct his or her own services. Once the CD employer has been decided upon, the individual decides who is to be his or her CD services facilitator.

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

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

A CD services facilitator is a person who supports the individual in his or her role as a CD employer. CD services facilitators are DMAS enrolled Medicaid providers who meet DMAS' stated qualifications. Everyone choosing to use CD services must have a CD services facilitator.

A recent change in the DD Waiver regulations allows an individual to choose his or her case manager to also serve as CD services facilitator. This means that, in addition to providing case management services, case managers can be selected to provide facilitation services for consumer-directed services. If a case management organization chooses to provide facilitation services, it must be enrolled with DMAS for each of the services they provide (case management and services facilitation) and bill separately at the established rates for each.

An individual can also choose to have different people perform these different roles. If the individual wishes to choose someone other than the case manager to provide facilitation for CD services, the case manager assists the individual in finding a CD services facilitator. A listing of CD services facilitators who are enrolled with DMAS is

available at the DMAS website (http://www.dmas.virginia.gov). The case manager provides the individual with a list of CD services facilitators in the area just as the case manager does with the providers of agency-directed services in the individual's POC.

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?

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 become a CD services facilitator for an adult child but not if they are serving as the CD employer.

For more information about becoming a CD services facilitator for the DD Waiver, contact DMAS at 804-786-1465 and ask to speak to someone knowledgeable about the DD Waiver.

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 for other individuals while serving as the CD employer for his or her child's services. Families can provide support to each other and learn more about the process in this way.

The CD services facilitator *cannot* be:

- The individual;
- A spouse or parent of an individual who is a minor child; or,
- A family/caregiver who is also serving as the individual's CD Employer.

Case Managers may be the CD services facilitator if the individual chooses but may not provide any other direct service to the individual.

CD Services Facilitator's Responsibilities:

- Arranges and conducts an initial visit.
- Develops supporting documentation for CD services preauthorization **if** asked to by the individual/CD employer. Recent regulation changes allow the individual's case manager to complete the supporting documentation for CD services if the individual chooses. In instances where the individual's case manager is completing the supporting documentation for CD services, the case manager may or may not also serve as the CD services facilitator depending on the individual's choice and whether the case manager also has a CD services facilitation provider agreement with DMAS.
- Provides, reviews and explains the Employee Management Manual.
- Trains the CD employer on his/her responsibilities as an employer.
- Provides ongoing support to the CD employer.

WHO DOES WHAT: Selecting a CD Services Facilitator

INDIVIDUAL

- Determines, with the case manager, who is to be the CD Employer.
- Completes, with the case manager, a DMAS 95 – Addendum, a questionnaire to assess the applicant's ability to direct his or her own services. (If an individual wishes to be the CD employer and direct his/her own services.)
- Contacts potential CD services facilitators (including the case manager if he or she is enrolled with DMAS as a CD services facilitator), 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 and informs the case manager of his/her choice.
- Informs the case manager or the CD services facilitator which one he or she has selected to develop the supporting documentation for CD services preauthorization.
- Decides where and when the initial visit is to occur, and who is to attend.

CASE MANAGER

- Assists the individual who chooses CD services in determining the CD employer.
- 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.
- Notifies the CD services facilitator that he or she has been selected by the individual and confirms that the individual is currently enrolled in the DD Waiver.
- Indicates to the CD services facilitator the types of CD services the individual is interested in receiving.
- Provides the CD services facilitator with a copy of the approved initial Plan of Care documents (DMAS-456 and Case Manager DMAS-457), the social assessment, the supporting documentation (DMAS-97AB and DMAS-99) for each CD service needed (if the individual has chosen to complete this documentation with the case manager), and the DMAS-95-addendum (if appropriate).

SELECTED CD SERVICES FACILITATOR

- Arranges an initial visit with the individual and the family/caregiver.

