

Navigating the Developmental Disability Waivers: A Guide for Individuals, Families, and Support Partners

**Department of Behavioral Health and Developmental Services
Division of Developmental Services**

**Seventh Edition
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Introduction: A Guide for Individuals, Families and Support Partners

Following the redesign of Virginia’s Developmental Disability (DD) Waivers in 2016, individuals and families requested to have information made available that would be easy to follow and understand. This Navigating the Waivers workbook is designed to do just that. We encourage you to think about the life you want and if a Waiver would help you move towards your goals and vision.

The purpose of this book is to guide people with disabilities, families and support partners through Virginia’s Home and Community-Based Developmental Disability Waivers (otherwise known as the DD Waivers). The DD Waivers now have many options to support you with opportunities to use services creatively. The process for getting and using the Waivers can be challenging to navigate. We hope that you will use this guidebook to become familiar with the DD Waivers, and in addition, to become empowered to be an even better advocate for yourself or someone you are supporting.

How to Use This Book

In this guidebook there are ten sections. The first section is the Table of Contents.

Section 2: Eligibility	In Sections 2-5 you will find these sections split into three parts:
In One Page	
The Basics	
The Details	In One Page;
Section 3: DD Waivers Waiting List.....	The Basics; and
In One Page	
The Basics	
The Details	The Details.

In One Page—Is a one page description for individuals.

The Basics—Is a two paged Q&A for families.

The Details—Is for the individual, family member, or any other interested party who is looking for the regulations regarding the information in that section.

The remaining sections provide detailed information about the waiver services, general information about Virginia’s HCBS Waivers, a glossary, a list of resources, and COVID-19.

Navigating the DD Waivers was designed to be read and printed in different ways depending on you, your caregiver or agency staff. For example, a Support Coordinator may print the In One Page and The Basics as well as the pages regarding the Family and Individual Supports Waiver to share with someone who just received a Family and Individual Supports Waiver slot, or a parent may choose to just read The Basics of Sections 2 & 3 to gain more knowledge on how to obtain one of the DD Waivers.

Note: The first time a word contained in the glossary is used in this book it will be in italics, so you know you can find out what it means.

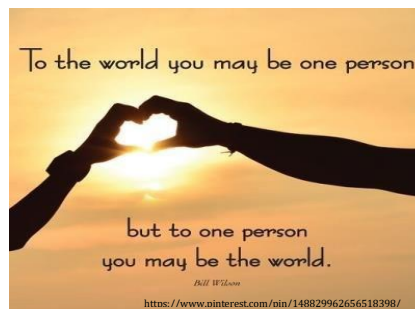
Families Are Important

It starts with families. Every person, including a person with disabilities, is born into a family and, hopefully, first experiences love, trust and community within their family. He or she learns about the world and explores his or her interests and abilities in the context of the family. As a person with a disability, you play a role in the lives of your family members as much as they play a role in yours. In the life of a person with a *developmental disability* (DD), there may come a time when the family needs help providing support for their loved one. When that time arrives, *family members* need information regarding alternative supports.

If you are related to a person with a developmental disability, you may have acted as an advocate without even knowing it. You may have learned that it sometimes takes more than a family to support your loved one. You know that it is important for you to be as informed as possible about the supports that are available to help him or her and how to access them. In addition to neighbors, friends, teachers, bus drivers and other people in your community, you may have or will encounter professionals who provide support in your home, agencies that provide services during the day, group home staff, job coaches, *Support Coordinators* and others who will assist you in supporting your family member.

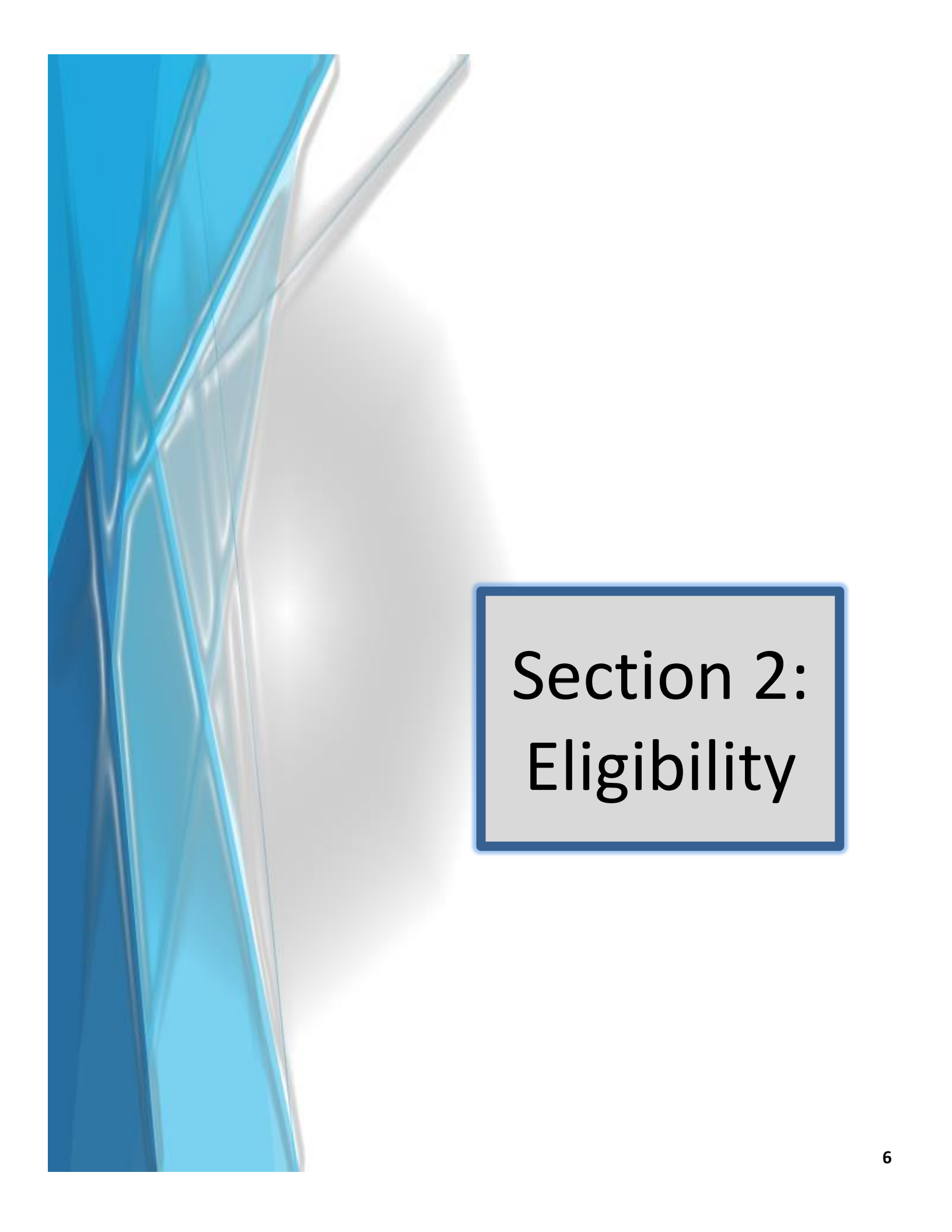
Whether you are starting your journey or continuing down the path, this guide will help you to better navigate through the paid supports available for you and/or your family member through the Waivers.

