Medicaid Waiver Services Guide

Home and Community-Based Services for People with Disabilities

"There's No Place Like Home"

March 2011 Edition

Medicaid Waiver Information Center
a collaborative project of
Endependence Center, Norfolk, VA
Virginia Board for People with Disabilities

Medicaid Waiver Services Guide

Table of Contents

Information in the *Medicaid Waiver Guide* is current as of March 2011. Updates to the *Guide* will be available in fall 2011. To be added to the update mailing list contact the Endependence Center toll free 866-323-1088 or in Tidewater 757-461-8007 or VaWaivers@endependence.org.

Other related documents include:

State Regulations for each Home and Community-based Waiver program can be accessed at http://lis.virginia.gov/000/reg/TOC12030.HTM#C0120 or through www.VaMedicaidWaivers.org

Virginia Medicaid Handbook is published by the Department of Medical Assistance Services and can be accessed at www.dmas.virginia.gov or call 804-786-1590.

Understanding Medicaid Home and Community Services: A Primer is published by the U.S. Department of Health and Human Services and can be accessed at www.aspe.hhs.gov/daltcp/reports/primer.htm or call 202-690-6443.

The Virginia Medicaid Waiver Mentors, the Department of Medical Assistance Services, and the Department of Behavioral Health and Developmental Services reviewed and commented on drafts of the Guide. We are grateful to them for their time and input.

The Guide was prepared by the Endependence Center, Norfolk, VA.

74% of the funding for this product was provided by the Virginia Board for People with Disabilities under the federal DD and Bill of Rights Act. For more information on the Board, please contact the agency at 800-846-4464, Info@VBPD.virginia.gov or visit www.vaboard.org.

Alternative formats of the *Guide* are available. Call 866-323-1088 or in Tidewater 757-461-8007 or e-mail VaWaivers@endependence.org. The *Guide* is available at www.VaMedicaidWaivers.org

Medicaid Waiver Information Center

Partnership of Private and Public Organizations

866-323-1088 toll free
757-461-8007 Tidewater

www.VaMedicaidWaivers.org

VaWaivers@endependence.org

The Medicaid Waiver Information Center provides information, materials, workshops, and advocacy meetings about Virginia Medicaid Home and Community-Based Waiver Services. The Waiver Information Center strives to present information that is understandable and practical.

The Waiver Information Center was established by 45 community organizations throughout Virginia. The Waiver Information Center is administered by the Endependence Center in Norfolk and was established with a Virginia Board for People with Disabilities grant in 2000**.** The community organizations provide support for advocates from their organizations to conduct workshops and provide information to the general public.

Mentors are people in your community who represent disability organizations throughout Virginia. The Medicaid Waiver Mentors are supported by their organization to receive training on Medicaid, to conduct workshops and to provide information about Medicaid Waivers to people in their community. Contact information is on page 37.

Contact the Waiver Information Center for more information about the following:

> **Workshops** can be held in your community to share information about Virginia Medicaid Waivers. Contact the Center to schedule a workshop or for information about scheduled workshops.
>
> **Individual assistance and information** about Virginia Medicaid Waivers are available from the Mentors and the Waiver Information Center.
>
> **Materials** such as this Guide, workshop handouts and other documents are available.
>
> **Virginia Medicaid Waiver Network** advocates for improvement of Virginia Medicaid Waiver services. The Network was established by the Mentors and includes various disability organizations and individuals working together. Meetings are several times a year.

Internet discussion group, VaWaivers, is used to discuss Virginia Medicaid Waivers. To join VaWaivers send a request to VaWaivers-subscribe@yahoogroups.com

Virginia Department of Medical Assistance Services (Virginia's Medicaid agency) has provided training for the Mentors and assistance with the development of materials. Contact the Department of Medical Assistance Services (DMAS) at 804-225-4222. The DMAS website is www.dmas.virginia.gov.

Internet information about Virginia Medicaid Waivers can be found at the following sites:
www.VaMedicaidWaivers.org www.dmas.virginia.gov cms.hhs.gov www.hcbs.org

Changes to Medicaid Waivers occur occasionally. To receive information about changes, contact the Waiver Information Center and ask to be placed on the Center's update list.

Medicaid Basics

Home and Community-Based Medicaid Waivers are provided to people based on their needs, income and choices. Waivers are targeted to people who need the type of services provided in a nursing facility or other institution. Waivers provide supports to people who live in the community. Waivers provide services so that people can live in the community instead of a nursing facility or other institution. Waivers are part of a larger Medicaid program. Each Waiver program offers specific services as listed on page 7. Financial eligibility is a calculation of income, resources, assets, and medical and disability-related expenses. Financial eligibility for Medicaid Waivers is different than financial eligibility for other Medicaid services. Parent income is considered for children who are dependent on their parents unless the child is going to be receiving Waiver services.

Why are these called Waivers? The federal government waives certain federal rules when the State provides these services in the community instead of an institutional setting.

Medicaid is a joint program between the federal and state governments. Medicaid was established in 1965 by Congress to provide health care to people who have low income and who are disabled, elderly, or pregnant, and families with children. Medicaid is the major funding source for institutional and community services for people with disabilities and the elderly.

Medicare is different from Medicaid. Medicare is a federal program of medical benefits primarily used by the elderly and some people with disabilities. Medicare is financed through the Social Security system.

Medicaid covers certain mandatory services for all Medicaid eligible people who need those services. CMS publishes a list of mandatory services that all States must provide. CMS publishes a second list of optional services that States can choose to provide. Once a State chooses to provide a service from the CMS optional list, the State must provide that service to all people who are eligible for Medicaid and who need the service. States can control the cost of Medicaid by limiting the optional services that the State chooses to provide. For instance, Virginia does not choose to provide the optional services of dental or vision care to adults. This is a disadvantage to adults in Virginia; it is a way that Virginia chooses to limit the State's cost of Medicaid. The list of Medicaid services available in Virginia can be found in the *Medicaid Handbook* available at www.dmas.virginia.gov.

State Plan services is a term used to describe the basic Medicaid services available in Virginia. The *State Plan for Medical Assistance* is a collection of documents that details Virginia's Medicaid eligibility requirements, coverage of services, reimbursement rates and administrative policies. The *State Plan* is updated as needed to reflect needed/desired changes. Changes to the *State Plan* must be approved by CMS. Increases or decreases in Medicaid programs require an agreement between the federal and State governments. States are given latitude to design their own programs within federal standards. Non-Waiver Medicaid services are often referred to as State Plan services.

The wealth of the State determines the State's share of Medicaid costs. Virginia pays 50% and the federal government pays 50% of the cost of Medicaid services provided to Virginians.

Eligibility for Medicaid is determined by local Departments of Social Services. Income and resource thresholds must be met to be eligible for Medicaid. These thresholds vary depending on medical expenses, size of family and other factors. Parent income is not considered when determining financial eligibility of a child who will receive Waiver services. If a child is not receiving Waiver or institutional services, parent income is considered.

Enrolled Medicaid providers must be used for Medicaid to pay for a service. Many services require prior authorization before the service is delivered.

Long-Term Care Services = Waivers and Institutions

Medicaid Long-term Care Services include Home and Community-Based Waivers and institutions. Medicaid pays for Waivers and institutional placement in nursing facilities, hospitals and intermediate care facilities for people with intellectual disability or developmental disability (ICF/DDs). Eligibility for an institution is based on the same guidelines used to determine eligibility for Waivers. If you are not eligible for placement in an institution, you will not be eligible for Home and Community-Based Waivers.

An ICF/DD is an institution of four or more people with intellectual disability or other developmental disabilities that offers active treatment. Active treatment would include aggressive and consistent implementation of a continuous program of specialized services. Virginia has 40 ICF/DDs: 5 state-operated institutions called Training Centers and 35 institutions operated by local governments, for profit and nonprofit organizations.

To determine eligibility for a Waiver you will first be screened to determine if you need the level of care provided in an institution. You never have to agree to go into an institution. You just have to meet the criteria for placement in the institution. It is your choice whether you want Waiver services or placement in an institution. Different types of institutions have different screening procedures. Waivers are used as alternatives to specific types of institutions. You will be screened for long-term care services that include institutional care and Waivers. Then you choose the type of long-term care services you want: Waiver services or institutional placement. Screening information is provided with the descriptions of each Waiver later in this *Guide*.

VIRGINIA HOME AND COMMUNITY-BASED WAIVERS

- AIDS Waiver
- Alzheimer's and Related Dementias Assisted Living Waiver
- Day Support Waiver for Individuals with Intellectual Disability (Day Support Waiver)
- Elderly or Disabled with Consumer-Direction Waiver (EDCD Waiver)
- Individual and Family Development Disabilities Supports Waiver (DD Waiver)
- Intellectual Disability Waiver (ID Waiver)
- Technology Assisted Waiver (Tech Waiver)

Money Follows the Person

Money Follows the Person (MFP) is a Medicaid demonstration project to provide supports and services to people who want to transition from a nursing facility, intermediate care facility for persons with developmental or intellectual disability (ICF/DD) or certain types of long-stay hospital settings. Institutions must have a process for providing information about MFP to people who are in their facilities. If a resident indicates an interest in leaving the institution, staff should provide information and/or refer them to a local contact agency for more information.

People eligible for Medicaid who have been institutionalized for six consecutive months or longer who need Waiver services can be enrolled in MFP. The six month requirement will likely be reduced to three months in 2011. DD and ID Waiver slots are available to people who have been institutionalized for several months without being on the waiting lists. People who transition with MFP will receive the Waiver services they need. In addition, if they are moving into their own apartment or home they can access transition services to help pay for expenses necessary to set up their household. People who transition with the EDCD Waiver will have transition coordination services to assist with planning and managing the transition process and establishment of services in the community. People enrolled in MFP who transition with the EDCD or Tech Waivers will also qualify for assistive technology and environmental modifications during their first year of enrollment in MFP.

Information about MFP is available from the Waiver Mentors listed on page 37 and at www.olmsteadva.com/mfp/.

Medicaid Waiver Overview

Home and Community-Based Waivers were established by the U.S. Congress to slow the growth of Medicaid spending for nursing facility care and to address criticism of Medicaid's institutional bias. Congress was responding to the growth in institutional costs and to people with disabilities who preferred to live in their own homes with services such as personal care and community living supports. In 1981, Congress amended the Medicaid program to allow for Home and Community-Based Waivers. States are given the option to develop Waiver programs as alternative services for people who are eligible for placement in an institution.

You do not have to go into an institution or agree to apply to an institution to receive Waiver services. To be eligible for Waiver services, you must demonstrate through a screening process that you need the level of support that people receive in an institution.

Nursing Facilities and Long-stay Hospitals are alternatives to:	**ICF/DDs are alternatives to:**
AIDS Waiver	DD Waiver
Alzheimer's Waiver	Day Support Waiver
EDCD Waiver	ID Waiver
Tech Waiver	

Waivers follow the same basic steps: screening; eligibility; choosing providers; development of a plan for services; enrollment; authorization of services; service delivery; routine monitoring; annual review and renewal of services. Specific time lines, which agency does what, and services are different between Waivers. Starting on page 12 each Waiver is discussed in detail. Please refer to these Waiver-specific pages for more information about each Waiver. Keep in mind that what you know about one Waiver may not apply to a different Waiver.

All Waivers are not created equal. Some Waivers allow you to use all of your monthly income (up to $2,022 a month) for your personal needs; while other Waivers allow you to keep only $1,022 of your monthly income. Services vary between Waivers. Some Waivers have restrictive or limited services. Eligibility for each of the Waivers is different. Even with these limitations, Virginia Medicaid Waivers provide vital and often comprehensive services to thousands of Virginians with disabilities.

Once you are enrolled in a Waiver, you will receive a Medicaid card. In addition to receiving Waiver services you will receive other State Plan Medicaid services that you are eligible for. Medicaid will be your secondary insurance if you already have other health insurance. In some circumstances, DMAS will reimburse you for some or all of your private health insurance premium through the Health Insurance Premium Payment (HIPP) program. Call 800-432-5924 for HIPP information. If you are enrolled in a Waiver, be sure to tell your Medicaid health care providers that you have Medicaid so that they will not expect you to pay deductibles for Medicaid covered services.