CHECK IT OUT: Selecting a CD Services Facilitator

- ☐ The case manager assists the individual who selects CD services in deciding who will be the CD employer.
- ☐ If the individual wishes to direct his or her own service(s), the individual, with the case manager, completes a DMAS-95-Addendum to demonstrate ability to do so.
- ☐ The case manager helps the individual find a CD services facilitator.
- ☐ The individual develops a list of questions to ask in interviewing potential CD services facilitators.
- ☐ The individual may ask the case manager to assist with developing the interview questions or reviewing the list, or providing other support as needed and requested.
- ☐ The individual contacts potential CD services facilitators.
- ☐ The individual interviews and checks references of potential CD services facilitators.
- ☐ The individual 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 informs the CD services facilitator that he or she has been selected and confirms that the individual is currently enrolled in the DD Waiver.
- ☐ The individual decides whether the case manager or the CD services facilitator is to develop the supporting documentation for the needed CD services.
- ☐ The case manager sends the initial Plan of Care information to the CD services facilitator.
- ☐ The CD services facilitator reviews the documentation and arranges the initial visit with the individual and the CD employer (if the individual is not the CD employer).
- ☐ The individual determines where and when the initial visit should be held and who should attend.

PAPERWORK: Selecting a CD Services Facilitator

The DD Waiver requires the use of specific forms. These forms are provided by DMAS, the Child Development Clinic at the Department of Health, the case manager (formerly called the support coordinator), and/or the CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed forms:

- **Approved Initial Plan of Care (DMAS-456 and Case Manager DMAS-457)**
- **Social Assessment**
- **Questionnaire to Assess An Applicant's Ability to Independently Manage Consumer-Directed Services (DMAS-95-Addendum)**

THE INITIAL VISIT

The Big Picture

Once a CD services facilitator is selected, his or her first job is to complete an initial visit. Prior to this meeting, the case manager and the individual have determined who will be the CD employer. The individual has also decided whether the case manager or the CD services facilitator will develop the supporting documentation for CD services. If the individual has selected the CD services facilitator to complete the supporting documentation for preauthorization of CD services with him or her, this becomes a priority at the initial visit. If the case manager has already completed the supporting documentation with the individual, then the primary purpose of the initial visit is for the CD services facilitator to begin management training with the CD employer. The CD services facilitator uses the Employee Management Manual (EMM) to conduct this training.

WHO SHOULD ATTEND THE INITIAL VISIT?

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

WHAT TO EXPECT AT THE INITIAL VISIT:

- Discussions about what is and is not allowed under the DD Waiver, such as:
  - the different CD services and the requirements for each CD service.
  - the qualifications for CD employees.
  - the responsibilities of the CD employer.
- Discussion and development of supporting documentation for CD services if the individual has chosen to develop these with the CD services facilitator (instead of the case manager). Documents included are listed in the chart on the next page.

- Provision of management training using the EMM, a copy of which is given to the CD employer. Appropriate paperwork from the EMM may also be completed.
- Development of a back-up plan and emergency plan for each CD service.

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

WHO DOES WHAT: The Initial Visit

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

- Attends the initial visit with the CD services facilitator.
- Discusses the selected CD service(s) with the CD services facilitator.
- Works with the case manager or the CD services facilitator to develop supporting documentation for preauthorization for each CD service selected.

CD EMPLOYER

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

CASE MANAGER

- Works with the individual to develop the supporting documentation for CD services if selected by the individual to do so.
- Provides the CD services facilitator with needed documentation.
- Attends the initial visit if invited by the individual (or if the case manager is also the CD services facilitator).
- Assists in developing an emergency back-up plan if asked.
- Reviews the summary of the initial visit.