Developmental Disability



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The background features a vertical strip of abstract, layered blue and white shapes on the left side, resembling a stylized tree or a modern architectural element. A soft, grey shadow of a hand is cast across the white background, reaching towards the right. A grey rectangular box with a blue border is positioned on the right side of the page.

Section 2: Eligibility

What is a Waiver ?

Waiver services are designed to support your vision of what you want your life to be. They help fill the gaps with resources and supports in addition to your family and community. When you receive and accept a **Developmental Disability** Waiver you are choosing to have people support you in your home and in your community instead of in a nursing home or other institution.

Can anyone have a Waiver?

No. Not everyone is eligible for one of the *Developmental Disability* Waivers. To find out if you are eligible for one of these Waivers, the first step is to contact your local *Community Services Board (CSB)* or *Behavioral Health Authority (BHA)*. When you call, you will ask what steps to take to start the process for determining eligibility for the DD Waiver.

To Be Eligible for One of the Developmental Disability Waivers You Must Meet:



Diagnostic Eligibility:

This means having a disability that affects your ability to live and work independently. The CSB/BHA will request a copy of any tests and/or professional evaluations you have had that list diagnoses and identify support needs. It is a good idea to have this information prior to going to meet with the CSB/BHA to determine eligibility for the DD Waiver waitlist.



Functional Eligibility

This means needing the same support as someone who is living in an *Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)*. This is determined by an assessment called the *VIDES** completed by a support coordinator at the CSB/BHA. There are different versions of this assessment for different age groups.

VIDES—Virginia Individual Developmental Disabilities Eligibility Survey



Medicaid Financial Eligibility

This means assuring you do not make too much money to receive Medicaid. This will be determined by the *Department of Social Services (DSS)*.



And you must be willing to accept services within 30 days

This means knowing what services you would like and being open to receiving them as soon as all of the paperwork is in place.

* Important *

- * Not everyone who requests a DD waiver will be found eligible.
- * Everyone found eligible is added to a waitlist.
- * A committee that decides who receives the waiver picks the person who has the greatest need for the DD Waiver services.
- * Some people wait for many years before they receive one of the DD Waivers.

Q: What is functional eligibility?

A: Functional eligibility is determined by an assessment called the VIDES (Virginia Individual Developmental Disabilities Eligibility Survey) which is completed by a Support Coordinator. There are three versions of the VIDES: Infant, Child and Adult. This eligibility tool determines whether the person meets Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) level of care. Categories assessed include Health Status, Communication, Task Learning, Personal Care, Behavior, Mobility, Community Living Skills and Self Direction.

Q: How is financial eligibility determined?

A: An Eligibility Worker from the local Department of Social Services determines a person's financial eligibility following the Medicaid eligibility rules used for people who are receiving long term care. These are different and often allow people to qualify for Medicaid who may not qualify under the traditional Medicaid eligibility rules.

Q: At the conclusion of my intake appointment I was told my *family member* was not eligible to receive a DD Waiver. Do I have the option to appeal this decision?

A: There are two options. The first option would be to talk to the intake worker to determine the reason for the denial. It may be that they just need additional documentation, evaluations, etc., and you could support that by helping to schedule those appointments or obtain the needed information. The second option is to appeal the decision. You should be given information about appeal rights following the denial. You have the right to appeal and would do so by following the steps listed on the document.

Introduction To Support Coordination

Q: Is there a difference between a Case Manager and a Support Coordinator?

A: No. These terms mean the same thing; however, Support Coordinator is the term most frequently used in regulations and in most of the material and guidance developed by CSBs and the DBHDS.

Q: How do we find a Support Coordinator?

A: Start by locating the CSB in the city/county where you reside. You can do this by going to <http://www.mylifemycommunityvirginia.org/map>. You can also find the phone number by looking in the city or county government section of the phone book. When you call, ask to speak to someone about how to start receiving support coordination or case management services.

Q: Can I request a Support Coordinator for my family member if he/she is on the waiting list or if we are not interested in receiving waiver services?

A: Under Medicaid, there is the option for support coordination that is not connected to waiver services. If you have or are eligible for Medicaid, talk to the CSB about whether he/she meets the criteria for support coordination (case management) services under the State Plan Option.

If the individual is Medicaid eligible, and is determined to meet either DD or ID active support coordination/case management service criteria, and the individual is requesting support coordination/case management services, the SC may open the individual to Medicaid Targeted Case Management services according to the following parameters:

- When an individual with ID meets Medicaid TCM criteria, an ISP, in compliance with DBHDS Licensure Regulations, is developed to address the service need(s). SCs may engage in a monthly allowable activities/contacts and face-to-face contacts at least every 90 calendar days (plus a 10 day grace period) to address the service need(s) identified in the ISP.

- Individuals with developmental disabilities, other than intellectual disability, may not receive routine, ongoing support coordination/case management services unless there is a documented “special service need.” CSBs cannot bill for individuals on the DD waiver waitlist receiving DD (non-ID) support coordination/case management services unless a special service need is identified.

If a special service need is identified for an individual on the DD waiver waiting list, an ISP must be developed to address that need. A special service need is one that requires linkage to and temporary monitoring of those supports and services identified in the ISP to address an individual's mental health, behavioral, and medical needs or provide assistance related to an acute need that coincides with support coordination allowable activities (see below). Support coordinators must make face-to-face contact with the individual at least every 90 calendar days to monitor the special service need, and documentation is required to support such contact. If an activity related to the special service need is provided in a given month, then the support coordinator would be eligible for reimbursement. Once the special service need is addressed related to the specific activity identified, billing for the service may not continue until a special service need presents again.

Examples of special service needs for people with DD who are waiting for waiver services could include:

- A child with autism on the waiting list needs to access behavioral services;
- An adult experiences the loss of a family caregiver and needs to look for alternate housing;
- Following a stroke an adult needs to locate specialized medical services to transition back to their home;
- A family member reports a child on the waiting list has experienced changes in his health, status and needs to explore options to avoid placement in an institutional setting;
- A young person is transitioning out of school and needs to access vocational rehabilitation or employment services;
- A young woman who has limited contact with family begins experiencing seizures and needs to support to locate a neurologist;
- New neighbors move into a person’s neighborhood resulting in escalating conflict between the person with DD and the neighbors.

Individuals with no identified funding source are provided with emergency services and, subject to the availability of funds appropriated for them, case management services. The SC assists individuals who are not admitted to support coordination/case management services to identify other appropriate and available services. Individuals on the DD Waiver wait list are provided with information about the Individual and Family Support Program (IFSP) and other services for which they may be eligible.

Depending on the availability of state and local resources, individuals may be offered other CSB funded services. In collaboration with DBHDS, the CSB monitors all individuals on the DD Waiver wait list and provides CSB contact information should the individual’s status change and a reassessment of needs is indicated.

Q: What can I expect from my Support Coordinator?