All Waiver and other Medicaid services must be provided by enrolled Medicaid providers. The only exception to this is consumer-directed services. Consumer-directed service providers (attendants, companions and respite staff) do not have to be Medicaid providers but they must be hired in a specific manner required by DMAS.

DMAS has expanded the use of person centered practices with Waivers. This encourages people to be more involved in the planning and decision making related to their Medicaid services.

The Virginia General Assembly often makes changes to Medicaid services through the State budgetary process. These actions can result in an expansion of services, an improvement in services or a reduction in services. Disability advocacy organizations need your involvement to protect and improve Medicaid.

Financial Considerations for Medicaid Waivers

Financial eligibility for Virginia Medicaid Waivers is not determined until after you have been screened and determined eligible for a Medicaid Waiver. The financial considerations below are different from the considerations for regular Medicaid eligibility.

Monthly income limit: $2,022 per month in 2011. This is the income limit of the person with a disability.
Resources and assets: $2,000 limit of available resources such as savings, stocks and bonds. These are the resources and assets of the person with a disability.

Parent income and resources: Do not count regardless of the age of their son or daughter

Spousal income and resources: Different rules apply when one or both spouses apply for Medicaid Waiver services. Information about these different rules is available at www.VaMedicaidWaivers.org.

Spend down: Monthly income above $2,022 may be considered for medical expenses for people who use the AIDS, Alzheimer's, EDCD or Tech Waiver.

Personal maintenance allowance (PMA) and patient pay: Medicaid establishes the PMA which is the amount of monthly income a person is allowed for their monthly living expenses. Monthly income above the PMA may have to be paid to your Medicaid providers. This payment is called patient pay. The PMA varies among Waivers. If your monthly income is less than $1,022 a month you will not have a patient pay. If your monthly income is above $1,022 depending on the source of the income and which Waiver you use, you may have a patient pay. The local Department of Social Services determines if you have a patient pay.

Medicaid Works: This is an incentive for people with disabilities to be employed. You must enroll in Medicaid Works before your monthly income goes above $726. If you go to work and enroll in Medicaid Works, you will be able to earn up to $44,340 a year and save up to $32,545 in resources.

HIPP: In some circumstances, DMAS will reimburse you for some or all of your private health insurance premium through the Health Insurance Premium Payment (HIPP) or HIPP for Kids program. HIPP for Kids is for children under the age of 19 and is a new program initiated in the fall of 2010. HIPP for Kids will pay for some deductibles and co-payments of the parents who are on the same private health insurance plan of their children (if the child is eligible for HIPP for Kids). For information about these programs call DMAS at 800-432-5924.

Medicaid providers: Generally, Medicaid will pay for your health care if you use Medicaid providers. If you use a provider that is not a Virginia Medicaid provider, you will be responsible for payment of the service.

Private health insurance: Your private health insurance will be the funder of your medical care. Medicaid will be your secondary insurance. If you use Medicaid providers, and if the service you receive is a Medicaid service, you will not pay co-payments and deductibles. Provide your health care providers with your Medicaid card so that they will be aware that they must accept Medicaid payment, and perhaps private insurance, as payment in full for your medical services.

Payment in full: If you use Medicaid providers for a service covered by Medicaid, providers may not charge you for your medical care. Medicaid providers may bill your private health insurance and Medicaid.

No co-payments: People who are enrolled in a Medicaid Waiver do not pay co-payments for their nonWaiver Medicaid services such as prescriptions, therapies, hospitalization, doctor services and other medical care.

Medicaid Waiver Services

Waiver Service	AIDS Waiver	DD Waiver	EDCD Waiver	ID Waiver	Tech Waiver
Adult Day Health Care			√		
Assistive Technology	MFP only	√	MFP only	√	√
Case Management	√	√ (State Plan)		√ (State Plan)	√
Companion (Agency & Consumer-Directed)		√		√	
Crisis Intervention/Stabilization		√		√	
Day Support		√		√	
Environmental Modifications	MFP only	√	MFP only	√	√
Family & Caregiver Training		√			
Nursing Services	√	√	for respite	√	√
Nutritional Supplements	√				
Personal Care (Agency)	√	√	√	√	√ adults only
Personal Care (Consumer-Directed)	√	√	√	√	
Personal Emergency Response System	√	√	√	√	
Prevocational Services		√		√	
Residential Supports		√		√	
Respite (Agency)	√	√	√	√	√
Respite (Consumer-Directed)	√	√	√	√	
Supported Employment		√		√	
Therapeutic Consultation		√		√	
Transition Coordination			√		
Transition Services	MFP only	MFP only	MFP only	√	MFP only

√ - service is offered under the Waiver specified
MFP – available to people enrolled in Money Follows the Person

The Alzheimer's Waiver and Day Support Waiver for People with Intellectual Disability are not reflected on this chart. See page 19 for information about the Alzheimer's Waiver and page 22 for information about the Day Support Waiver.

Some services have limitations on the amount of allowable service. Please check with your case manager, provider or a Waiver Mentor for specific information about Waiver service limits.

Medicaid Waiver Services Descriptions

Adult companion care (agency and consumer-directed) consists of supervision and socialization provided to an adult. May include assistance with tasks such as meal preparation, laundry and shopping. Does not include hands-on support. (DD and ID Waivers)

Adult day health care consists of supervision, support and services to adults. Services are provided in a daytime group setting. (EDCD Waiver)

Assistive technology consists of specialized medical equipment and supplies not available through other Medicaid services. Assistive Technology enables people to increase their abilities to perform activities of daily living, to perceive or control the environment in which they live, and communicate. Also includes services which are necessary to the proper functioning of such items. (DD, ID and Tech Waivers) (AIDS and EDCD Waivers, if enrolled in MFP)

Consumer-directed (CD) services allow the person receiving services to recruit, hire, train, supervise and fire, if necessary, their attendants. If the person is not able to direct their services, a spouse, parent, adult child, guardian or other person of their choosing may direct the services. (AIDS, DD, EDCD and ID Waivers)

Crisis stabilization provides intervention to persons who are experiencing serious psychiatric and/or behavioral challenges that jeopardize their current community living situation. Can include crisis supervision to ensure safety of the person with a disability and others. (DD and ID Waivers)

Day support is training in intellectual, sensory, motor, and affective social development including awareness skills, sensory stimulation, use of appropriate behaviors and social skills, learning and problem solving, communication and self care, physical development, transportation to and from training sites, services and support activities, and prevocational services aimed at preparing a person for employment. (DD, Day Support and ID Waivers)

Environmental modifications are physical adaptations to a place of residence or vehicle. Modifications can also be physical adaptations to a work site, when the modification exceeds reasonable accommodation requirements of the ADA. It is not used to bring a substandard dwelling up to minimum habitation standards. It is not available to residential settings that are licensed or certified by Virginia or approved by a local government agency such as group homes or sponsored residential homes. (DD, ID and Tech Waivers) (AIDS and EDCD Waivers, if enrolled in MFP)

Family and caregiver training includes training, education and counseling services provided to families and non-paid caregivers of people receiving services in the DD Waiver. This service includes training, education and counseling services related to disabilities, community integration, family dynamics, stress management, behavioral interventions and mental health. (DD Waiver)

In-home residential support includes training, and assistance to enable the person to maintain or improve their health, assistance in performing individual care tasks, training in activities of daily living, training and use of community resources, providing life skills training, and adapting behavior to community and home-like environments. Specialized supervision is also included. The service is provided primarily in the person's home. (DD and ID Waivers)

Nursing services are provided for people who require specific skilled nursing services. Skilled nursing may be provided in the person's home or other community setting on a regularly scheduled or intermittent need basis. Nursing services are ordered by a physician and are provided by a registered professional nurse, or licensed practical nurse under the supervision of a registered nurse. (AIDS, DD, EDCD (respite only), ID and Tech Waivers)

Medicaid Waiver Service Descriptions

Nutritional supplements include nutritional support that is the primary source of nutrition when it is medically indicated for the treatment of the person's condition if the person is unable to take nutrition orally in order to sustain their life. (AIDS Waiver)

Personal care includes assistance with activities of daily living and instrumental activities of daily living, monitoring of physical health condition, supervision, work related personal assistance and the environmental maintenance necessary for people to remain in their homes and in the community. (AIDS, DD, EDCD, ID and Tech Waivers)

Personal emergency response system (PERS) is an electronic device that enables people to secure help in an emergency. This service is limited to people who live alone or are alone for significant parts of the day and who have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. May include medication monitoring capability. (AIDS, DD, EDCD and ID Waivers)

Prevocational services prepare people for employment but do not include job-task learning activities. (DD, Day Support and ID Waivers)

Residential supports are provided primarily in a licensed residence. Support and specialized supervision is routinely provided. Support includes training, assistance, and supervision enabling people to maintain or improve their health, to develop skills in activities of daily living, to use community resources, and to adapt their behavior in community and home-like environments. The cost of room, board, and general supervision is not covered by this service. The service includes sponsored residential services. (ID Waiver)

Respite care (agency and consumer-directed) is a service provided to unpaid caregivers of people who use Waiver services. Respite is provided on an episodic or routine basis because of the absence of or need for relief of those unpaid individuals who normally provide the care. (AIDS, DD, EDCD, ID and Tech Waivers)

Service facilitation assists people who use consumer-directed services by providing training about services and the employment process, monitoring services and assessing the individual's needs. (AIDS, DD, EDCD and ID Waivers)

Supported employment consists of training in specific skills related to paid employment and provision of ongoing or intermittent assistance and specialized supervision to enable a person to maintain paid employment. (DD, Day Support and ID Waivers)

Therapeutic consultation is provided in fields such as psychology, social work, behavioral analysis, speech therapy, occupational therapy, therapeutic recreation, physical therapy disciplines or behavior consultation to assist people with disabilities, parents and family members, and providers to implement goals and services. (DD and ID Waivers)

Transition coordination provides guidance, information and planning to people who are transitioning from a nursing facility or long-stay hospital placement to the community. (EDCD Waiver)

Transition services is funding for items needed to set up a household when someone transitions from an institution into a private residence. The service can include basic clothing and deposits for rent and utilities. Only in the ID Waiver, this service can be provided to someone moving from a congregate living situation into a private residence. (AIDS, DD, EDCD, ID and Tech Waivers)

Your Waiver Services
Your Choices and Decisions

- Gather information about the Waiver you qualify for. Read the Regulations for that specific Waiver. See the charts on the following pages for the locations to the Regulations: AIDS Waiver, page 13; DD Waiver, page 16; EDCD Waiver, page 21; ID Waiver, page 24; and the Tech Waiver, page 27.

- Services should be individualized to meet your needs and preferences.

- Work with your case manager/support coordinator and providers to discuss your needs and goals. Be candid and clear about your needs and preferences.

- Request only those services that are needed now. Your plan can be revised at any time to add needed services or to change services.

- Review information about available providers. If the service is a center-based service, go to the center and observe the program. Ask providers about their expertise and experience with the services you are asking them to provide. Ask other people who are using Waiver services about their providers.

- Make your requests in writing. It is fine to request screening, services, and changes verbally. A friendly follow-up letter may help to keep your request moving forward in a timely manner.

- Stay involved in the process to establish and monitor your services.

- Be friendly and persistent. Your guidance is vital for employees if they are going to assist you with planning and delivering services.

- Monitor your services. Providers maintain periodic reports about your services. Most providers develop assessments and reports that include information about the services provided, adequacy of services, progress with goals and objectives, your satisfaction with services, and other individual and personal information. You may want to review this documentation, often referred to as supporting documentation and semi-annual reports.

- If you are told that something won't be provided, the provider should give you written documentation explaining why and describing your right to appeal the decision.

- Keep copies of documentation. Ask for copies of your service plans. You may also want to have copies of the quarterly or semi-annual reports that providers develop. These documents help to substantiate your need for services. You will want them to reflect your goals and preferences.