WHO DOES WHAT: The Initial Visit

CD SERVICES FACILITATOR

- Reviews all of the materials provided by the case manager.
- Discusses the selected CD service(s) with the CD employer and the individual (if he or or she is not the CD employer).
- Works with the individual to develop the supporting documentation for CD services if selected by the individual to do so.
- Gives the CD employer a copy of the EMM.
- Using the EMM, provides the CD employer and the individual (if he or she is not the CD employer) with management training. Training relates specifically to hiring and management practices, and paperwork, and not the direct training of the CD employees.
- Assists in developing an emergency back-up plan as described in the EMM to be included in the CD services plan(s) of care.
- Writes a summary of the initial visit (notes on the visit; can use the DMAS-99 form, but not required to use this form).
- Sends the summary of the initial visit to the individual's case manager.

CHECK IT OUT: The Initial Visit

- ☐ The case manager provides the CD services facilitator with the needed documents: the Plan of Care and the case manager DMAS-457 Supporting Documentation form, the Social Assessment, the Patient Information form (DMAS-122), if available, and the supporting information for preauthorization of CD services (the DMAS-97AB, DMAS-99, and DMAS-95 Addendum), if the individual has selected the case manager to develop this supporting documentation with him or her.
- ☐ The CD services facilitator reviews the information provided by the case manager.
- ☐ The individual and the CD employer (if he or she is not the individual) meet with the CD services facilitator for the initial visit.
- ☐ The CD services facilitator, the CD employer (if he or she is not the individual), and the individual complete the supporting documentation for CD services, if the individual has chosen to do this with the CD services facilitator, and the CD services facilitator provides this documentation to the case manager.
- ☐ The CD services facilitator gives a copy of EMM to the CD employer.
- ☐ The CD services facilitator conducts the management training at the initial visit (the management training may be a separate visit if the CD services facilitator is also completing the supporting documentation and the individual and/or CD employer requests separate visits for each task).
- ☐ The CD employer (with the assistance of the CD services facilitator and/or the case manager, if requested) develops emergency backup plans for the needed CD services.
- ☐ The CD services facilitator writes a summary of the initial visit and submits it to the case manager.

PAPERWORK: The Initial Visit

The DD Waiver requires the use of specific forms. These forms are provided by DMAS, the Child Development Clinic at the Department of Health, the case manager (formerly called the support coordinator), and/or the CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed forms:

- **IFDDS Waiver Plan of Care (DMAS-456)**
- **Social Assessment**
- **Case Manager Supporting Documentation form (DMAS-457)**
- **Patient Information form (DMAS-122)**
- **Employee Management Manual (EMM)**
- **Emergency Backup Plan(s)**
- **Agency or Consumer Direction Provider Plan of Care (DMAS-97AB)**
- **Community-Based Care Recipient Assessment Report (DMAS-99)**
- **Questionnaire to Assess An Applicant's Ability to Independently Manage Consumer-Directed Services (DMAS-95-Addendum)**
- **Summary of the Initial Visit (may use DMAS-99 form, but not required)**

BEGINNING CD SERVICES

The Big Picture

Before CD services begin, the following must occur:

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

The CD services facilitator is the primary support to the CD employer and begins this support by providing training to him or her. 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 CD employees. The CD services facilitator can assist the CD employer as needed to develop job descriptions; identify potential employees from among family, neighbors, friends, and the registry maintained by the CD services facilitator; 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 the Initial Comprehensive Visit.
In the Employee Management Manual there are sample job descriptions, advertisements, interview questions, employee applications, work records, reference check forms, and other information to help the CD employer get started in finding and screening potential employees.

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

Before CD employee(s) begin working for the individual, the CD employer and employee(s) must complete all necessary employment forms and submit these forms to the fiscal agent contracted by DMAS. The 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 **fiscal agent** for the DD 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 other hiring information.

The Welcome Packet includes the Employer Information Packet and Employment Packet – Information for Attendants. The CD employer and CD employee(s), with assistance from the CD services facilitator as needed, complete the necessary forms found in the Welcome Packet, make a copy for their records, and mail the originals to the fiscal agent.