A: In the beginning, the Support Coordinator will gather information such as historical information about you, past services used and how effective they were, public benefits currently being received (such as Medicaid, *Supplemental Security Income (SSI)*, *Social Security Disability Income (SSDI)*, and others) and your

family member's hopes, dreams and vision of a good life. The Support Coordinator assists with accessing needed medical, psychiatric, social, educational, vocational, residential, and other supports (including *Early and Periodic Screening, Diagnosis and Treatment (EPSDT)* services for those under 21) which are essential for living in the community and in developing his/her desired lifestyle. Annually the Support Coordinator will complete assessments (as required), obtain releases to receive and exchange information and will complete an Individual Supports Plan to assure what is important to and important for you to reach your life goals and support you in the community is put into place.

Determining Eligibility

An individual is eligible for services from one of the Developmental Disability (DD) Waivers based on three factors:

Diagnostic Eligibility: A psychological or other evaluation that affirms that the individual meets the diagnostic criteria for developmental disability as defined in § 37.2-100 of the Code of Virginia.

§ 37.2-100 Definitions:

"Developmental disability" means a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness; (ii) is manifested before the individual reaches 22 years of age; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

Functional Eligibility: All individuals requesting/receiving any of the three Developmental Disability (DD) Waivers services must meet the required level-of-care determination through the VIDES (Virginia Individual Developmental Disabilities Eligibility Survey) appropriate to the individual according to his/her age. This assessment is completed when DD Waiver services are first requested and annually after *enrollment* into one of the DD Waivers.

12VAC30-122-50 *Criteria for all individuals seeking Developmental Disability Waiver Services*

The following four criteria shall apply to all individuals who seek DD Waivers services:

- 1. The need for DD Waivers services shall arise from an individual having a diagnosed condition of developmental disability as defined in § 37.2-100 of the Code of Virginia.*
- 2. Individuals qualifying for the DD Waivers services shall meet the level-of-care provided in an ICF/IID as set forth in the VIDES and shall demonstrate this need at least annually consistent with 42 CFR 441.302. This is demonstrated by having significant functional limitations in major life activities as documented on their VIDES forms. The VIDES forms shall be conducted in person, unless the individual to be screened resides out of state, by a qualified support coordinator to establish if the individual meets the level of care required for the DD Waivers.*

a. VIDES for infants shall be used for the evaluation of individuals who are younger than three years of age (DMAS-P235).



- b. VIDES for children shall be used for the evaluation of individuals who are three years of age through 17 years of age (DMAS-P-236).*
- c. VIDES for adults shall be used for the evaluation of individuals who are 18 years of age and older (DMAS-P237).*
- 3. Once assigned a waiver slot, the individual shall meet the financial eligibility criteria set out in [12VAC30-122-60](#).*
- 4. Individuals shall indicate their willingness to accept waiver services within 30 days of slot assignment.*

Financial Eligibility: An Eligibility Worker from the local Department of Social Services determines an individual's financial eligibility for Medicaid. Some individuals who would not ordinarily qualify financially for Medicaid may be eligible by receipt of Waiver services.

12VAC30-122-60 Financial Eligibility

- A. *Individuals receiving services under the Family and Individual Supports (FIS) Waiver, Community Living (CL) Waiver, and Building Independence (BI) Waiver, which are collectively known as the DD Waivers, shall meet the following Medicaid eligibility requirements. The Commonwealth shall apply the financial eligibility criteria contained in the State Plan for Medical Assistance for the categorically needy and in 12VAC30-30-10 and 12VAC30-40-10. The Commonwealth covers the optional categorically needy groups under 42 CFR 435.211, 42 CFR 435.217, and 42 CFR 435.230.*
- B. *Patient pay methodology.*
- 1. The income level used for 42 CFR 435.211, 42 CFR 435.217, and 42 CFR 435.230 shall be 300% of the current supplemental security income (SSI) payment standard for one person.*
 - 2. Under the DD Waivers, the coverage groups authorized under § 1902(a)(10)(A)(ii)(VI) of the Social Security Act shall be considered as if they were institutionalized for the purpose of applying institutional deeming rules. All individuals under the waivers shall meet the financial and nonfinancial Medicaid eligibility criteria and meet the institutional level-of-care criteria for an ICF/IID. The deeming rules shall be applied to waiver eligible individuals as if the individuals were residing in an ICF/IID or would require that level of care.*
 - 3. The Commonwealth shall reduce its payment for home and community-based waiver services provided to an individual who is eligible for Medicaid services under 42 CFR 435.217 by that amount of the individual's total income, including amounts disregarded in determining eligibility, that remains after allowable deductions for personal maintenance needs, other dependents, and medical needs have been made according to the guidelines in 42 CFR 435.735 and § 1915(c)(3) of the Social Security Act as amended by the Consolidated Omnibus Budget Reconciliation Act of 1986 (42 USC § 1395ww).*

Screening—CSB/BHA as Single Point of Entry

The CSB/BHA serves as the single point of entry for an individual, family member, or representative requesting support coordination and/or DD Waiver services. Individuals seeking waiver services for persons with any developmental disability will have diagnostic and functional eligibility confirmed by their local CSB and, as appropriate, be placed on the single statewide waiting list. The Waiver wait list shall be created and maintained by the DBHDS, which shall update it no less than annually.

During the intake, the support coordinator will be completing the following:

*VIDES *Diagnostic determination *Financial eligibility information *Release of Information form

12VAC30-122-70 Assessment and Enrollment

- A. *Home and community-based waiver services shall be considered only for individuals eligible for admission to an ICF/IID due to the individuals' diagnoses of developmental disabilities and documented functional support needs. For the support coordinator to make a recommendation for the DD Waivers services, the services shall be determined to be an appropriate service alternative to delay or avoid placement in an*

ICF/IID or to promote exiting from an ICF/IID or other institutional placement provided that a viable discharge plan that preserves the individual's health, safety, and welfare in the community has been developed.

- B. The support coordinator shall confirm diagnostic and functional eligibility for individuals with input from the individual and the individual's family/caregiver, as appropriate, and service or support providers involved in the individual's support prior to DMAS assuming payment responsibility for covered home and community-based waiver services. This confirmation shall be accomplished through the completion of the following:*
- 1. A psychological or other evaluation of the individual that affirms that the individual meets the diagnostic criteria for developmental disability as defined in § 37.2-100 of the Code of Virginia; and*
 - 2. The required level-of-care determination through the Virginia Individual Developmental Disabilities Eligibility Survey (VIDES) appropriate to the individual according to his age, completed no more than six months prior to waiver enrollment.*
- C. To receive waiver services, the individual shall be found to be eligible for Medicaid pursuant to 12VAC30-122-60.*