- Consider pursuing an appeal if screening is denied or delayed and if services are denied, reduced or if your requests are not acted on with reasonable promptness.

- Communicate adequately with providers so that they understand your expectations.

- Consider changing providers if the provider is not meeting your needs. It may be difficult to change providers if there is a shortage of providers in your community.

Your Waiver Services
Your Choices and Decisions

You have the choice of whether to receive your supports and services in an institution or through one of the Waivers.

Medicaid Waiver planning includes significant choices by the individual. People should be choosing their case management agency (for people using the AIDS and DD Waivers), service providing agencies, and services needed. You should decide when, where and how you receive services. To a great degree, the amount of choice and control you have of your Waiver services will depend on your needs and:

√ Your involvement	√ Cooperation of providers	√ Availability of providers
√ Your choice of providers	√ Clarity of your choices	√ Your decisions about services

Before you meet with providers to plan your services, it may be helpful for you to write down your goals for community and independent living. Think through the following questions and be prepared to discuss these with providers:

What do you need support or assistance with?
How often do you need the support or assistance?
Where do you need to receive the support or assistance?
What happens if you do not receive the appropriate services at the right time in the right manner?

Services should be provided at times, places and in ways that are meaningful and effective for you. Services should be organized around your life - your choices, your decisions.

The Waiver is yours. It is not the case manager's or provider's.

CONSUMER-DIRECTED SERVICES

Consumer-directed services are controlled by the person with a disability, their family if the person is a child, or other individual of their choosing. You choose and decide what activities assistance is needed with, who will provide the service, when it will be provided, where it will be provided and how it will be provided.

You will have the flexibility and responsibility to recruit, hire, train, supervise and fire your consumer-directed staff. You will be responsible for completing paperwork to be an employer of the staff that you hire.

Your staff may not be your spouse or the parent of a minor child who is receiving services.

Your staff will not work for an agency. They will work directly for you. You will be their employer.

A Consumer-Directed Services Facilitator will assist you with the employment process so that you can learn how to be an employer and manage your staff.

You will submit time sheets to PPL (a company that DMAS contracts with for fiscal agent services).

Based on the time sheets that you approve, PPL will pay your consumer-directed staff on your behalf. PPL will also submit background checks for your staff, complete annual W-2 forms, complete other tax forms, and submit payment for unemployment insurance.

AIDS Waiver

Jeff lives with his family and works part-time with a local school district. When he was 39 years old he was diagnosed with acquired immunodeficiency syndrome (AIDS). After a period of time, Jeff was no longer able to work because of health-related issues. He applied for and began receiving Social Security Disability Insurance (SSDI). Jeff's health required him to have assistance with personal care. He contacted the local AIDS organization to see what services were available. The organization told Jeff that he might be eligible for services in a nursing facility or for home and community-based services. Jeff requested a nursing facility screening from his local Department of Health. It was determined that Jeff needed the level of care available in a nursing facility, but Jeff did not want to live in a nursing facility. He wanted to continue to live in his home, with his family and receive services in his home. Jeff opted to receive AIDS Waiver services.

Today, Jeff lives at home and receives daily support services through the AIDS Waiver. His health has stabilized and he is now working at his school job part time and earning $1,300 a month. The school district continued the district's health insurance so Medicaid is Jeff's secondary insurance program. His employee health insurance pays for most of his health care cost with Medicaid paying medically necessary costs that are not covered in full by his private insurance. This has been a good benefit because his private insurance only covers a limited amount of health care a year and then Medicaid will cover the remainder of his health care costs. Jeff enrolled in Medicaid's Health Insurance Premium Payment Program (HIPP) in order to receive some financial assistance with his private health insurance premium.

One of Jeff's medications is provided intravenously. The AIDS Waiver provides nursing services to assist with the administration of these medications and monitoring Jeff's health condition. Jeff has remarkably reduced gross motor skills and needs daily personal care services for assistance with bathing and dressing. The AIDS Waiver provides resources so that Jeff can hire an attendant to assist him for three hours every evening. There are periods of time when Jeff's health deteriorates and he needs additional nursing and personal care services. A case manager at the AIDS organization assists him to access services when they are needed. Jeff is in control of his services. He determines what agency he wants to use for nursing and when he wants them to come to his home. He hires and supervises the individuals he wants to provide his personal care services.

Jeff enjoys the productivity of working, staying involved with his family and friends in the community, and living in his own home.

AIDS Waiver Services

Case Management

Nutritional Supplements (if this is the primary source of nutrition and not available through any other food programs)

Personal Assistance (Agency and Consumer-Directed)

Personal Emergency Response System

Private Duty Nursing

Respite (Agency and Consumer-Directed)

Transition Services, Assistive Technology and Environmental Modifications (If enrolled in MFP)

AIDS Waiver	
WHO	People with a diagnosis of AIDS or symptomatic HIV who meet level of care requirements for admission to a nursing facility or long-stay hospital. People of any age may use the AIDS Waiver.
SCREENING How is a screening initiated?	Contact the Pre-Admission Screening Team with the local Departments of Health and Social Services. If you are in a hospital, contact the hospital's discharge planner.
Who conducts the screening?	For individuals in the community, the Pre-Admission Screening Team consists of a registered nurse, social worker, and a physician. For individuals in the hospital, the screening team consists of a social worker or discharge planner and a physician.
What are the screening criteria?	Must meet specific functional criteria and have a medical or nursing need as described at websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/PEAS/appendixB_nhpas.pdf
What document is used to determine eligibility?	Uniform Assessment Instrument (UAI)
FINANCIAL CONSIDERATIONS Monthly income limits of individual	Individuals can have monthly income up to $2,022 in 2011.
Is a spend down available?	Yes, this is determined by the local DSS during eligibility determination.
Resource limits	Individuals can have up to $2,000 of resources such as savings and bonds.
How is financial eligibility determined?	By the local Department of Social Services (DSS) after the individual has been determined to meet AIDS Waiver eligibility criteria by the Nursing Facility Pre-Admission Screening Team. The eligibility determination process with the local DSS may take up to 45 days.
Are there patient pay requirements?	No
CASE MANAGEMENT Is case management provided?	Yes. Case Management is an AIDS Waiver service.
What entities provide case management?	AIDS Support Organizations and other approved Medicaid AIDS Waiver providers
STATISTICS Fiscal Year '10 July 2009-June 2010	61 people received AIDS Waiver services $14,162 average cost per person for AIDS Waiver services $29,956 average cost per person in a nursing home
REGULATIONS	Locate on the Internet at leg1.state.va.us/000/reg/TOC12030.HTM#C0120 Scroll down to section 12 VAC-30-120-140
HISTORY	First approved in January 1991 The AIDS Waiver program is due to be renewed with CMS in 2012.

Developmental Disabilities Waiver

Steve is a curious and energetic young boy. His family is in awe of the amount of activity he engages in every day. Steve's family consists of two parents, four children and several pets. When Steve was a toddler his parents noticed that his developmental milestones were somewhat different from their first two children. At the age of three, Steve was diagnosed with autism. Steve's siblings are protective of him and like to include him in their play activities. However, as Steve has gotten older, his siblings have a more difficult time interacting with him.

When Steve was six years old his parents received a newsletter describing the DD Waiver with a form the family could use to request a screening for the DD Waiver. They filled out the form and mailed it to the local Child Development Clinic. A few weeks later the Clinic called to schedule a meeting to conduct the screening. Steve's parents gathered his IEPs and school evaluations, as another family who had already gone through the screening process had recommended. During the screening Steve and his parents were asked a series of questions about what Steve could do and how much assistance he needed for various activities. Steve was asked to demonstrate some skills such as identifying coins. It was determined that he was eligible for the DD Waiver. His parents were provided a list of DD case management organizations to choose from. The parents called people they knew who were already receiving case management and asked them about the different organizations. They selected an organization off the list and informed the Clinic staff of their choice. A few days later the case manager called them and a plan for the DD Waiver services Steve needed was developed with Steve, his family and case manager.

Several weeks later, Steve's family received a letter from DMAS informing them that Steve was placed on the DD Waiver waiting list and providing them with his waiting list number. Every year while he was on the DD Waiver waiting list, the family received a letter from DMAS with Steve's updated waiting list number. Steve's DD case manager continued to provide guidance and resources as needed during these five years as they identified goals they could work on together. At one point during these years, Steve's father lost his job and the family received Medicaid benefits during the 14 months that his parents had extremely low income. The case manager provided the family with information and support so that they could advocate with the school system so that Steve could change schools and attend the same school as his siblings. This reduced his daily one way bus ride by more than 45 minutes resulting in less stress and more interaction with the other children who live in the same neighborhood. The case manager assisted the family to obtain a communication device and intensive in-home training through Medicaid's EPSDT benefits. Steve was screened for the EDCD Waiver, and because he had functional and medical needs, he was able to receive EDCD Waiver personal care and respite while waiting for the DD Waiver.

Finally, five years after being on the DD Waiver waiting list, Steve received DD Waiver funding. Steve and his family met with the case manager and providers to develop a plan for DD Waiver services. Once services were approved and authorized by DMAS, services began.

After a year of receiving services, the family settled into an improved routine of having supports so that Steve could become more interactive, behaviors were less challenging and he began to learn new independent living skills. Alarms were installed on the entrances to the home so that his family would know immediately if he went outside. In-home residential support provided Steve with training to keep his bedroom neat, behavioral strategies, grooming and eating skills. These in-home services were scheduled so that he received fewer services on school days and more services on nonschool days. The family received training on how to assist and interact with Steve so that he could be more responsive. Steve's parents received Consumer-Directed Respite for a break from their ongoing care giving responsibilities. Extended family members were trained by Steve's parents to provide these respite services.

Steve and his family are preparing for their second year of DD Waiver services. Steve, his parents, case manager and service providers are reviewing the success of the current services and will be determining if the same, additional or different services are needed. DMAS will be meeting with them to conduct a new assessment using the Level of Functioning survey to determine if Steve still meets the eligibility criteria for the DD Waiver. Steve is gaining new skills and his communication has expanded. His family is more assured that they are providing him with opportunities for developing social and independent living skills.

Developmental Disabilities Waiver Services

Adult Companion Services (Agency and Consumer-Directed)
Assistive Technology
Crisis Stabilization and Supervision
Day Support
Environmental Modifications
Family and Caregiver Training
In-Home Residential Support (not congregate, not group home)
Personal Assistance (Agency and Consumer-Directed)
Personal Emergency Response System
Prevocational Services
Respite (Agency and Consumer-Directed)
Skilled Nursing
Supported Employment
Therapeutic Consultation
Transition Services (If enrolled in Money Follows the Person)

WAITING LIST FOR THE DD WAIVER

To request screening for the DD Waiver a screening request form is sent to specific local Department of Health clinics, often referred to as child development clinics. These clinics screen adults as well as children. The screening request form is available from the Waiver Mentors listed on page 37 and on the Internet at http://dmasva.dmas.virginia.gov/Content_pgs/ltc-screen.aspx. You will be requested to provide a copy of a psychological evaluation as part of the screening process. If you have a psychological evaluation from school or other source, that document will likely be acceptable. If you do not have a psychological evaluation and you do not have insurance or another source to pay for the evaluation, the screener should work with you to obtain an evaluation. The screener reviews the psychological report to determine if you have a developmental disability. If you have an intellectual disability you should contact the Community Services Board for ID Waiver screening.

Once you are screened for the DD Waiver you will meet with a case management organization that you choose from a list provided to you. The case manager of your choice will meet with you to develop documentation that they will send to DMAS. After reviewing your documentation, DMAS will assign you a waiting list number. Every year you will receive an updated waiting list number from DMAS. DD Waiver slots are assigned to people based on waiting list numbers first come, first served. DMAS maintains the waiting lists. Even though there are waiting lists, people who need DD Waiver services should request a screening to obtain a waiting list number.