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

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

Phone 1-866-259-3009
TTY 1-800-360-5899
Administrative Fax 1-866-709-3319
Timesheet Fax 1-888-564-1532
Website www.publicpartnerships.com

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 an annual TB test for each employee is required.

WHO DOES WHAT: Beginning 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 (MAY BE ASSISTED BY THE CD SERVICES FACILITATOR IN THESE ACTIVITIES, AS REQUESTED)

- Receives training and support from the CD services facilitator.
- Develops a job description for CD employee(s) (with individual if the individual is not the CD employer).
- Develops a list of family, friends, and acquaintances who may be interested in the job or as a backup person.
- Develops an ad, if he or she is going to advertise.
- Identifies places where an ad may be posted.
- Requests a list of potential CD employees from the registry kept by the CD services facilitator.
- Develops a list of questions to ask the potential CD employee(s).
- Arranges to meet and interview CD employees (with 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.

WHO DOES WHAT: Beginning CD Services

CD EMPLOYER (CONT.)

- Mails all employment forms (including requests for criminal records checks) to the fiscal agent.
- Creates personnel file(s) for CD employee(s), keeps copies of employment forms, hiring information, and time sheets.
- Asks the CD services facilitator to note that the "individual is unable to sign" on the Signatory Authorization form if the individual is unable to sign the time sheets.
- Reviews and approves time sheets.
- Decides with the CD employee who will submit completed time sheets to the fiscal agent.

CASE MANAGER

- Includes the supporting documentation for CD services in the Plan of Care.
- Sends the necessary preauthorization supporting documentation (including the questionnaire assessing an individual's ability to direct his or her own services (DMAS-95-Addendum), the Agency or Consumer Direction Provider Plan of Care (DMAS-97AB) and the Community-Based Care Recipient Assessment Report (DMAS-99) to the preauthorization agent contracted by DMAS for preauthorization.
- Sends the preauthorization approval and the Patient Information form (DMAS-122) to the CD services facilitator and notifies him or her to initiate services on or after the authorization start date.
- 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 Plan of Care objectives.

CD SERVICES FACILITATOR

- Obtains information necessary to complete the Fiscal Agent Services Request Form and faxes the completed form to the fiscal agent.
- Provides the CD employer with needed support and assistance.
- Helps the CD employer find CD employees by providing a registry of potential CD employees, connecting the individual with others who have been successful in finding CD employees, and by exploring the option that the CD employer hires family members, friends, neighbors, and other acquaintances (a family member living in the household may only be hired if no other employees can be found).

WHO DOES WHAT: Beginning CD Services

CD SERVICES FACILITATOR (CONT.)

- 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).
- Assists CD employer and employee(s) with employment paperwork as needed.
- 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 who are willing into the CD Employee Registry.
- Assists the CD employer, as requested, to set up a system to submit time sheets to the fiscal agent and to keep a copy of the time sheets.
- Notes that the "individual is unable to sign" on the Signatory Authorization form if the individual is unable to sign the time sheets.

CD EMPLOYEE(S)

- Completes the employment paperwork.
- Completes the required paperwork for 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 of 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.

PREAUTHORIZATION AGENT (CONTRACTED BY DMAS)

- Notifies the individual, the CD services facilitator, and the case manager that services have been preauthorized, denied or pended.

WHO DOES WHAT: Beginning CD Services

FISCAL AGENT (CONTRACTED BY DMAS)