About Support Coordination

Support Coordination Services Structure

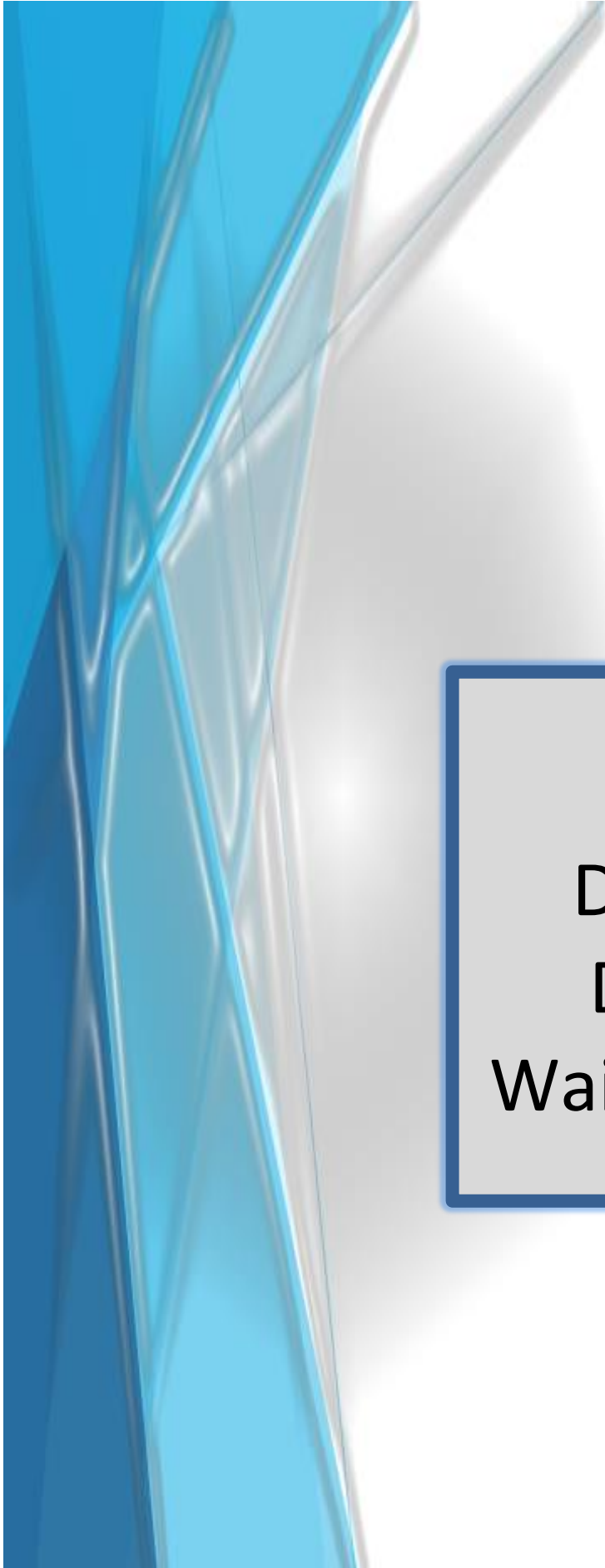
Support Coordinators either work directly for a CSB or contract with one. Support Coordinators usually work in a Support Coordination division or group within the CSB. Some of these Support Coordination groups report to a Disability Services Director (e.g., Support Coordination for persons with a developmental disability might report to the CSB's Director of Developmental Disability services), while some operate as a separate division with Support Coordination for each different disability group reporting to a single supervisor (e.g., Community Services Director).

Although Support Coordination is not a DD Waiver service, it is required for all DD Waiver recipients and paid for by Medicaid.

12VAC30-50-490. Support coordination/case management for individuals with developmental disabilities (DD).

- A. Target Group. Individuals who have a developmental disability as defined in state law (§ 37.2-100 of the Code of Virginia) shall be eligible for support coordination/case management.*
- 3. An active individual for developmental disability support coordination/case management shall mean a person for whom there is an individual support plan (ISP), as defined in 12VAC30-122-20, that requires direct or -related individual-related contacts or communication or activity with the individual, the individual's family/caregiver, service providers, and significant others. Billing can be submitted for an active individual only for months in which direct or -related individual-related contacts, activity, or communications occur, consistent with the goals or outcomes in the individual's ISP. Face-to-face contact between the support coordinator/case manager and the individual shall occur at least every 90 calendar days in which there is an activity submitted for billing.*

*Individuals who have developmental disabilities as defined in state law but who are on the DD waiting list for waiver services may not receive support coordination/case management services unless a special service need is identified (12VAC30-50-490.1).



**Section 3:
Developmental
Disability (DD)
Waivers Waiting List**



Everyone who meets eligibility (diagnostic, functional and financial) will be added to the DD Waiver Statewide Waiting List.

Everyone on the Waiting List will receive a Priority Status.

Statewide Waiver Wait List



**Priority
One Status**

**Priority
Two Status**

**Priority
Three Status**

- The Priority Status is based on how much and how quickly someone is in need of help.
- Waiver slots are only assigned to people who have a Priority One Status.
- Only the people who have a Priority One Status will have their information shared with members of the committee who choose the people to receive a Waiver Slot.
 - This process is to make sure the people who are in the most need are able to access waivers first.
- If something changes in your life and your need for a Waiver slot becomes more urgent, let your Support Coordinator know as soon as possible.
- Once you are assigned a slot, you will be offered one of the Developmental Disability (DD) Waivers.*

**Information about the Developmental Disability Waivers found on page 24.*

- If you accept that Waiver slot, you and your Support Coordinator should work together to decide which services can help you to achieve your goals and live your 'good life'. Your Support Coordinator will describe all of the services available to you under that Waiver and will start linking you with those services. Within 30 days, you should be receiving supports from at least one of the Waiver services.

Q: My family member was found eligible. What happens next?

A: The next three steps are choosing the agency you would like for case management, adding your family member's name to the waitlist and completing a priority checklist. The priority checklist is done to determine how urgent the need is for waiver services. For some people, they need services now. For some people, they could use them now but will need them in a couple years. This checklist helps to make that determination.

Q: One of the forms I was asked to sign was about making a choice between institutional care and Waiver services. Why am I asked about making a choice between the two?

A: Having a Medicaid Waiver means waiving the right your family member has to receive institutional care and choosing instead to receive the same care in your home and in the community. Medicaid regulations specify that once a person has been determined eligible for DD Waiver services by the CSB, he/she must be offered a choice between institutional and Waiver services.

Q: Does my family member have to go into an institution to apply?

A: No. Your family member does 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 he/she needs the level of support that people receive in an institution.

Q: What is this waiting list and how long will my family member be on it?

A: The need for the DD Waiver is greater than the number of slots the state has to distribute, so everyone who requests DD Waiver services is added to the waitlist. Because DD Waiver slots are distributed based on urgency of need and the number of waiver slots are made available based on Virginia's budget, ~~so~~ the wait time varies.

Q: What is the Priority Checklist?

A: The Priority Checklist is used to determine an individual's urgency of need. Everyone on the DD Waiver waiting list is assigned to a Priority 1, Priority 2 or Priority 3 status. More information about the Priority Checklist can be found on pages 17-19.

Q: Why are some children given Priority 1 status at age 18 and some at age 22?

A: A child may be put on Priority 1 Status once he/she is no longer eligible for Individuals with Disabilities Education Act (IDEA) services. If that child graduated with a standard diploma at 18, he/she is no longer eligible; however, if he/she chose to stop attending school at age 18 but is still eligible to IDEA services until 22, he/she cannot be placed on Priority One status until he/she turn 22.

Q: Who assigns the priority?

A: The priority status is initially assigned by the person at the CSB responsible for completing the intake, determining eligibility and adding your family member to the waitlist. The priority screening should be reviewed anytime there is a change in ability or skills to make sure the screening accurately shows the support needs of your family member. **Contact your Support Coordinator if there is a change.**

Q: Can my family member receive one of the DD Waivers if he/she was assigned a priority two or three?