When new funding is available from the General Assembly for DD Waiver slots, 90% of the funds are used to fund people with the lowest waiting list numbers. 10% of the funds are used to serve people who are in emergency situations. The emergency criteria include the following:

1. The primary caregiver has a serious illness, has been hospitalized or has died; or
2. DSS has determined the individual has been abused or neglected and is in need of immediate services; or
3. The person has behaviors which present risk to personal or public safety; or
4. The person presents an extreme physical, emotional or financial burden and the family is unable to provide care; or
5. Individual lives in an institutional setting and has a viable discharge plan in place.

In March 2011, there were 1,100 people on the DD Waiver waiting list.

Developmental Disabilities Waiver	
WHO	People age 6 and older or who have a developmental disability and who do not have an intellectual disability
SCREENING How is a screening initiated?	Send a screening request form to specific local Department of Health clinics. The screening request form is available from the Waiver Mentors listed on page 37 or at http://dmasva.dmas.virginia.gov/Content_pgs/ltc-screen.aspx.
Who conducts the screening?	Specific local Department of Health clinics listed with the screening request form
What are the screening criteria?	Must have significant needs in two out of seven areas of life activity including health status, communication, task learning skills, personal/self care, mobility, behavior and community living skills.
What document is used to determine eligibility?	Level of Functioning Survey
FINANCIAL CONSIDERATIONS Monthly income limits of individual	Individuals can have monthly income up to $2,022 in 2011.
Is a spend down available?	No, a spend down is not allowed for DD Waiver eligibility.
Resource limits	Individuals can have up to $2,000 of resources such as savings and bonds.
How is financial eligibility determined?	By the local Department of Social Services (DSS) after the individual has been assigned a DD Waiver slot by DMAS. The eligibility determination process with the local DSS may take up to 45 days.
Are there patient pay requirements?	Yes. If an individual has unearned income above $1,112 in 2011, the amount of monthly income above $1,112 is paid as patient pay. If the individual is employed, the individual can keep a portion or all of their wages depending on the number of hours they work each week.
CASE MANAGEMENT Is case management provided?	Yes, case management is a Medicaid funded service for people who are receiving DD Waiver services. DD case management is also available to people who have Medicaid and who are also on the DD Waiver waiting list.
What entities provide case management?	There are about 30 for profit and nonprofit entities enrolled as Medicaid DD case management providers. You choose which organization will provide your case management services.
STATISTICS Fiscal Year '10 July 2009-June 2010	584 people received DD Waiver services $26,322 average cost per person for DD Waiver services $156,527 average cost per person in a ICF/DD
REGULATIONS	Locate on the Internet at leg1.state.va.us/000/reg/TOC12030.HTM#C0120 Scroll down to section 12 VAC-30-120-700
HISTORY	First approved by CMS in 2000 The DD Waiver program is due to be renewed with CMS in 2013.

Elderly or Disabled with Consumer-Direction Waiver

Shelby has lived with her roommate for two years. They are good friends, share living expenses and know when to give one another space. Shelby has worked at the mall for about two years. She works 40 hours a week and earns about $1,600 a month. She purchases health insurance through her employer. Shelby has cerebral palsy. She uses a wheelchair for mobility and a communication device. She needs an attendant to assist with tasks such as bathing, dressing, transfers, cooking, cleaning and shopping. Shelby must have routine skin care to prevent her skin from breaking down.

Several years ago during one of Shelby's transition meetings at school she learned about Medicaid Waivers. Shelby and her parents asked the vocational counselor about Medicaid but were told that she would not qualify because her parents made too much money. Shelby's parents attended a workshop where they learned about Waivers. They learned that parent income doesn't count when a child or adult applies for a Medicaid Waiver.

Shelby and her mother went to the local DSS and asked to apply for a Waiver. The people they spoke with were not familiar with the term "Waiver." Acting on a tip from a friend, she rephrased her question - "I would like to be screened for nursing home care." Well, now DSS knew what she wanted, they knew nursing facility screening. As the screening proceeded, the social worker asked her questions about everything from how long it takes for her to eat to how she cleans the kitchen. A nurse also asked questions. They determined Shelby was eligible for placement in a nursing facility or EDCD Waiver services. Shelby requested EDCD Waiver services and they gave her a list of personal care agencies to choose from. Shelby's mother wanted to hire her own staff and so she asked the screeners about consumer-directed services. The screeners gave her a list of service facilitation organizations she could contact. A few days later the facilitator called her, asked more questions. They met. A week later she met with the facilitator again to learn how to recruit, hire, train, supervise and fire her own staff of personal care attendants. Shelby's mother hired people she knew to be Shelby's attendants, people she trusted. Now that Shelby is over the age of 18, Shelby has become the employer of her attendants. When she has questions about the process of selecting, hiring and time sheets, Shelby calls her facilitator. She also meets with her facilitator at least once every 90 days.

Shelby receives regular Medicaid benefits in addition to the EDCD Waiver. Her employer's health insurance doesn't cover items like her specialized wheelchair and communication device. She is able to get these items through her Medicaid benefits. Medicaid HIPP assists with payment for her monthly health insurance premium.

Shelby chooses who will provide her assistance. When, how and where are all her decisions. If an attendant works well, like most employees they will stay employed. Shelby does what she chooses to do, she works, and she has control of her life.

Thomas is 26 years old and has just completed his second year of college. He has learned to maintain his own schedule. He comes and goes as he pleases. This is very different from his life just two years ago. Thomas had been living in a nursing facility: eating when he was told to eat, having to sign out before he could leave to go to see friends, and unable to earn college credit due to being late for college classes due to the lack of timely support services. Little about his life was independent or satisfying.

When Thomas was 19 years old he was in a car accident that resulted in paralysis of his legs and much of his upper body. After the accident he left the hospital and went home to live with his mother. She provided for all of his personal care the best she could. His mother developed problems with her back and had other health issues that made it difficult for her to provide all of Thomas' supports. They left their home in a rural community and moved to a large city with the hope of finding support services. The move was expensive and his mother began to work two jobs. Eventually she was unable to work because of her health condition. Thomas and his mother requested help from the people they knew. When no one could provide the help they needed, Thomas moved into a nursing facility at the age of 22. For two years he languished in the nursing facility with limited socialization, developing pressure sores and

losing his independence. He enrolled in college classes, first on line and then on campus. Twice he had to stop his classes because of transportation costs and inadequate support to assist him with his personal care needs. One day he met a woman who told him about Money Follows the Person (MFP) and the EDCD Waiver. With his future before him, he became more determined than ever to get out of the nursing facility.

Working with a MFP transition coordinator, Thomas began to plan for his life out of the nursing facility. He had no money, no furniture, only five sets of clothes, no groceries, no shampoo - you get the picture. A local housing agency provided a Section 8 housing voucher that would assist with his monthly rent. MFP provided funding for his rent deposit, furniture, household items and basic clothing. He had never lived on his own and he had some anxiety about this. He met with other young adults with disabilities who were living on their own. This provided him with peer support, ideas and the confidence to make the move.

Using public transportation was frustrating, expensive and unreliable. Working with his transition coordinator, Thomas had a newer model vehicle donated to him. Because Thomas was enrolled in Money Follows the Person (MFP), EDCD Waiver environmental modifications were available to modify the vehicle so that Thomas could drive it.

Sometimes his agency personal care staff does not show up to work, leaving Thomas without assistance. He has a small, reliable group of friends who assist him when the agency fails to provide staff (his back-up plan.) He is considering changing from agency to consumer-directed services. The EDCD Waiver also provided Thomas with a personal emergency response system (PERS). This is a device that he wears around his neck with a button he can push to reach emergency assistance in case he is in a situation at home in which he cannot get to his telephone to call for help.

Thomas' life is under control, as it should be. His own home. College success. His own schedule. His life.

Natalie is 27 years old and lives with her parents. She occasionally participates in a day support program at the CSB. Natalie has an intellectual disability and seizures. Natalie is on the ID Waiver waiting list. Her case manager informed the family about the CSB day support program. Natalie pays a few dollars a month to participate in the day support program. However, the transportation is difficult for her parents who are both working during the day. Both of her parents work at jobs that allow them to adjust their schedules as needed so that one of them is available most days to be with Natalie.

During a local support group meeting one evening, Natalie's parents learned about the EDCD Waiver and discussed this with other parents who had sons and daughters using the EDCD Waiver while waiting for the ID Waiver. They scheduled a screening for the EDCD Waiver and Natalie was eligible. Personal care services are provided in the evenings allowing Natalie to begin becoming independent of her parents with her personal care needs. Personal care is also provided during the day so that her parents can both work at the same time during the day and be home together as a family at nights and weekends. During the day Natalie is engaged in activities with her personal care attendant who enjoys doing many of the same things as Natalie. Natalie is more relaxed now that her parents are on regular work schedules and she knows what to expect day to day.

Natalie's parents recently learned about long term supported employment services available from the Department of Rehabilitation Services and are pursuing these services so that Natalie can gain employment skills and eventually be employed. She can use these services until she becomes eligible for the ID Waiver at which time she can receive supported employment services through the ID Waiver.

While Natalie and her parents are pleased to have services from the EDCD Waiver, they know she needs more interaction with others, needs to continue to develop skills and are looking for additional services so that Natalie can move into her own home at some point in the coming years.

Mary is 87-years old and lives with her son and daughter-in-law. Mary's husband died last year. They had downsized their home several years ago and were living in an apartment. They continued to enjoy an active lifestyle with frequent visits with their children and grandchildren. One day Mary fell while getting dressed and broke her hip. After a brief hospital stay, Mary spent several weeks in a nursing facility. While she was in the nursing facility, she and her son began a discussion about Mary's future – should she return to her apartment or was it time to begin exploring other options. They had heard about Medicaid Waivers from a friend and contacted a Waiver Mentor to discuss what might be available to Mary. They learned about Medicaid services that could help to support Mary with some of her needs. Mary's son and daughter-in-law offered Mary a place in their home. However, they were concerned that Mary might be lonely during the days when they were at work and that she would need support when they were not home.

Mary applied for EDCD Waiver services and was found eligible because she needed assistance with bathing, dressing, grooming, using the bathroom, medication administration and meal preparation. Mary had also developed hypertension which needed to be monitored frequently by her family. Her physician counseled Mary and family about the type of diet Mary should maintain to help control her hypertension.

Being alone during the day while her son and daughter-in-law were at work was a concern for Mary. They found an EDCD Waiver adult day health care provider that they were comfortable with. Mary now goes to adult day health care five days a week. She uses consumer-directed personal assistance in the morning to get out of bed, to get dressed, to use the bathroom, for grooming and preparing her breakfast. She is able to do these things at her pace and not be rushed while her son and daughter-in-law are busy preparing for their day. A van takes her to adult day health care midmorning and she stays there until late afternoon when she returns home. At adult day health care she socializes with others, has a nutritious lunch, participates in recreational activities and often takes a nap in the early afternoon. In the evenings Mary has dinner with her family or if they are not home or they are not eating in, she will have dinner prepared by the personal assistant who comes to help her in the evenings with light chores, meal preparation and with personal care as she prepares for bed.

When Mary is going to be at home alone for extended period of times because her son and daughter-in-law are traveling, visiting with others or otherwise not available, Mary has respite services to be with her as needed. Respite is provided by friends of the family who have been hired as EDCD Waiver consumer-directed respite providers. Mary also has a personal emergency response system that she wears when she is home alone so that she can alert someone if she falls or otherwise needs emergency assistance and cannot get to a telephone.

Mary is happy to be with her family. She has many of the personal household items that had been in her home with her husband. She receives the support she needs while still maintaining her independence.