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

CHECK IT OUT: Beginning CD Services

- ☐ The CD services facilitator obtains the information necessary to complete the Fiscal Agent Services Request Form and faxes the completed form to the fiscal agent.
- ☐ Upon receipt of the Fiscal Agent Services Request Form, the fiscal agent mails the individual a Welcome Packet which includes necessary employment forms.
- ☐ The preauthorization agent sends the preauthorization approval for services (including CD services) to the case manager, who in turn notifies the CD services facilitator.
- ☐ The case manager provides the Patient Information form (DMAS-122) with the patient pay information to the CD services facilitator who assists the CD employer in determining if there is a patient pay, and to which service it should be applied.
- ☐ The CD services facilitator forwards the DMAS-122 to the fiscal agent.
- ☐ The CD employer develops a job description for CD employee(s) based on the plan of care, with assistance from the CD services facilitator if needed.
- ☐ The CD services facilitator may help the CD employer to “brainstorm” people who might be hired to be CD employees.
- ☐ The CD services facilitator may provide the CD employer with a registry of CD employees maintained by the CD services facilitator.
- ☐ The CD employer advertises for the position(s).
- ☐ The CD employer develops questions to ask of the potential CD employees, including requests for references.
- ☐ The CD employer interviews potential CD employee(s). If the individual is not the CD employer, he or she should be included in these interviews.
- ☐ The CD employer checks references of potential CD employees.
- ☐ The CD employee(s) is hired and completes the forms in the Employment Packet, returning the completed forms to the CD employer.
- ☐ The CD employer reviews the completed forms for each employee and submits these forms to the fiscal agent along with the required forms in the Employer Information Packet.
- ☐ The CD services facilitator provides assistance with the required paperwork as needed.

CHECK IT OUT: Beginning CD Services

- ☐ The fiscal agent processes the criminal records checks and child protective services checks and provides the CD employer with the results.
- ☐ The CD employer signs the Individual/Employer Acceptance of Responsibility for Employment form (located in the Employer Information Packet) if they choose to hire someone who has been convicted of a non-barrier crime.
- ☐ The CD services facilitator assists the CD employer in assuring that all CD employees have 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 the fiscal agent.
- ☐ If the individual is unable to sign the time sheets, the CD services facilitator notes that the "individual is unable to sign" on the Signatory Authorization form.
- ☐ The CD employee completes and signs a time sheet every two weeks and submits it to the CD employer.
- ☐ The CD employer reviews and signs the time sheet.
- ☐ Either the CD employer or employee submits the time sheet to the fiscal agent.
- ☐ The fiscal agent pays the CD employee(s) either by check or direct deposit. A CD employee cannot be paid the first time until (1) the Employment Packet is completed and submitted to the fiscal agent and (2) preauthorization has been received.

PAPERWORK: Beginning CD Services

The DD Waiver requires the use of specific forms. These forms are provided by DMAS, the Child Development Clinic at the Department of Health, the case manager (formerly called the support coordinator), and/or the CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed forms:

Fiscal Agent Services Request Form

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

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

Employment Packet

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

Patient Information form (DMAS-122)

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 personal care services, the CD services facilitator is required to conduct a face to face visit with the individual every 30 – 90 days. For companion care services, the CD services facilitator is required to conduct a face to face visit with the individual at least every six months. For respite care services, CD services facilitator visits are required every six months, or upon the use of 300 respite hours, whichever comes first.

CD SERVICES FACILITATOR VISIT PROGRESS NOTES SHOULD DOCUMENT THAT:
CD services are adequate to meet the individual's needs.
If applicable, a hospitalization or a change in medical condition, functioning, or cognitive status has occurred.
The individual is or is not satisfied with services.
The CD employee(s) is present or absent in the home during the visit.
There is a change in CD employees.
Time sheets have been reviewed and reflect that the approved amount of hours have not been exceeded.
If applicable, bowel and bladder 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 case manager submits to the preauthorization agent supporting documentation to terminate the service of the existing CD services facilitator.
The case manager submits to the preauthorization agent supporting documentation to begin service with a new CD services facilitator.

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 plans or care (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).