A: For the Community Living waiver and Family and Individual Supports waiver, **people with Priority Two status will receive a waiver slot** only when every person in the state who is assigned a Priority One status receives a waiver slot. For the Building Independence waiver, an individual assigned to Priority Two or Three may receive a slot if no one in a lower priority category has requested independent living.

Q: What is a slot?

A: A slot is a term referring to an opening of Waiver services available to a single individual.

Q: Who determines who gets a Waiver?

A: When a waiver slot becomes available, a group of independent community volunteers, who make up the *Waiver Slot Assignment Committee (WSAC)*, convene to review the individuals with the most urgent needs. The support coordinators will send documentation to the committee stating the reasons why the need is so urgent for each of the people being reviewed and how having access to the DD Waiver will enhance their lives. The committee reviews the information and makes the determination as to who will be assigned the slots. Pages 20-21 provides additional information.

Q: How do slots become vacant?

A: Slots become vacant when an individual who was previously receiving DD Waiver services moves out of state, passes away, moves into a nursing facility or institution, no longer meets eligibility, or chooses to no longer use the supports provided under the DD Waiver.

Q: Are there any other ways to get a slot?

A: If funded by the General Assembly, there will be emergency slots available.

Individuals who are eligible for waiver services may currently be on the Priority 1, 2, or 3 waiting lists or may be newly known as needing supports resulting from an emergent situation. The individual must meet one of the following criteria:

- Child Protective Services has substantiated abuse/neglect against the primary caregiver and has removed the person from the home.
- Adult Protective Services has found that the person needs and accepts protective services.
- Adult Protective Services has not found abuse/neglect, but corroborating information from other sources (agencies) indicates that there is an inherent risk present and there are no other caregivers available to provide support services to the person.
- Death of primary caregiver or lack of alternative caregiver, coupled with the person's inability to care for him/herself and danger to self or others without supports.

Q: Are there any supports available while waiting for a waiver?

A: Yes. Depending on the needs of your loved one, there are other Medicaid options, such as Commonwealth Coordinated Care Plus (CCC Plus Waiver) (http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx) available. While on the waitlist, your family member may be eligible for support coordination services. When he/she was added to the waitlist, your family member was offered a choice of support coordination agencies. Contact the chosen agency if your loved one has a need for a Support Coordinator. In addition, persons on the waitlist can apply through the *Department of Behavioral Health and Developmental Services (DBHDS)* for the Individual and Family Support Funding Program once each year. Information regarding this yearly option can be found online by searching for "IFSP" at dbhds.virginia.gov.

Q: While my family member is on the DD Waiver Statewide Waiting List do I have to pay for Support Coordination services?

A: It is not required that an individual on the waiting list receive Support Coordination services; however, the Support Coordinator should contact you and your family member annually to determine if anything has changed that affects your position on the waiting list. Some individuals on the waiting list are not financially eligible for Medicaid at the time of application, but will be when they are approved for the DD Waiver. If you feel that your family member needs Support Coordination services and he/she is not currently Medicaid-eligible, the CSB may provide the services on a sliding fee scale.

Adding someone to the DD Waiver Waiting List

12VAC30-122-90

A. There shall be a current and accurate statewide waiting list, called the DD Waivers waiting list, for the DD Waivers. This waiting list shall be created and maintained by DBHDS, which shall update it no less than annually.

If eligibility is determined, additional information will be obtained including:

1) Documentation of individual choice between institutional care and community based services (DMAS-459C)

12VAC30-122-70

D. The individual who has been found to be eligible for these services consistent with subsections A and B and C in this section shall be given by the support coordinator his choice of either institutional placement or receipt of home and community-based waiver services.

2) Choice of Support Coordination Provider

12VAC30-50-490 Support Coordination/Case Management

F. The state assures that the provision of management support coordination/case management services will not restrict an individual's free choice of providers in violation of § 1902(a)(23) of the Act and the Final Rule at 42 CFR 441.301(c)(1)(vi).

1. To provide choice to individuals who are enrolled in the Developmental Disabilities (DD) Waivers (Building Independence (BI), Community Living (CL), and Family and Individual Supports (FIS)), CSBs or BHAs shall contract with private support coordination/case management entities to provide developmental disabilities support coordination/case management services. If there are no qualified providers in that CSB's or BHA's catchment area, then the CSB or BHA shall provide the support coordination/case management services. The CSBs or BHAs shall be the only licensed entities permitted to be reimbursed for developmental disabilities or intellectual disability support coordination/case management services. For those individuals who receive developmental disabilities support coordination/case management services:

a. The CSB or BHA that serves the individual shall be the responsible provider of support coordination/case management. This CSB or BHA shall be the provider responsible for submitting claims to the Department of Medical Assistance Services (DMAS) for reimbursement.

b. The CSB shall inform the individual that the individual has a choice with respect to the support coordination/case management services that he receives. The individual shall be informed that he can choose from among these options:

(1) The individual may have his choice of support coordinator/case manager employed by the CSB or BHA.

(2) The individual may have his choice of another CSB or BHA with which the responsible CSB or BHA provider has a memorandum of agreement if the individual or family decides not to choose is desired in the responsible CSB or BHA provider.

(3) The individual may have a choice of a designated private provider with whom the responsible CSB or BHA provider has a contract for support coordination/case management if the individual or family decides not to choose the responsible CSB or BHA provider or another CSB or BHA when there is a memorandum of agreement.

c. At any time, the individual or family may request to change their support coordinator/case manager.

3) Priority Checklist and Critical Needs Summary

12VAC30-122-90 Priority Levels

D. To be placed in one of the following prioritization levels, the support coordinator shall determine through inquiry of the individual and family/caregiver, as appropriate, and consideration of the information reflected in the individual's diagnosis and VIDES form, which priority category the individual meets. The individual shall be placed in the prioritization level that best describes his need for waiver services by meeting at least one criterion in the category:

1. Priority One shall include individuals who require a waiver service within one year and are determined to meet at least one of the following criteria:

a. An immediate jeopardy exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition that currently significantly limits the ability of the primary caregiver to care for the individual; or there are no other unpaid caregivers available to provide supports;

b. There is immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following conditions:

(1) The individual's behavior, presenting a risk to himself or others, cannot be effectively managed even with support coordinator-arranged generic or specialized supports; or

(2) There are physical care needs or medical needs that cannot be managed even with support coordinator-arranged generic or specialized supports;

c. The individual lives in an institutional setting and has a viable discharge plan; or

d. The individual is a young adult who is no longer eligible for IDEA services and has expressed a desire to live independently. After individuals attain 27 years of age, this criterion shall no longer apply.

2. Priority Two shall include individuals who will need a waiver service in one to five years and are determined to meet at least one of the following criteria:

a. The health and safety of the individual is likely to be in future jeopardy due to:

(1) The unpaid primary caregiver having a declining chronic or long-term physical or psychiatric condition that currently significantly limits his ability to care for the individual;

(2) There are currently no other unpaid caregivers available to provide supports; or

(3) The individual's skills are declining as a result of lack of supports;

b. The individual is at risk of losing employment supports;

c. The individual is at risk of losing current housing due to a lack of adequate supports and services; or

d. The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.