Alzheimer's and Related Dementias Assisted Living Waiver

The **Alzheimer's Waiver** is another option available to people who need the services provided in a nursing facility and who have a diagnosis of Alzheimer's or a related dementia. You must live in an assisted living facility to receive the Alzheimer's Waiver. To request a screening for the Alzheimer's Waiver contact the local DSS. If you are hospitalized, the hospital social worker or discharge planner completes the screening. Alzheimer's Waiver services include the following:

- Assistance with activities of daily living, housekeeping and supervision
- Medication administration
- Nursing evaluations
- Therapeutic and recreational activities, based on needs and interests

Information about the Alzheimer's Waiver is at http://dmasva.dmas.virginia.gov/Content_pgs/ltc-wvr_aal.aspx

Elderly or Disabled with Consumer-Direction Waiver Services

Adult Day Health Care

Personal Assistance (Agency and Consumer-Directed)

Personal Emergency Response System

Respite (Agency and Consumer-Directed)

Skilled Respite (Respite provided by a nurse if needed)

If enrolled in Money Follows the Person, the following services are available:

- Assistive Technology
- Environmental Modifications
- Transition Coordination
- Transition Services

The EDCD Waiver is an alternative to placement in a nursing facility.

To determine if you are eligible for the EDCD Waiver or services in a nursing facility, a Uniform Assessment Instrument (UAI) will be completed by a PreAdmission Screening Team. The Team includes a nurse from your local Department of Health and social worker from your local Department of Social Services. A physician from the local Department of Health will review the screening. If you are already in a hospital, the hospital social worker or discharge planner completes the screening. The Team will consider the following factors:

1. Functional capacity – your need for assistance with activities such as eating, bathing, dressing, grooming, transferring, and toileting; behavior; orientation; mobility, joint motion; and medication management

AND

2. Medical or nursing needs

You must have significant needs for assistance with functional tasks AND a medical or nursing need to qualify for the EDCD Waiver.

Children can receive EDCD Waiver services if they meet the EDCD Waiver screening criteria.

You must be determined to be at risk of nursing facility placement unless Waiver services are offered. However, you never have to agree to be placed in a nursing facility. You just must need the level of care typically provided in a nursing facility.

More information about the EDCD Waiver screening criteria can be found at:
websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/PEAS/appendixB_nhpas.pdf

You can use the EDCD Waiver for services while on the waiting list for the DD or ID Waiver.

Elderly or Disabled with Consumer-Direction Waiver	
WHO	People who are disabled or who are elderly (age 65 and older) and meet requirements for admission to a nursing facility or long-stay hospital. People of any age may use the EDCD Waiver.
SCREENING How is a screening initiated?	Contact the Pre-Admission Screening Team with the local Departments of Health and Social Services. If you are in a hospital, contact the hospital's discharge planner.
Who conducts the screening?	For individuals in the community, the Pre-Admission Screening Team consists of a registered nurse, social worker, and a physician. For individuals in the hospital, the screening team consists of a social worker or discharge planner and a physician.
What are the screening criteria?	Must meet specific functional criteria and have a medical or nursing need described at websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/PEAS/appendixB_nhpas.pdf
What document is used to determine eligibility?	Uniform Assessment Instrument (UAI)
FINANCIAL CONSIDERATIONS Monthly income limits of individual	Individuals can have monthly income up to $2,022 in 2011.
Is a spend down available?	Yes, this is determined by the local DSS during eligibility determination.
Resource limits	Individuals can have up to $2,000 of resources such as savings and bonds.
How is financial eligibility determined?	By the local Department of Social Services (DSS) after the individual has been determined to meet EDCD Waiver eligibility criteria by the Nursing Facility Pre-Admission Screening Team. The eligibility determination process with the local DSS may take up to 45 days.
Are there patient pay requirements?	Yes. If an individual has unearned income above $1,112 in 2011, the amount of monthly income above $1,112 is paid as patient pay. If the individual is employed, the individual can keep a portion or all of their wages depending on the number of hours they work each week.
CASE MANAGEMENT	In general, people who receive EDCD Waiver services do not have case management services. However, if you are on the DD Waiver waiting list or have a diagnosis of ID you may receive Medicaid-funded case management if you are enrolled in Medicaid.
STATISTCS Fiscal Year '10 July 2009-June 2010	18,640 people received EDCD Waiver services $15,694 average cost per person for EDCD Waiver services $29,956 average cost per person in a nursing facility
REGULATIONS	Locate on the Internet at leg1.state.va.us/000/reg/TOC12030.HTM#C0120 Scroll down to section 12 VAC-30-120-900
HISTORY	The EDCD Waiver is the result of a combination of two previous Waiver programs. The Elderly or Disabled Waiver was initiated in 1982. The Consumer-Directed Personal Assistance Services Waiver was initiated in 1997. These two Waivers were combined in 2004 as the EDCD Waiver. The EDCD Waiver program is due to be renewed with CMS in 2012.

Intellectual Disability Waiver

Fred's home is decorated with pictures and souvenirs from vacations he has taken in the past few years. He routinely walks to the neighborhood fast food restaurant to have breakfast with the other gentlemen who gather there most mornings. He works in a small office complex not far from his home. He gets to work using public transportation. He goes to bed when he wants. He goes into his kitchen when he wants. He has company when he wants. Fred would tell you he is living the good life.

For thirty years life had been very different. He ate, worked, slept, and bathed when people told him to, where people told him to. He lived in an institution, an intermediate care facility. He did not like it but felt he had no choice. When he was a child, he was diagnosed as having intellectual disability and placed in the institution. The institution was the only home he had ever known. The concept of choice was alien to him.

Home and community-based services became his choice. Fred was told about community services and asked if he wanted to stay in the facility or move into the community. He chose community. He moved to his own home.

Fred needed and wanted support to help him make the transition from the facility to his own apartment. The Community Services Board and local disability organizations provided support. Accessible, affordable housing was secured. Furniture was donated. A case manager with the Community Services Board met several times with Fred to talk about home and community-based Intellectual disability services and how they could be used to support Fred in the community. In addition to having a place to live, Fred needed to learn how to maintain his household, how to maneuver through the community. Residential services were used to provide guidance to establish his household, plan meals, manage his budget, to do laundry. As time went on residential services were reduced. Personal care services were used to provide assistance with cooking, hygiene and household cleaning. Supported employment was needed initially until Fred was acclimated to his first paid job.

For a few years after leaving the institution, Fred lived in an apartment with a roommate. His roommate moved to Arizona to be closer to his family. Fred was anxious about living alone. After discussing his concerns with his family, friends, case manager and providers, Fred decided to explore residential services with a family through sponsored residential services. He eventually moved from his apartment to a family's home and receives residential support services from the family. He is a valued and integrated member of the family. Fred loves being involved in family activities and sharing leisure time with them.

Just like yours, Fred's life situation changes from time to time. Sometimes family or friends are supportive and sometimes he needs additional supports. His case manager is able to modify his services as the need arises. Fred has been reassured that the supports and services he needs to live safely in the community will be provided. He trusts his circle of family, friends and staff to support his desires, his needs and his choices.

Day Support Waiver for Persons with Intellectual Disability

The **Day Support Waiver** is for people who are on the ID Waiver waiting list. Only 300 people statewide can be served on the DD Waiver. Day Support Waiver services include the following:

- Day Support
- Prevocational Services
- Supported Employment

For more information about the Day Support Waiver contact the Community Services Board that screened you for the ID Waiver. Or go to www.dbhds.virginia.gov/documents/ODS/omr-DS-WaiverGenInfo.pdf

Intellectual Disability Waiver Services

Adult Companion Services (Agency and Consumer-Directed)
Assistive Technology
Crisis Stabilization and Supervision
Day Support
Environmental Modifications
Personal Assistance (Agency and Consumer-Directed)
Personal Emergency Response System
Prevocational Services
Residential Support (In-Home, Congregate Group Home, Congregate Sponsored Services)
Respite (Agency and Consumer-Directed)
Skilled Nursing
Supported Employment
Therapeutic consultation
Transition Services

WAITING LIST FOR THE ID WAIVER

To request screening for the ID Waiver contact your local Community Services Board. Contact information for the CSBs can be located at www.dbhds.virginia.gov/SVC-CSBs2009.asp. You will be requested to provide a copy of a psychological evaluation as part of the screening process. If you have a psychological evaluation from school or other source, that document will likely be acceptable. If you do not have a psychological evaluation and you do not have insurance or another source to pay for the evaluation, the CSB will work with you to obtain an evaluation. If you have an intellectual disability you will be screened for the ID Waiver. If your child is under the age of six, they can be screened for the ID Waiver if they are at developmental risk. You must be provided with a letter if you are placed on an ID Waiver waiting list.

There is one ID Waiver waiting list that has two tiers: urgent and nonurgent. The urgent waiting portion of the list includes people who are eligible for the ID Waiver and meet the urgent criteria listed below. The nonurgent portion of the waiting list includes people who are eligible for the ID Waiver but who do not meet the urgent criteria. CSBs use a committee structure to determine who will receive slots when they are available. Only after all people on the urgent waiting list statewide are served will people on the nonurgent waiting list be provided the ID Waiver.

The urgent criteria for the ID Waiver include the following:

1. Primary caregivers are both 55 years or older (if only one caregiver, that caregiver is 55 or older); or
2. Living with a primary caregiver who is providing services voluntarily without pay and they can't continue care; or
3. There is a clear risk of abuse, neglect, or exploitation; or
4. Primary caregiver has a chronic or long term physical or psychiatric condition significantly limiting ability to provide care; or
5. Person is aging out of a publicly funded residential placement or otherwise becoming homeless; or
6. Person lives with the primary caregiver and there is a risk to the health or safety of the person, primary caregiver, or other person living in the home because the person's behavior presents a risk to himself or others OR physical care or medical needs cannot be managed by primary caregiver even with generic or specialized support arranged or provided by the CSB.

In March 2011, there were 5,600 people on the ID Waiver waiting list.

Intellectual Disability Waiver	
WHO	Children under the age of six who are at developmental risk or people of any age with an intellectual disability.
SCREENING How is a screening initiated?	Contact your local Community Services Board. www.dbhds.virginia.gov/SVC-CSBs2009.asp
Who conducts the screening?	Community Services Boards
What are the screening criteria?	Must have significant needs in two out of seven areas of life activity including health status, communication, task learning skills, personal/self care, mobility, behavior and community living skills.
What document is used to determine eligibility?	Level of Functioning Survey
FINANCIAL CONSIDERATIONS Monthly income limits of individual	Individuals can have monthly income up to $2,022 in 2011.
Is a spend down available?	No, a spend down is not allowed for ID Waiver eligibility.
Resource limits	Individuals can have up to $2,000 of resources such as savings and bonds.
How is financial eligibility determined?	By the local Department of Social Services (DSS) after the individual has been assigned an ID Waiver slot. The eligibility determination process with the local DSS may take up to 45 days.
Are there patient pay requirements?	Yes. If an individual has unearned income above $1,112 in 2011, the amount of monthly income above $1,112 is paid as patient pay. If the individual is employed, the individual can keep a portion or all of their wages depending on the number of hours they work each week.
CASE MANAGEMENT Is case management provided?	Yes, case management is a Medicaid funded services for people who are receiving ID Waiver services. ID case management is also available to people with intellectual disability that have Medicaid but are not receiving the ID Waiver.
What entities provide case management?	Community Services Boards
STATISTICS Fiscal Year '10 July 2009-June 2010	7,748 people received ID Waiver services $62,611 average cost per person for ID Waiver services $156,527 average cost per person in a ICF/DD
REGULATIONS	Locate on the Internet at leg1.state.va.us/000/reg/TOC12030.HTM#C0120 Scroll down to section 12 VAC-30-120-211
HISTORY	First approved by CMS in 1991 The ID Waiver program is due to be renewed with CMS in 2014.

Technology Assisted Waiver

Sara's birth was exciting for her family. She was their first girl. Two older brothers were excited about the arrival of their new sister. Shortly after her birth, Sara began experiencing breathing difficulties that eventually resulted in the need for Sara to have a tracheotomy to assist her with breathing. As the weeks passed Sara was diagnosed with a variety of health and disability conditions that required her family to provide significant around the clock care. Sara's father temporarily quit work in order to provide the level of care needed by her family. Sara's pediatrician encouraged her parents to contact the local community program for infants with disabilities. Sara's dad called the number and learned about the services available to Sara and her parents through the Early Intervention Program at the local Community Services Board (CSB.)