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 the preauthorization agent contracted by DMAS to begin services.
- Revises the Plan of Care as needed and submits revisions to DMAS for approval.
- Submits, if warranted, the necessary documentation in order to increase or decrease needed service hours to both DMAS and the preauthorization agent contracted by DMAS.
- 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 Department of Social Services, as appropriate.
- Receives and reviews supporting documentation submitted by the CD services facilitator.
- Schedules all team meetings as required for the annual reviews, adaptations to the POC as needed, and changes in providers as required.
- May also serve as the CD services facilitator at the individual's request.

WHO DOES WHAT: Maintaining CD Services

CASE MANAGER (CONT.)

- Keeps all persons involved in the CD services (CD services facilitator, individuals, CD employer, family members, and CD employee(s)) informed.

CD SERVICES FACILITATOR

- Conducts two onsite visits within 60 days of initiation of CD services, after the initial 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 (for personal care services at least quarterly; for respite and companion services at least every six months).
- Is available by telephone (at least during normal working hours) to the CD employer and individual (if the individual is not the CD employer).
- Provides the CD employer and/or the individual with additional management training (up to 4 hours are billable within any 6 month period) upon request.
- Arranges for special training for the CD employees (within the billable hours noted immediately above) at the request of the CD employer and/or the individual.
- 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, except if the individual is receiving personal care services, then meetings occur at least every 3 months.
- Prepares and submits supporting documentation to the case manager.
- Attends Plan of Care 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 verify employee's qualifications prior to enrollment in a registry.
- Updates the CD employees' registry as recently hired CD employees indicate interest in being listed and distributes it to families as requested.

WHO DOES WHAT: Maintaining CD Services

CD SERVICES EMPLOYEE(S)

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

PREAUTHORIZATION AGENT (CONTRACTED BY DMAS)

- 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).
- Provides the CD employer a quarterly summary (Family Friendly Report) of hours used by service and patient pay information, if applicable.

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, the individual (if he or she is not the CD employer), and the CD services facilitator meet face-to-face at least every 3 months for personal care services and every 6 months for respite and companion services.
- ☐ The CD services facilitator evaluates the quality and appropriateness of services and documents visits with the CD employer and individual (if he or she is not the CD employer).
- ☐ The CD services facilitator submits semi-annual 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 CD employer and the individual (if he or she is not the CD employer), develops new plans of care for CD services and amends existing plans of care, as needed.
- ☐ The case manager submits new and amended plans of care to DMAS for approval.
- ☐ The case manager submits supporting documentation to the preauthorization agent contracted by DMAS.
- ☐ The preauthorization agent contracted by DMAS 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 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 fiscal agent makes sure that all employment rules are followed and provides payment to CD employee(s).
- ☐ The fiscal agent provides the CD employer with a quarterly report of hours used by service and patient pay information, if applicable.
- ☐ The case manager keeps all team members involved and informed about the individual.

PAPERWORK: Maintaining CD Services

The DD Waiver requires the use of specific forms. These forms are provided by DMAS, the Child Development Clinic at the Department of Health, the case manager (formerly called the support coordinator), and/or the CD services facilitator. Copies of these forms are not included in this workbook because they change from time to time.

Needed or suggested forms:

- **CD services facilitator's Quarterly Reports**
- **CD services facilitator's reports documenting routine visits**
- **Timesheets**
- **Annual and amended Plan of Cares**
- **Revised Plans of Care**
- **Employment Packet – Information for Attendants**