3. Priority Three shall include individuals who will need a waiver slot in five years or longer as long as the current

supports and services remain and have been determined to meet at least one of the following criteria:

- a. The individual is receiving a service through another funding source that meets current needs;*
- b. The individual is not currently receiving a service but is likely to need a service in five or more years; or*
- c. The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.*

4) Demographic information necessary for adding to the Waiver Waitlist & Appeal Rights

12VAC30-122-70

- F. Consistent with [12VAC30-122-90 E](#), if the individual selects waiver services and a slot is available, then the support coordinator shall enroll the individual in the waiver. The CSB or BHA shall only enroll the individual following electronic confirmation by DBHDS that a slot is available.*
- G. If no slot is available, the support coordinator shall place the individual on the DD Waivers waiting list consistent with criteria established for the DD Waivers in [12VAC30-122-90](#) until such time as a slot becomes available. Once the individual's name has been placed on the DD Waivers waiting list, the support coordinator shall (i) notify the individual in writing within 10 business days of his placement on the DD Waivers waiting list and his assigned prioritization level, as set out in [12VAC30-122-90](#), and (ii) offer appeal rights pursuant to [12VAC30-110](#).*
- H. There shall be documentation of contact with the individual at least annually while the individual is on the waiting list to provide the choice between institutional placement and waiver services consistent with the requirements of [12VAC30-50-440](#) or [12VAC30-50-490](#), as applicable.*

Waiver Slot Assignment Committee and Slot Allocation

- In order to receive Developmental Disability Waiver services, a person must meet eligibility requirements and a “slot” must be available. Currently the number of slots is limited by the availability of funding for DD Waiver services. Funds are managed at the state level and the appropriation of additional funds to increase the number of slots is dependent upon General Assembly action.
- Each CSB has a designated number of slots. If an assigned slot becomes vacant (e.g., the waiver recipient moves out of state, passes away, moves into a nursing facility or institution, no longer meets eligibility, or chooses to no longer utilize the supports provided under the DD Waiver), the CSB must use it in a timely manner to provide DD Waiver services to another eligible individual following the process described below.
- When the CSB has slots available for assignment, they contact the Waiver Slot Assignment Committee facilitator who calls a meeting.
- The DD Waiver separates the eligibility determining entity (CSB SCs) from the entity who determines slot assignment. Waiver Slot Assignment Committees (WSACs) are impartial bodies of trained volunteers for each locality/region responsible for assigning waiver slots according to urgency of need. WSACs are comprised of community members who are not affiliated with a CSB or a private *provider* and have some knowledge and/or experience with persons with DD or the service system.
- DBHDS staff (Regional Support Specialists) will work with CSBs to form WSACs by reviewing applications and appointing members with diverse personal and professional backgrounds, varied knowledge and expertise, and no conflict of interest. A DBHDS-trained facilitator will support each committee.

Nominated members may be:

- Family members of a person currently receiving services
- Graduate students studying a human services field (e.g., psychology, social work, or special education)
- University professors of a human services field
- Member/staff member/board member of an advocacy agency that does not provide any direct services (e.g., Center for Independent Living, local Arc, autism advocacy agency)
- Current special education teachers/transition coordinators
- Nurses/physicians
- Retired or former (for over one year) CSB, private provider, or Health and Human Services state employees
- Clergy members
- Especially recommended is that at least one member of each committee have experience with persons with a developmental disability other than ID

Nominated members may not be any person with a direct or indirect interest in the outcome of the proceedings:

- Current CSB employees or board members
- Current employees, owners, or board members of any agency providing waiver services, unless serving on a WSAC in an area in which the provider does not provide services
- Family members of individuals seeking waiver services

Responsibilities of WSAC Members:

- Participate in DBHDS training
- Review information presented regarding nominees for vacant slots
- Hold confidential all information reviewed
- Prior to each committee meeting, WSAC facilitators will confirm that none of the members present knows or believes they might know any of the people to be reviewed. If any member knows or believes they might know a person to be reviewed, they will abstain from decision-making for that slot or slots.
- The people who are in Priority 1 category have a Critical Needs Summary form completed by the Support Coordinator. The Critical Needs Summary considers support needs, preferences, risks, and challenges in the person's life, which converts to a score. The people with the highest scores on their Critical Needs Summaries are reviewed by the WSAC for the area in which the slot is available. The WSAC may not use any predetermined numerical or chronological order or target a particular subcategory of applicants in the selection process when assigning slots (e.g., the selection of adults over children). Instead, they review information prepared by the Support Coordinators of the persons to be considered for the slot(s) and determine who has the most urgent need. That person will be recommended for the available waiver slot.
- After the WSAC slot assignment determination, the CSB proceeds with waiver enrollment.
- Once the individual has been enrolled, the individual selects providers for needed services. The Support Coordinator coordinates the development of a Person-Centered Individual Support Plan (PC ISP) with the individual, family or other caregivers and the service providers within 30 days of enrollment.

Emergency Access to DD Waiver Slots

12VAC30-122-90 G.

G. Eligibility criteria for emergency access to either the FIS, CL, or BI waiver.

1. Subject to available funding of waiver slots and a finding of eligibility under [12VAC30-122-50](#) and [12VAC30-122-60](#), individuals shall meet at least one of the emergency criteria of this subdivision to be eligible for immediate access to waiver services without consideration to the length of time they have been waiting to access services. The criteria shall be one of the following:

a. Child protective services has substantiated abuse or neglect against the primary caregiver and has removed the individual from the home; or for adults where (i) adult protective services has found that the individual needs and accepts protective services or (ii) abuse or neglect has not been founded, but corroborating information from other sources (agencies) indicate that there is an inherent risk present and there are no other caregivers available to provide support services to the individual.

b. Death of primary caregiver or lack of alternative caregiver coupled with the individual's inability to care for himself and endangerment to self or others without supports.

c. An individual who transitioned from one of the DD Waivers to the Medicaid Works program who chooses to resume DD Waiver services.

2. Requests for emergency slots shall be forwarded by the CSB or BHA to DBHDS.

a. Emergency slots may be assigned by DBHDS to individuals until the total number of available emergency slots statewide reaches 10% of the emergency slots funded for a given fiscal year, or a minimum of three slots. At that point, the next nonemergency waiver slot that becomes available at the CSB or BHA in receipt of an emergency slot shall be reassigned to the emergency slot pool to ensure emergency slots remain to be assigned to future

emergencies within the Commonwealth's fiscal year.

b. Emergency slots shall also be set aside for those individuals meeting eligibility criteria and not on the DD Waivers waiting list but newly identified as meeting all eligibility criteria and in need of supports resulting from an emergent situation described in subdivision 1 of this subsection.

Reserve Slots

12VAC30-122-90 H.