The case manager explained Medicaid home and community-based Waiver services to Sara's parents. The case manager screened Sara for the Intellectual Disability Waiver. Sara's dad explained that Sara did not have a diagnosis of intellectual disability so he did not think she was eligible for the ID Waiver. He was also concerned that he might make too much money for Sara to qualify for Medicaid. The case manager explained that children under the age of six did not need a diagnosis of ID to qualify for the ID Waiver and that financial eligibility for Waiver services was not determined based on the parents' income, only Sara's income would be considered. The case manager conducted a screening and determined that Sara was eligible for the ID Waiver. A day or two went by and the case manager called the family and explained that there was a waiting list for services and unfortunately the CSB did not have an ID Waiver slot available for Sara. The case manager provided the family with information about how to appeal the denial of services and placement on the ID Waiver waiting list. The case manager explained that there was another home and community-based waiver that might meet Sara's needs, the Technology Assisted Waiver (Tech Waiver). The case manager gave the parents the name and telephone number for the health care coordinator with the Department of Medical Assistance Services (DMAS) in Richmond that is responsible for the Tech Waiver.

Sara's parents called the DMAS Tech Waiver health care coordinator who asked them some basic questions over the telephone and then mailed them a form to provide consent for the DMAS staff to contact Sara's pediatrician and the CSB case manager. A few weeks later, the local Pre-Admission Screening Team scheduled an appointment to come to Sara's home to screen Sara to determine if she would be eligible for the Tech Waiver. They asked many questions about the type of assistance Sara's family was providing to assist her with her health related needs such as care of the trach. Shortly after this meeting, the Team determined Sara was eligible for the Tech Waiver. That was three years ago.

Sara's life has dramatically improved since then. She receives eight hours a day of nursing services through the Tech Waiver. Her parents now have time to involve her in church activities and to spend time together in a relaxed home setting with all of the family. Sara has remained at home with her family. Last year Sara's grandmother who lives in Alabama became ill and Sara's mother had to go to Alabama to assist her mother. Sara's father is in the Navy and he was out at sea. Sara's mother was able to find friends to watch the boys while she was going to be gone, but she could not find a nurse to volunteer to stay with Sara. The coordinator arranged for respite services to be provided by a nurse while both parents had to be temporarily away from home. Since then, similar respite services have been provided for shorter periods of time so that Sara's parents can attend to the needs of Sara's brothers. The Tech Waiver has provided some modifications to their home so that Sara, who uses a wheelchair, is able to safely maneuver in the bathroom and have access to her back yard. A lift was put in the family's van last year. The coordinator worked with the family and nursing agencies to arrange for nursing services to be provided for several days out of town when Sara went with her family to visit her grandparents for the first time.

Sara is in the fourth grade, learning what all the other students are learning; she participates in activities with her peers. She attends church with her family. Her brothers tease and pester her, and she has learned to dish it right back. They love her, she loves them, and she loves being home.

Technology Assisted Waiver Services

Assistive Technology

Environmental Modifications

Personal Assistance (only for adults over 21 years of age) (Agency only, no consumer-direction)

Private Duty Nursing (16 hours maximum a day, except children may have 24 hours a day for the first 30 days after hospital discharge)

Respite Care (Agency only, no consumer-direction)

Transition Services if enrolled in Money Follows the Person

ELIGIBILITY CRITERIA UNIQUE TO THE TECH WAIVER

In addition to meeting the financial eligibility requirements, to be eligible for the Tech Waiver a person must also have the following needs:

- √ substantial and ongoing skilled nursing care, AND
- √ adults must depend part of the day on a vent or require prolonged intravenous nutrition, drugs or peritoneal dialysis
- √ children must depend part of the day on a vent; or require prolonged intravenous nutrition drugs or peritoneal dialysis; or have a daily dependency on other device-based respiratory or nutritional support

PRIVATE INSURANCE CONSIDERATIONS

Private insurance can sometimes be a barrier to receiving Tech Waiver services. If your private insurance covers private duty nursing in your home, you might not be eligible for the Tech Waiver. If your private insurance only covers some of your nursing needs, the Tech Waiver may cover those private duty nursing hours that your private insurance does not cover. DMAS will review your private insurance policy and provide you with guidance about how your specific private insurance impacts your eligibility for the Tech Waiver. If you disagree with DMAS about their interpretation of your private insurance benefits you can appeal the DMAS decision that you are not eligible for the Tech Waiver.

PRIVATE DUTY NURSING SERVICES VERSUS SKILLED NURSING SERVICES

Private duty nursing services are provided for someone who needs specialized, intensive ongoing nursing and medical support throughout the day. Skilled nursing services are more sporadic in nature. Skilled nursing services are most often provided to assist with a short term or brief nursing or medical need in which the nurse spends a limited amount of time in the home for each service. Whereas, private duty nursing services are more likely to be provided for many hours in duration.

Technology Assisted Waiver	
WHO	People who are of any age who are dependent on highly specialized and medically-oriented technological support and who require substantial, ongoing nursing care
SCREENING How is a screening initiated?	Contact the Pre-Admission Screening Team with the local Departments of Health and Social Services. If you are in a hospital, contact the hospital's discharge planner.
Who conducts the screening?	For individuals in the community, the Pre-Admission Screening Team consists of a registered nurse, social worker, and a physician. For individuals in the hospital, the screening team consists of a social worker or discharge planner and a physician. Eligibility, documentation is sent to DMAS. If the person has private health insurance, DMAS reviews the private health insurance policy for private duty nursing benefits.
What are the screening criteria?	Must meet specific functional criteria and have a medical or nursing need described at www.dmas.virginia.gov/ProviderManuals/ManualChapters/PEAS/appendixB_nhpas.pdf In addition, you must obtain a certain level of points on a scoring tool. The Tech Waiver is used as an alternative to long term placement in an acute care hospital, long stay hospital or specialized care nursing facility.
What document is used to determine eligibility?	Uniform Assessment Instrument (UAI) and Tech Waiver Scoring Tools (one for children and another for adults)
FINANCIAL CONSIDERATIONS Monthly income limits of individual	Individuals can have monthly income up to $2,022 in 2011.
Is a spend down available?	Yes, this is determined by the local DSS during eligibility determination.
Resource limits	Individuals can have up to $2,000 of resources such as savings and bonds.
How is financial eligibility determined?	By the local Department of Social Services (DSS) after the individual has been determined to meet Tech Waiver eligibility criteria. The eligibility determination process with DSS may take up to 45 days.
Are there patient pay requirements?	Yes. If an individual has unearned income above $1,112 in 2011, the amount of monthly income above $1,112 is paid as patient pay. If the individual is employed, the individual can keep a portion or all of their wages depending on the number of hours they work each week.
CASE MANAGEMENT	Provided by health care coordinators who are DMAS staff.
STATISTCS Fiscal Year '10 July 2009-June 2010	400 people received Tech Waiver services $75,980 average cost per person for Tech Waiver services $185,558 average cost per person in a specialized care nursing facility
REGULATIONS	Locate on the Internet at leg1.state.va.us/000/reg/TOC12030.HTM#C0120 Scroll down to section 12 VAC-30-120-70
HISTORY	The Tech Waiver was first approved by CMS in 1988 as the Ventilator Dependent Program. This was modified to include children dependent on other technologies in the home. In 1997, adults were added to the Tech Waiver. The Tech Waiver program is due to be renewed with CMS in 2013.

Procedural Safeguards
Rights and Protections

Procedural safeguards protect your rights in the Medicaid system. This section of the Guide will provide you with some basic information about your rights regarding appeals, choice, confidentiality, consent, enrollment, financial eligibility, human rights, planning, providers, records, screening, waiting lists, and written notice.

APPEALS

Medicaid appeals can be requested to challenge decisions and actions regarding Medicaid. Appeals can be requested for any of the following reasons:

- services are denied, reduced, partially approved, suspended or terminated;
- screening is denied or unreasonably delayed;
- request for services is not acted on within a required timeframe; and
- eligibility is denied or unreasonably delayed.

Appeals must be requested in writing within 30 days of the agency's decision that adversely affects eligibility or services.

Hearing officers should issue a decision within 90 days of your request for an appeal.

Hearing requests should be submitted in writing to the Department of Medical Assistance Services: Appeals Division, DMAS, 600 East Broad Street, Richmond, VA 23219.

There are two parts to the appeal system. The first part is the administrative appeal which is heard by a hearing officer who is an employee of DMAS. If you do not prevail during the administrative appeal, you can appeal to the courts.

You do not need to have an attorney or other person represent you in the administrative appeal, but such representation is permitted.

The hearing officer will establish a date and time for the hearing. All witnesses will be sworn to tell the truth. The hearing will be recorded and a written transcript of the hearing will be made. You have the right to review evidence that others provide to the hearing officer prior to the hearing.

During the hearing you, or your representative, will present facts and describe why you are appealing. The agency that denied services or delayed a response will be given the opportunity to present facts and respond to the testimony being presented. The hearing officer, the agency, you and your representative will be given the opportunity to ask questions.

All information and documentation must be presented at the hearing or a request to leave the hearing record open must be made and accepted by the hearing officer.

The hearing summary and hearing officer's decision will be mailed to you. You can request copies of all evidence and a transcript of the hearing.

If you continued to receive Medicaid during the appeal process, you may be asked to pay Medicaid back if the appeal is not decided in your favor. Talk with a Waiver Mentor or other advocate if you are concerned about this possibility.

If you disagree with the hearing officer's decision you can appeal through the courts. Before you file an appeal with the court, you must give notice to the Director of DMAS. It is highly likely that you will need attorney representation for the appeal process through the courts.

APPEAL CONSIDERATIONS -

As described, DMAS has the formal appeal process to manage complaints and disagreements about Medicaid. You may want to first try a less formal approach to resolving the problem. Keep in mind that you only have 30 days to request an appeal. So your informal attempts should be done quickly. Then if the problem continues after your informal attempts to resolve the problem you will be able to

submit your request for an appeal before the 30-day time line expires.

DMAS or the provider may not be receptive to your informal attempts to resolve the problem and then you will have to proceed with an appeal if you want to continue to try and resolve the problem.

For example, if you are having difficulty accessing a service that you have been authorized to receive, take action. First call the provider, discuss the issue with them and establish a time line for resolution of the problem. If the provider does not resolve the problem by the agreed upon date, call your case manager. If the problem is not resolved in a timely manner, write a letter to the case manager asking them for assistance. In your letter, explain the problem and what you have done to resolve the problem. Keep copies of your letters. Maintain a diary of your efforts to deal with the problem. If the issue is still not resolved, call and/or write DMAS. If the problem persists, submit an appeal to DMAS. Your attempts to resolve the problem could be important documentation in an appeal. Similar steps could be taken for any problem you are having with Waivers.

CHOICE

You have the right to receive services in the community. It is your choice whether to receive services in the community through a Medicaid Waiver or to be placed in a nursing facility or other institution. Money Follows the Person is a demonstration project that can provide guidance, supports and services to people who want to leave nursing facilities and other institutions. Information about MFP is available from the Waiver Mentors listed on page 37 and at www.olmsteadva.com/mfp/

You have the right to choose your DD Waiver case management organization.

Case Management for people with intellectual disability is provided by the CSB and organizations that the CSB may opt to contract with.

You have the right to choose your Waiver service providers and to change providers.

A list of available providers must be given to you by the Waiver screener or case manager.

Services that are provided should be services that you choose and that you agree are needed.

CONFIDENTIALITY

Case managers and providers must protect the confidentiality of people who apply for and receive Medicaid services. Personal identifying information about you cannot be disclosed without your written consent.

CONSENT

Your written consent must be given before your Medicaid Waiver services can begin or before services are changed.

ENROLLMENT

Individuals must be 6 years or older to qualify for the DD Waiver. DD Waiver screening can be requested when the child is 5 years 9 months old. Children under the age of 6 who are at developmental risk may be eligible for the ID Waiver, until the age of 6, even if they do not have a diagnosis of intellectual disability. At the age of 6 the child must have a diagnosis of ID for the ID Waiver, and if not, the child may be able to receive DD Waiver services using a specified process.