Appendix A

Glossary of Terms

GLOSSARY

CD SERVICES IN VIRGINIA'S INDIVIDUAL & FAMILY DEVELOPMENTAL DISABILITIES SUPPORT WAIVER

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

Activities of daily living (ADL)	Personal care tasks, e.g., bathing, dressing, toileting, transferring, and eating/feeding. An individual's degree of independence in performing these activities is a part of determining appropriate level of care and services.
Appeal	The process used to challenge adverse actions regarding services, benefits, and reimbursement provided by Medicaid pursuant to 12VAC30-110, *et seq*. and 12 VAC30-20-500 through 12VAC30-20-560.
Assistive technology	Specialized medical equipment and supplies including those devices, controls, or appliances specified in the plan of care but not available under the State Plan for Medical Assistance that enable individuals to increase their abilities to perform activities of daily living, and to perceive, control, or communicate with the environment in which they live, or that are necessary to the proper functioning of the specialized equipment.
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 a combination of counties or cities or cities and counties under §37.194 *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, planning, linking and monitoring for individuals referred for the Individual and Family Developmental Disabilities Support community-based care waiver (DD Waiver). Case management (i) ensures the development, coordination, implementation, monitoring, and modification of the individual service plan; (ii) links the individual with appropriate community resources and supports; (iii) coordinates service providers; and (iv) monitors quality of care.

Case Manager	The individual on behalf of the DD Waiver case management organization possessing a combination of developmental disabilities work experience and relevant education which indicates that the individual possesses the knowledge, skills and abilities necessary to perform case management services.
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.
CD Employer	An individual who chooses to use CD services under the DD 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.
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.
Companion	For the purpose of these regulations, a person who provides companion services.
Companion Services	Non-medical care, supervision, and socialization provided to a functionally or cognitively impaired adult age 18 and older. The provision of companion services does not entail hands-on care and is provided in accordance with a therapeutic goal in the plan of care.
Consumer-Directed (CD) Services	Personal care, companion services and/or respite care services where the individual or family/caregiver is responsible for hiring, training, supervising, and firing of the employee or employees.
Consumer-Directed (CD) Services Facilitator	The provider enrolled with DMAS who is responsible for management training, and review activities as required by DMAS for consumer-directed services.
Consumer-directed Employees	Persons who provide consumer-directed serves, personal care, companion services and /or respite care, who are also exempt form Workers' Compensation.

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.
DMAS	The Department of Medical Assistance Services, the state agency responsible for all Medicaid services in Virginia.
DMAS staff	DMAS employees who perform utilization review, preauthorize service type and intensity, provide technical assistance, and review individual level of care criteria.
DRS	The Department of Rehabilitative Services.
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 DD Waiver services through the Medicaid program.
Emergency Backup Plan	A plan developed by and for an individual using CD services under the DD 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 Consumer-Directed Services Plan of Care (DMAS 97AB). Individuals who do not have an emergency back-up plan are not eligible for CD services until they have developed one.
Employee Management Manual (EMM)	A manual provided by the CD services facilitator to the CD employer at the Initial Visit that explains his or her responsibilities as an employer.
Employee Management Training	Training provided by the CD services facilitator to the CD employer during the Initial Visit, that explains the CD employer's responsibilities.
Enroll	A process used by DMAS to allow an eligible individual access to DD Waiver services when a slot becomes available.

Environmental Modifications	Physical adaptations to a house, place of residence, primary vehicle or work site, when the work site modification exceeds reasonable accommodation requirements of the Americans with Disabilities Act, necessary to ensure individuals' health and safety or enable functioning with greater independence when the adaptation is not being used to bring a substandard dwelling up to minimum habitation standards and is of direct medical or remedial benefit to individuals.
EPSDT	Early Periodic Screening, Diagnosis and Treatment program administered by the Department of Medical Assistance Services (DMAS) for children under the age of 21 according to federal guidelines which prescribes specific preventive and treatment services for Medicaid-eligible children as defined in 12VAC30-50-130.
Face-to-face Visit	The case manager or service provider must meet with the individual in person.
First Health	The agency contracted by DMAS to enroll providers of waiver services.
Fiscal Agent	An entity handling employment, payroll, and tax responsibilities on behalf of individuals who are receiving consumer-directed services.
HIPAA	Health Insurance Portability and Accountability Act of 1996 is federal law that requires in general that an individual's health care information cannot be used or shared for many purposes unless permission is granted by the individual signing an authorization form. This authorization form must state to whom the information will be provided and for what purposes it will be used.
Home and Community-based Waiver Services	A variety of home and community-based services reimbursed by DMAS as authorized under a §1915(c) waiver designed to offer individuals an alternative to institutionalization. Individuals may be preauthorized to receive one of more of these services either solely or in combination, based on the documented need for the service or services to avoid ICF/MR placement.
Individual	The recipient or user of DD Waiver services. Because of support provided by family members and other caregivers, the term "individual" often implies "with support and assistance from others."
Initial Visit	A home visit made by the CD services facilitator to the individual who is to receive CD services. At this meeting, the CD services facilitator provides the individual with a copy of the Employee Management Manual and employee management training. This visit must occur prior to the start of CD services.