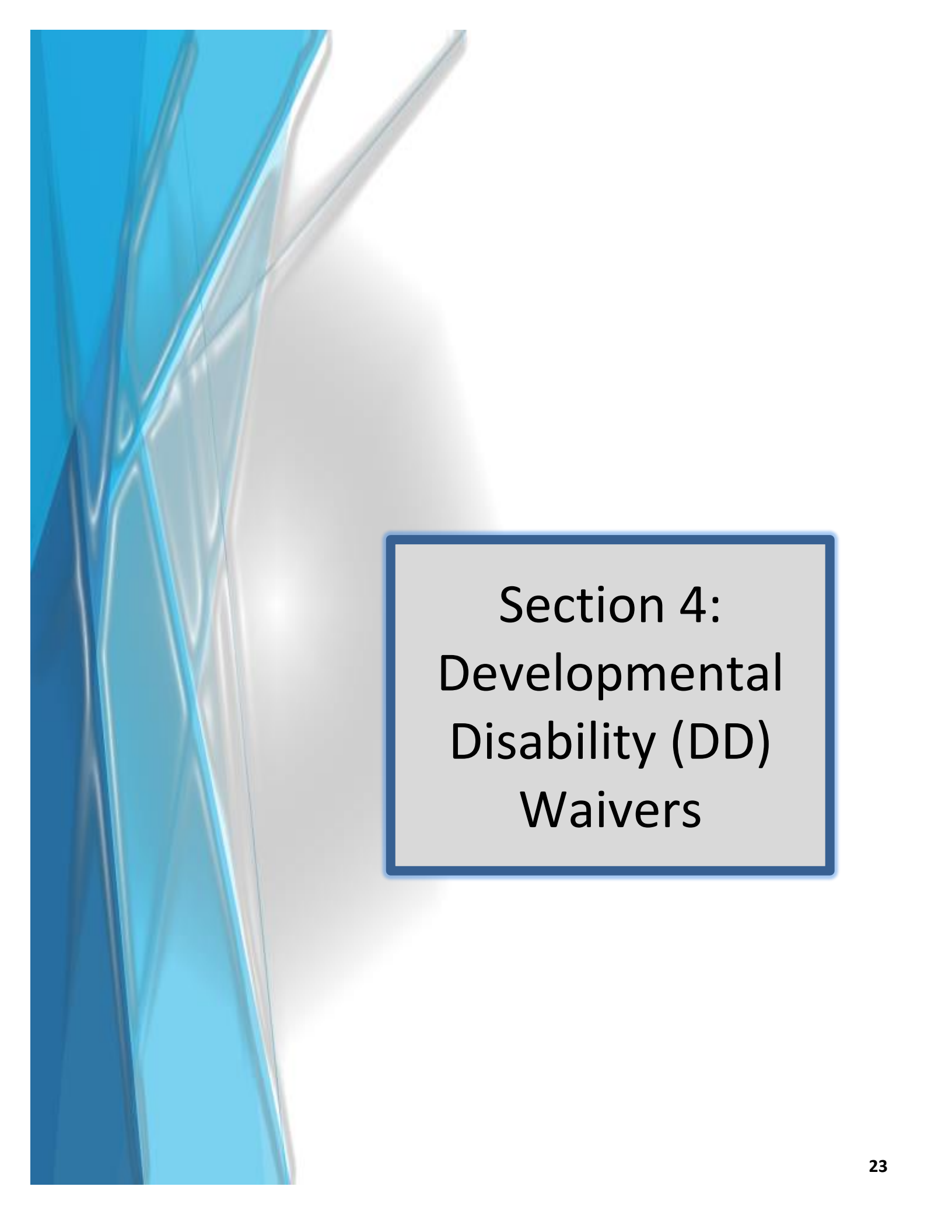
1. Reserve slots may be used for transitioning an individual who, due to (i) a documented changes change in his assessed support needs [, which requires a service that is not available in the DD Waiver in which the individual is presently enrolled or (ii) a preference for supports found in a waiver with a less comprehensive array of supports, requires and requests a move from the DD Waiver in which he is presently enrolled into another of the DD Waivers to access necessary services.

a. An individual who needs to transition between the DD Waivers shall not be placed on the DD Waivers waiting list.

. b. CSBs or BHAs shall document and notify DBHDS in writing when an individual meets the criteria in subdivision 1 b of this subsection within three business days of knowledge of need. The assignment of reserve slots shall be managed by DBHDS, which will maintain a chronological list of individuals in need of a reserve slot in the event that the reserve slot supply is exhausted. Within three business days of adding an individual's name to the reserve slot list, DBHDS shall advise the individual in writing that his name is on the reserve slot list and his chronological placement on the list.

c. Within three business days of receiving a request from an individual for a status update regarding his placement on the list, DBHDS shall advise the individual of his current chronological list number.

2. When a reserve slot becomes available and an individual is identified from the chronological list to access the slot, the support coordinator will assure to DBHDS that the service that warranted the transfer to the new waiver (e.g., group home residential) is (i) identified and (ii) a targeted date of service initiation is in place prior to the reserve slot assignment to the new waiver.

The background features a vertical, abstract design on the left side consisting of overlapping, translucent blue and white shapes that resemble liquid or glass. The rest of the background is a light, neutral tone. A central text box with a blue border contains the following text:

**Section 4:
Developmental
Disability (DD)
Waivers**

Virginia Has Three Waivers for People with Developmental Disabilities

Building Independence Waiver

This waiver is for adults 18 years and older who are able to live mostly independently. They do not need supports all of the time.

People with this waiver usually own, lease, or control their own living arrangements and supports are complemented by non-waiver-funded rent subsidies.

Family and Individual Supports Waiver

This waiver is available to both children and adults.

People with this waiver may live with their family, friends, or in their own homes.

Some people may need functional, behavioral or medical supports.

Community Living Waiver

This waiver is available to both children and adults.

People with this waiver usually require supports in their homes all the time.

Some people may need to live in a home that has staff to support them with functional skills and/or complex medical and/or behavioral needs.

All of the DD Waiver Services are described starting on page 36.

Once you have been offered one of the three DD Waivers:

- You will talk with your Support Coordinator about the services available to you and decide whether you are going to accept the waiver.
- If you decide to accept the Waiver, you and your Support Coordinator will work together to decide which services can help you achieve your goals and live your “good life”. You will review each of the waiver services to determine what support services you need.
- Once you have decided which services are best for you, you and your support coordinator will develop a plan for how to connect you to those services.
- Your financial eligibility will be determined by the Department of Social Services.
- You will be scheduled for an assessment called the *Supports Intensity Scale® (SIS®)*.

Q: Can I turn down the waiver I was offered and wait for another one if I don't think it will meet my family member's needs?

A: Yes. You can decline to accept the waiver offered if it was a Building Independence (BI) Waiver or a Family & Individual Support (FIS) Waiver, and you or your family member will continue to remain on the DD Waiver waitlist. If you decline the Community Living (CL) Waiver, your family member will be removed from the DD Waiver waitlist.

Q: We are having trouble finding a provider we like. Will we lose the waiver if services do not start in 30 days after we accepted the waiver?

A: If there is a delay in initiating services, your Support Coordinator will submit documentation to DBHDS stating the reason for the delay and request that the slot be held. This is not an indefinite solution, since slots may only be held on a temporary basis.

Q: If something changes down the road and my family member's needs change, is there the opportunity to move between waivers later on?

A: Yes. There are reserve slots that will allow movement between waivers, but they are limited in number. The forms to request a change in waiver are completed by the Support Coordinator and submitted to DBHDS.

Q: What is the SIS® and what does it determine?

A: The Supports Intensity Scale, or SIS®, is a standardized assessment tool specifically designed to measure the pattern and intensity of supports needed by persons to be successful in areas of life, similar to their non-disabled peers in the community.