Once a Waiver slot (funding) becomes available to you, your enrollment process can begin.

In addition to receiving Waiver services, you will also be eligible for all other Medicaid benefits provided in Virginia.

If you have other health insurance, Medicaid will be your secondary insurance.

Procedural Safeguards
Rights and Protections

You must use Virginia Medicaid providers in order for Virginia Medicaid to pay for your services.

FINANCIAL ELIGIBILITY

Financial eligibility for long-term care (Waivers and institutions) is determined by the local Department of Social Services (DSS). DSS has 45 days to determine eligibility. The 45-day time line begins once you have provided DSS with a completed Medicaid financial application. Your case manager, provider agency, or services facilitator for EDCD Waiver services will give DSS notification of Waiver eligibility. The 45-day timeline may be longer if disability determination must be made. Disability determination must be made for adults who are not elderly who are applying for Waiver services.

Parental income and resources are not considered when determining eligibility for Virginia Medicaid Home and Community-Based Waivers. This includes children under the age of 18.

DSS will determine if you have a patient pay for your Waiver services.

DSS will annually review your financially eligibility. You will receive notice about this review in the mail and you must respond within the time frame stipulated in the notice.

If you disagree with the DSS decision regarding your financial eligibility, you have the right to appeal. Keep in mind that you have only 30 days to appeal adverse decisions such as the denial of eligibility. If you have missed this 30-day time line you can request another screening and eligibility determination.

HUMAN RIGHTS REGULATIONS

"Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services" are regulations of the Department of Behavioral Health and Developmental Services. These Regulations are often referred to as Human Rights Regulations. The regulations address the rights of people receiving services from certain providers including ID Waiver providers and certain DD Waiver providers (day support, in-home support, and crisis stabilization.)

Information about the Human Rights Regulations is at www.dbhds.virginia.gov/OHR-default.htm. The State Human Rights Committee and Local Human Rights Committees are responsible for addressing alleged violations of the Human Rights Regulations.

PLANNING

Individualized planning is required for all Waivers. Services can be planned in a variety of ways. Some people see this as a very personal process in which they do not want or need others to be involved. Meeting with their case manager/support coordinator and providers separately is what they want and need. Others want to have all of their providers come together in one meeting to discuss services. Some people want intensive, personal meetings to discuss all aspects of their life and to plan in depth for supports and services.

There are different kinds of planning processes that can be used to develop your Waiver and other services. Planning and services should focus on your needs and choices. Everyone has unique personalities, needs, perspectives, supports - the type of meeting you will have is your choice.

Waiver services are individualized and personal. Your case manager and providers should work with you to establish the type of meeting you want. You should have planning opportunities that will be meaningful and dignified.

Each Waiver has a process for requesting a change to the plan for your services. Plans must be updated annually. However, a plan can be revised anytime there is a need.

Procedural Safeguards
Rights and Protections

PROVIDERS

Providers must have the specific knowledge, skills and abilities as described in the Regulations for each Waiver.

Choosing your providers is your right. The Waiver screener or case manager should give you a list of all available providers for the services you need.

Changing providers is your right.

You should research and interview providers before making your choice of providers. Case managers can assist you with this. You will want to be comfortable with the agency and the staff that will be assisting you with personal needs, support and learning tasks.

Services should be provided on the days that the services are needed and during the times you need to receive the services. Services must be effective. You may need to choose a different provider if the current provider is not able to provide services when you need them.

Some agency-directed providers will hire staff that you recruit. If you know of someone who is qualified and who would be a good provider for your services, refer that person to a provider and encourage the provider to hire the person you referred to them.

Providers must give you notice before they terminate their services to you. Time lines for termination of services by providers vary and are described in the Regulations for each Waiver.

RECORDS

You have the right to review all records and documentation about your Medicaid services including the documentation maintained by your case manager and providers. Copies should be provided to you when requested. You must give consent for your records to be shared with others.

SCREENING

Screening is used to determine eligibility for long-term care (Waivers, nursing facilities, long-stay hospitals, and ICF/DDs.)

Screening must occur if requested. If the screener denies the opportunity for you to be screened, then the screener must provide you with written notice of why the screening was denied. You have the right to appeal the denial of your screening request.

Screening must occur with reasonable promptness. If the screener does not act with reasonable promptness, you have the right to appeal the delay.

Screening must be free. You cannot be charged for screening to determine your eligibility for Medicaid.

There are two separate parts of the eligibility process. First, screening determines if you meet the criteria for long-term care (Waiver and institutions). Next, financial eligibility is determined by the local Department of Social Services.

TRANSFERRING YOUR WAIVER IF YOU MOVE

You can move anywhere in Virginia and have your Virginia Medicaid Waiver transfer with you to your new community. Your case manager must assist you with this transfer. If you move out of Virginia, your Virginia Medicaid Waiver does not transfer with you.

WAITING LISTS

As of March 2011, there were approximately 1,100 people on the DD Waiver waiting list and 5,600 people on the ID Waiver waiting list.

You have the right to be informed in writing if you are placed on a waiting list. For the DD Waiver, DMAS will provide you with a waiting list number. The ID Waiver has a two tiered waiting list - urgent and nonurgent. The CSB will inform you in writing if you are placed on the waiting list.

Procedural Safeguards
Rights and Protections

While you are on a waiting list, you can receive services through another Waiver, if you meet the criteria for both Waivers.

WRITTEN NOTICE

To ensure effective, meaningful participation in all aspects of screening, eligibility, planning and service delivery, people need to be provided details about these activities. The different Waivers have different requirements regarding when notice must be provided and how the notice must be provided.

If an agency denies screening, eligibility, specific services or the amount of services you are seeking, that organization must provide the denial in writing. You can appeal these denials.

Requested services must be provided unless it can be shown that you do not need the services or that the services are not covered by Medicaid. Services can be denied if the case manager, provider or DMAS believes you do not need the service and if you do not prevail in an appeal. You have 30 days to appeal a denial or reduction of services.

Written notice to you must include:

- what action the agency intends to take;
- reason for the intended action;
- specific regulation or law that supports the intended action;
- the right to an evidentiary hearing, and the methods and time limits for doing so;
- the circumstances under which benefits continue if a hearing is requested; and
- the right to representation.

If an agency fails to provide you with written notice in response to your request for eligibility or specific services, you can request an appeal of the agency's failure to act with reasonable promptness.

OLMSTEAD PLANNING IN VIRGINIA

The Americans with Disabilities Act requires that "A public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities." A 1999 U.S. Supreme Court decision, *Olmstead vs L.C.*, stated "institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life." The Court ruled that States cannot discriminate against people with disabilities by providing long-term care services only in institutions when people could be provided services in the community.

Federal agencies and many States are taking specific actions to reform policies and practices to ensure that people with disabilities have meaningful choices about where and how services are provided. In Virginia, the General Assembly has established the Community Integration Advisory Commission "to monitor the progress of all executive branch state agencies toward community integration of Virginians with disabilities in accordance with all applicable state and federal laws in order that persons with disabilities may enjoy the benefits of society and the freedoms of daily living."

Information about Virginia's efforts to comply with the Olmstead decision can be found at www.olmsteadva.com.

Money Follows the Person is a demonstration project implemented by DMAS to provide for supports and services people need to transition from a nursing facility, ICF/DD or long-stay hospital to their own home. Information about MFP can be found at www.olmsteadva.com/mfp/

Other Services to Explore In Virginia

EPSDT - Early and Periodic Screening, Diagnosis, and Treatment is available to children under the age of 21 who are eligible for Medicaid. Personal care, nursing, therapies and other Medicaid services not typically provided to adults in Virginia are available to children who are eligible for Medicaid. Please see page 34 for more information.

Comprehensive Services Act pools funds from various agencies to meet the needs of children who are "high risk." Decisions about funds and services are determined at the local level by Community Policy and Management Teams (CPMT) and Family Assessment and Planning Teams (FAPT). Information is available by calling 804-662-9815 and at www.csa.virginia.gov.

Consumer Services Fund is a State fund designed to provide financial assistance for people with physical or sensory disabilities to access services that cannot be funded through other sources. Funds are administered by the Department of Rehabilitative Services (DRS). These funds are dependent on available funding. Information is available by calling 800-552-5019 and at www.drs.virginia.gov.

Consumer Support Services are provided with State funds that may be used for services while you are waiting for the ID Waiver. These services are administered by the Community Services Boards. These services are dependent on available funding. A list of CSBs is available at www.dbhds.virginia.gov/SVC-default.htm.

FAMIS - Family Access to Medical Insurance Security Plan is a low cost medical insurance program for the children of working families in Virginia. Based on income, families with uninsured children may enroll in FAMIS. This program covers families that do not qualify for Medicaid. Information is available by calling 866-873-2647 and at www.famis.org.

Long Term Employment Support Services through DRS are provided to people with significant disabilities who need supports to be employed. These services are provided to people who are not receiving the DD or ID Waivers. Information is available by calling 800-552-5019 and at www.drs.virginia.gov.

NewWell Fund is a low interest loan fund for assistive technology and modifications. Information is available by calling 866-835-5976 and at www.atlfa.org.

2-1-1 Virginia is a telephone and Internet information system. Call 211 or go to www.211virginia.org.

Consider another Medicaid Waiver if you are on a waiting list. Some people who qualify for the DD Waiver or the ID Waiver may also qualify for one of the other Virginia Waivers. You can be on a waiting list for one Waiver while receiving services from a different Waiver. You must meet the screening criteria for each Waiver.

For example, if you qualify for ICF/DD services you may also qualify for nursing facility services depending on your needs. If you have an ongoing need for medical management such as glucose level checks or treatment of pressure sores AND if you need significant assistance with activities of daily living, you may qualify for the Elderly or Disabled with Consumer-Direction (EDCD) Waiver.

If you are on the waiting list for the DD Waiver, you will maintain your DD Waiver waiting list number and once your number comes up (a slot becomes available) for a DD Waiver you can transfer from the EDCD Waiver to the to the DD Waiver. If you are on the waiting list for the ID Waiver, you will remain on the waiting list while you are receiving EDCD Waiver services until an ID Waiver slot becomes available. Once an ID Waiver slot is available, you can transfer to the ID Waiver. You cannot receive services from two Waivers at the same time.

Early and Periodic Screening, Diagnosis, and Treatment
EPSDT

Early and Periodic Screening, Diagnosis, and Treatment is a federally mandated Medicaid program for children from birth to 21 years of age who qualify for Medicaid. In 1967, Congress established EPSDT to ensure that children were closely monitored to prevent health and disability conditions from occurring or worsening AND to provide services to address such conditions.

The 2000 Medicaid *Primer* produced by the U.S. Department of Health and Human Services which is referenced on the inside cover of this Guide states, "In 1989, Congress strengthened the (EPSDT) mandate by requiring States to cover all treatment services, regardless of whether or not those services are covered in the State's Medicaid plan. As a result, the EPSDT component now covers the broadest possible array of Medicaid services, including personal care and other services provided in the home."

Early and periodic screening schedules are determined by DMAS through consultation with medical organizations involved in child health care. These schedules indicate the required minimal frequency of screening services and can be found on the DMAS web site. Screening must include all of the following services:

- √ Comprehensive health and developmental history
- √ Comprehensive unclothed physical exam
- √ Appropriate immunizations
- √ Lab testing such as lead toxicity screening
- √ Dental, vision and hearing screenings
- √ Other screenings as determined to be needed by a provider
- √ Health education is a required component of screening services.

If there is a concern identified during the screening, the screener must immediately make a referral for a complete diagnostic evaluation. Screening and diagnosis may occur with the same provider.