Instrumental Activities of Daily Living (IADL)	Meal preparation, shopping, housekeeping, laundry, and money management
Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR)	A facility or distinct part of a facility certified as meeting the federal certification regulations for an Intermediate Care Facility for persons with Mental Retardation and persons with related conditions. These facilities must address the residents' total needs including physical, intellectual, social, emotional, and habilitation. An ICF/MR must provide active treatment, as that term is defined in 42 CFR 483.440(a).
Level of Functioning Survey	The tool used to determine an individual's functional eligibility for the DD Waiver. It is completed by the case manager. The individual must meet criteria in at least two of the seven categories to be DD Waiver eligible. It is the same tool as 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 (MR)	A disability as defined by the American Association on Mental Retardation (AAMR) It is 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.
Pend	Delaying the consideration of an individual's request for services until all required information is received by DMAS
Personal Care Provider	A participating provider that renders services to prevent or reduce inappropriate institutional care by providing eligible individuals with personal care aides to provide personal care services

Personal Care Services	Long-term maintenance or support services necessary to enable individuals to remain in or return to the community rather than enter an Intermediate Care Facility for the Mentally Retarded. Personal care services include assistance with activities of daily living, instrumental activities of daily living, access to the community, medication or other medical needs, and monitoring health status and physical condition. This does not include skilled nursing services with the exception of skilled nursing tasks that may be delegated in accordance with 18VAC90-20-420 through 18VAC90-20-460.
Plan of Care	A document developed by the individual or family/caregiver and the individual's case manager addressing all needs of individuals of home and community-based waiver services, in all life areas. Supporting documentation developed by waiver service providers is to be incorporated in the plan of care by the case manager. Factors to be considered when these plans are developed must include, but are not limited to, individuals' ages, levels of functioning, and preferences.
Preauthorized	The preauthorization agent has approved a service for initiation and reimbursement prior to the commencement of the service by the service provider.
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 DD 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.

Related Conditions	Those persons who have autism or who have a severe chronic disability that meets all of the following conditions identified in 42 CFR 435.1009: 1. It is attributable to cerebral palsy or epilepsy or any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or service similar to those required for these persons. 2. It is manifested before the person reaches age 22. 3. It is likely to continue indefinitely. 4. It results in substantial functional limitations in three or more of the following area of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, capacity for independent living.
Respite Care	Services provided for unpaid caregivers of eligible individuals who are unable to care for themselves and are provided on an episodic or routine basis because of the absence of or need for relief of those unpaid persons residing with the individual who routinely provide the care.
Respite Care Provider	A participating provider that renders services designed to prevent or reduce inappropriate institutional care by providing respite care services for unpaid caregivers living in the home of eligible individuals.
Screening	The process conducted by the screening team to evaluate the medical, nursing, and social needs of individuals referred for screening; and to determine eligibility for an ICF/MR level of care.
Screening Team	The persons employed by the entity under contract with DMAS who are responsible for performing level of care screenings for the DD waiver.
Slot	An opening or vacancy of waiver services for an individual.
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.

Supporting Documentation	The specific plan of care developed by the individual and waiver service provider related solely to the specific tasks required of that service provider. Supporting documentation helps to comprise the overall plan of care for the individual, developed by the case manager and the individual.

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.