Treatment must be made available to "correct or ameliorate defects and physical and mental illnesses or conditions discovered by the screening services" (Title XIX of the Social Security Act.) The list of required services is not exhaustive and includes all services listed in the federal Medicaid program. Services needed to correct, treat or maintain the child's disability, health problem or medical condition must be provided. Examples of EPSDT services include the following:

- dental care
- eyeglasses
- hearing aids
- personal care
- skilled nursing
- therapies

EPSDT is underutilized because many people do not know about these benefits. EPSDT must be provided to all children who are eligible for Medicaid. EPSDT can be particularly important to children who are on the waiting list for the Developmental Disabilities Waiver or the Intellectual Disability Waiver (if the child is Medicaid eligible.) Receiving services such as skilled nursing or therapies may be needed while the child is waiting for access to the Waiver. Young adults with disabilities between the ages of 18 and 21 often are eligible for Medicaid when they become eligible for SSI. These young adults can especially benefit from EPSDT.

You may find yourself having to educate providers about EPSDT. Contact DMAS for more information about EPSDT at 804-786-3712. Information is available from the National Health Law Program listed on the inside back cover of this Guide. The Mentors can also assist you with EPSDT.

Glossary

Activities of Daily Living (ADLs) Includes personal care activities such as bathing, dressing, toileting, transferring, and eating.

Appeal Process to challenge decisions with which the person disagrees or if DMAS, the screener or a provider does not act with reasonable promptness to a request for services.

Behavioral Health Authority (BHA) Local government entity responsible for screening people for the ID Waiver and providing access to case management for people with intellectual disability. These agencies plan, provide, and evaluate mental health, intellectual disability and substance abuse services.

Caregiver A family member or other person who takes primary responsibility for providing assistance to the individual for care he or she is unable to provide for him or herself.

Case Management Directed by the person receiving services, case management ensures development, coordination, implementation, monitoring and modification of services. Case management is not limited to only people who are receiving Medicaid Waiver services. This is sometimes referred to as support coordination.

Centers for Medicare and Medicaid Services (CMS) Federal office responsible for Medicaid.

Community Services Board (CSB) See Behavioral Health Authority.

Consumer-Directed Services Services for which the person or their family/caregiver is responsible for recruiting, hiring, training, supervising and firing of the staff.

Consumer-Directed Services Facilitator Responsible for developing and maintaining documentation, providing follow up reviews and providing training to people to enable them to hire their own attendants, respite workers and companions.

Cost Effective The aggregate cost of home and community-based Waivers must be no more than the aggregate cost of services in an alternative institutional setting. Virginia establishes Waiver cost effectiveness in the aggregate.

Department of Medical Assistance Services (DMAS) Virginia's State Medicaid agency responsible for administering Medicaid in Virginia.

Developmental Disability (DD) A severe chronic disability that is evident before the person reaches age 22, is likely to continue indefinitely, is attributable to a disability other than mental illness, results in substantial functional limitations in three or more of the following areas of major life activity: self-care; understanding and use of language; learning; mobility; self-direction; and capacity for independent living. The term DD includes people with a diagnosis of ID. However, in Virginia there are two separate Waivers for people with DD - the DD Waiver for people with DD who do not have a diagnosis of ID and the ID Waiver for people with DD who do have a diagnosis of ID.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program administered by DMAS for children under the age of 21 (according to federal guidelines) which prescribe specific preventive and treatment services for Medicaid eligible children.

Instrumental Activities of Daily Living (IADLs) Activities such as meal preparation, shopping, housekeeping, laundry and money management.

Intellectual disability A diagnosis of below-average cognitive ability with significant limitations in adaptive behavior that occurs before the age of 18. This term used to be mental retardation.

Intermediate Care Facility for Persons with Intellectual Disability/Developmental Disability (ICF/DD) An institution for persons with intellectual and developmental disabilities. The DD, Day Support and ID Waivers are alternatives to placement in these institutions.

Glossary

Level of Functioning Survey (LOF)
Assessment used to determine if a person needs the level of care provided in an ICF/DD. Also used for DD and ID Waiver screening.

Medicaid Joint federal and State program designed to meet the medical needs of certain people who have low income and resources.

Medicare Federal medical benefits financed through the Social Security system primarily for the elderly, but can include others who contributed to Social Security and their sons and daughters.

Money Follows the Person Assistance for people who want to transition out of an institution into the community.

Nurse Delegation Authorization by a registered nurse to an unlicensed person to perform selected nursing tasks as described in State regulations.

Patient Pay Depending on the person's income and the Waiver they use, *s*ome people will have to pay a portion of their monthly income towards their Waiver services. This is referred to as patient pay.

Plan of Care Written document developed by the person receiving services, providers, case manager and others the person wants involved. The plan includes the services and supports needed, who will provide services and how often the services will be provided. The individual must give consent before the plan can be implemented and before any changes are made to the plan. In the ID Waiver this is an Individual Support Plan.

Regulations State required policies that describe Waiver requirements.

Screening Process to determine if a person meets the level of care typically provided in a nursing facility or other institution. Screening also includes the individual's choice whether to receive their services in an institution or in the community.

Slot An individual funding account for Waiver services. An individual cannot be served with a Waiver unless there is an available "slot."

Social Security Disability Insurance (SSDI)
Financial benefits to people with a disability. Funds are the FICA social security tax paid on worker's earnings or earnings of their spouses or parents.

Special Needs Trust Unique trust that maintains assets for future use. A special needs trust could protect assets from disqualifying you for specific public benefits such as Medicaid.

Spend Down A process to allow people who have more monthly income than permitted by Medicaid financial eligibility rules to "spend down" their excess income on medical expenses. This term is used when DSS is determining financial eligibility for the AIDS, Alzheimer's, EDCD and Tech Waivers.

State Plan for Medical Assistance (State Plan)
Documents that detail Virginia Medicaid eligibility requirements, coverage, reimbursement rates, and administrative policies. Documents are periodically updated. Changes to the State Plan must be approved by CMS. Adding services to the State Plan typically require a commitment of money from the Virginia General Assembly. Medicaid services are sometimes referred to as State Plan services.

Supplemental Security Income (SSI) A federal program that provides cash benefits to people who are disabled or elderly and with limited income and resources. Funded with general tax revenues.

Uniform Assessment Instrument (UAI) A form used to determine social, physical health, and functional abilities. The UAI is used to gather information for planning and monitoring of a person's needs and eligibility for certain services. The UAI is used to conduct screening for nursing facility placement and the AIDS, Alzheimer's, EDCD and Tech Waivers.

MEDICAID WAIVER MENTORS

Contact the Waiver Mentors for information about Waivers.

To schedule a Waiver workshop or for more information contact the Waiver Information Center:
866-323-1088 toll free; 757-461-8007 Tidewater; VaWaivers@endependence.org

Lynne Blythe
Infant & Toddler Connection
of Rappahannock Rapidan
Culpeper
540- 829-7480 ext 101
LBlythe@rrcsb.org

Roseanne Campbell
Access Independence
Winchester
540-662-4452
rcampbell@accessindependence.org

Lucy Cantrell
Hanover Arc
Ashland
804-798-2400
lucy@hanoverarc.org

Doreen Capers
Eastern Shore Center
for Independent Living
Exmore
757-414-0100
doreencapers@yahoo.com

Tennie Gratz
disAbility Resource Center
Fredericksburg
540-373-2559
tgratz@cildrc.org

Barbara Greenberg
Parent Resource Center
Christiansburg
540-381-6175
bgreenberg@mcps.org

Sandy Hermann
Care Connection for Children
Norfolk
757-668-8519
Sandra.Hermann@chkd.org

Debra Holloway
The Arc of Virginia
Richmond
804-649-8481
dholloway@arcfip.org

Maureen Hollowell
Endependence Center
Norfolk
757-351-1584
mhollowell@endependence.org

Bradford Hulcher
Autism Society - Central Virginia
Richmond
804-257-0192
asacv@aol.com

Dana Jackson
Blue Ridge Independent Living
Center
Roanoke
540-342-1231
Djackson@brilc.org

Andrea King
Valley Associates for Independent
Living
Harrisonburg
540-433-6513
andrea@govail.org

Hannah Manila
Endependence Center of NOVA
Arlington
703-525-3268
HannahM@ecnv.org

Roberta McEachern
Independence Empowerment Center
Manassas
703-257-5400
rmceachern@ieccil.org

Sheila Roop
Intellectual Disabilities Agency
of the New River Valley
Christiansburg
540-381-0310
sheila@idanrv.org

Lynne Smith
Piedmont Community Services
Martinsville
276-632-2108 ext 1108
lsmith@piedmontcsb.org

Petrina Thomas
Special Education Advisory
Committee
Culpeper
540-729-1040
petrinathomas@hotmail.com

Deborah Yates
Resources for Independent Living
Richmond
804-353-6503
yatesd@cavtel.net

RESOURCES

Centers for Medicare and Medicaid Services
410-786-3000
cms.hhs.gov

Department of Aging
800-552-3402
804-662-9333
www.vda.virginia.gov

Department of Behavioral Health and Developmental Services
804-786-0580
www.dbhds.virginia.gov

Department for the Blind and Vision Impaired
800-622-2155
804-371-3140
www.vdbvi.org

Department for the Deaf and Hard of Hearing
800-552-7917
804-662-9502
www.vddhh.virginia.gov

Department of Education
804-225-2023
www.doe.virginia.gov

Department of Health
804-371-0478
www.vdh.virginia.gov

Department of Medical Assistance Services
804-225-4222
www.dmas.virginia.gov

Department of Rehabilitation Services
800-552-5019
804-662-7000
www.drs.virginia.gov

Department of Social Services
804-726-7000
www.dss.virginia.gov

Home and Community Based Services Clearinghouse
www.hcbs.org

National Health Law Program
919-968-6308
www.healthlaw.org

NewWell Fund
866-835-5976
804-662-9000
www.atlfa.org

Office of Comprehensive Services
804-662-9815
www.csa.virginia.gov

Statewide Independent Living Council
800-552-5019
804-662-7000
www.vasilc.org

The Arc of Virginia
804-649-8481
www.thearcofva.org

U.S. Department of Justice
800-514-0301
www.ada.gov/

Virginia Association of Centers for Independent Living
540-342-1231
www.vacil.org

Virginia Association of Community Services Boards
804-330-3141
www.vacsb.org

Virginia Board for People with Disabilities
800-846-4464
804-786-0016
www.vbpd.virginia.gov

Virginia Office for Protection and Advocacy
800-552-3962
804-225-2042
www.vopa.virginia.gov

Virginia Poverty Law Center
800-868-8752
804-782-9430
www.vplc.org

2-1-1 Virginia
211
www.211virginia.org

ACRONYMS

AAA	Area Agency on Aging
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AIDS	Acquired Immunodeficiency Syndrome
ALF	Assisted Living Facility
AT	Assistive Technology
BHA	Behavioral Health Authority
CD	Consumer-Directed
CIL	Center for Independent Living
CMS	Centers for Medicare and Medicaid Services
CSA	Comprehensive Services Act
CSB	Community Services Board
CSP	Consumer Service Plan
DBHDS	Department of Behavioral Health and Developmental Services
DD	Developmental Disability
DMAS	Department of Medical Assistance Services
DRS	Department of Rehabilitative Services
DSS	Department of Social Services
EDCD	Elderly or Disabled with Consumer-Direction Waiver
EM	Environmental Modification
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FAPT	Family Assessment and Planning Team
HIPP	Health Insurance Premium Payment
IADL	Instrumental Activities of Daily Living
ID	Intellectual Disability
ICF/DD	Intermediate Care Facility for Persons with Developmental Disabilities
IFDDS	Individual and Family Developmental Disabilities Supports Waiver
ISP	Individual Support Plan
LOF	Level of Functioning survey
LTESS	Long Term Employment Support Services
PAS	Personal Assistance Services
PAST	PreAdmission Screening Team
PERS	Personal Emergency Response System
PCP	Person Centered Practices
POC	Plan of Care
PPL	Public Partnerships, LLC
SPO	State Plan Option (Medicaid services)
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
UAI	Uniform Assessment Instrument
VBPD	Virginia Board for People with Disabilities
VDBVI	Virginia Department for the Blind and Vision Impaired
VDDHH	Virginia Department for the Deaf and Hard of Hearing
VOPA	Virginia Office for Protection and Advocacy