Q: Is the SIS® optional?

A: No. The SIS® is required for all individuals who receive DD Waiver services. Adult SIS® assessments are currently required every 3 years for individuals who are 16 – 21 years of age and every 4 years for individuals 22 years of age and older. The Child SIS® assessments are required every 2 years for individuals 5 through 15 years of age who receive a tiered DD waiver service. A SIS® assessment may also be completed when there is a significant and sustained change in someone's support needs lasting greater than 6 months.

Q: Now that my family member has a waiver, can I be his/her paid caregiver?

A: Federal requirements prohibit parents of minor children (those under 18) and spouses from providing Medicaid services to their loved ones. Some waiver services (i.e., residential support, personal assistance, respite, and companion services) specify that payment may not be made for services rendered by family members who live under the same roof as the individual receiving services unless there is objective written documentation as to why there are no other providers available to provide the supports. Family members who are reimbursed to provide these services shall meet the same applicable standards and policies as providers who are unrelated to the individual. Examples of situations meeting the criteria of no other providers available might include situations in which:

- Individuals are living in a remote area unserved or underserved by other providers; or
- Other providers have been unsuccessful at appropriately supporting the person.








In these cases, the Support Coordinator shall review and document that service delivery by the family member best meets the person's preferences and support needs, that the family member is qualified and able to provide the supports, and that the person's choice of providers has been honored. Concerns that these intents will not or have not been fulfilled must be discussed with DBHDS staff.

Q: I keep hearing about levels and tiers. What are these?

A: The redesigned DD Waiver funding mechanism is built upon the SIS® and additional supplemental questions to determine the extent of supports needs. Supports needs have been characterized into seven levels from this information and verified by examining documentation such as the ISP for those with significant needs. The SIS® is intended to be utilized with Person Centered Planning for the person. The rate structure was developed based on a statewide study completed by Burns and Associates. A tiered reimbursement schedule has been developed for certain services to allow for a fair and more equitable reimbursement structure for the entire state.

Q: When will I know my family member’s level and tier?

A: Not long after the SIS® assessment is completed your Support Coordinator will have access to that information. You may contact your Support Coordinator to find out.

Reimbursement Tier 1		Mild Support Needs Individuals have some need for support, including little to no support need for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance.
Reimbursement Tier 2		Moderate Support Needs Individuals have modest or moderate support needs, but little to no need for medical and behavioral supports. They need more support than those in Level 1, but may have minimal needs in some life areas.
Reimbursement Tier 3		Mild/Moderate Support Needs with Some Behavioral Support Needs Individuals have little to moderate support needs as in Levels 1 and 2. They also have an increased, but not significant, support needed due to behavioral challenges.
		Moderate to High Support Needs Individuals have moderate to high need for support. They may have behavioral support needs that are not significant but range from none to above average.
Reimbursement Tier 4		Maximum Support Needs Individuals have high to maximum personal care and/or medical support needs. They may have behavioral support needs that are not significant but range from none to above average.
		Intensive Medical Support Needs Individuals have intensive need for medical support but also may have similar support needs to individuals in Level 5. They may have some need for support due to behavior that is not significant.
		Intensive Behavioral Support Needs Individuals have intensive behavioral challenges, regardless of their support needs to complete daily activities or for medical conditions. These adults typically need significantly enhanced supports due to behavior.

Supports Intensity Scale®

12VAC30-122-200. SIS® requirements; Virginia Supplemental Questions, and supports packages.

A. The Supports Intensity Scale (SIS®) requirements.

1. The SIS® is an assessment tool that identifies the practical supports required by individuals to live successfully in their communities. DBHDS shall use the SIS® Children's Version™ (SIS-C™) for individuals who are five years through 15 years of age. DBHDS shall use the SIS® Adult Version® (SIS-A®) for individuals who are 16 years of age and older. Individuals who are younger than five years of age shall be assessed using an age-appropriate standardized living skills assessment.
2. A SIS® assessment and the current version of the Virginia Supplemental Questions (VSQ), as appropriate, shall be completed with the individual and other appropriate parties who have knowledge of the individual's circumstances and needs for support:
 - a. At least every four years for those individuals who are 22 years of age and older.
 - b. At least every three years for those individuals who are 16 years of age through 21 years of age.
 - c. Every two years for individuals five years through 15 years of age when the individual is using a tiered service, such as group home residential, sponsored residential, supported living residential, group day, or community engagement. Another developmentally appropriate standardized living skills assessment approved by DBHDS, such as the Brigance Inventory, Vineland, or Choosing Outcomes and Accommodations for Children shall be completed every two years for service planning purposes for those in this age grouping who do not receive a SIS® assessment.

Tiers of Reimbursement

12VAC30-122-210. Tiers of reimbursement.

A. Waiver services shall be reimbursed according to the agency fee schedule unless otherwise specified in this section. Units of service and service limits are set out in the section for each service. There shall be no designated formal schedule for annual cost of living or other adjustments and any adjustments to provider rates shall be subject to available funding and approval by the General Assembly. Rate methodologies shall also be subject to the approval of the Centers for Medicare and Medicaid services.

1. Those services that have a Northern Virginia and Rest of State rate shall be paid based on the individual's place of residence.
2. The following services shall have variable rates based on size:
 - a. Group homes rates shall vary based on licensed bed size;
 - b. Group supported employment rates shall vary by group size; and
 - c. In-home residential rates shall vary by the number of individuals being served in the same home by one direct service professional.
3. There shall be up to four tiers of reimbursement for these services: community engagement, group day support, group home, independent living, sponsored residential support, and supported living residential. Four reimbursement tiers for providers shall be based on seven levels of support (as detailed in 12VAC30-122-200) from resultant scores of the SIS®, the responses to the Virginia Supplemental Questions, and, as needed, a document review verification process. The DMAS designee shall verify the scores and levels of the individuals, as appropriate.
 - a. Levels of supports range from Level 1 to Level 7 based on the needs of the individuals.
 - b. Tiers of reimbursement:

- (1) Tier 1 shall be used for individuals having Level 1 support needs.*
- (2) Tier 2 shall be used for individuals having Level 2 support needs.*
- (3) Tier 3 shall be used for individuals having either Level 3 or Level 4 support needs.*
- (4) Tier 4 shall be used for individuals having either Level 5, Level 6, or Level 7 support needs.*

Waiver approval process: Authorizing and Accessing Services

12VAC30-122-80. Waiver approval process; authorizing and accessing services.

- A. The support coordinator is notified that a slot is available when the regional supports specialist (RSS) moves the individual to projected enrollment status in the Virginia Waiver Management System (WaMS). The support coordinator shall notify the individual and family/caregiver of slot availability and available services within the offered waiver within seven calendar days of the waiver slot assignment date.*
- B. The individual/caregiver will confirm acceptance or declination of the slot within 15 calendar days of notification of slot availability.*
- C. The individual and the individual's family/caregiver, as appropriate, shall meet with the support coordinator within 30 calendar days of the waiver assignment date to (i) discuss the individual's assessed needs, existing supports, and individual preferences; (ii) discuss obtaining a medical examination, which shall have been completed no earlier than 12 months prior to the initiation of waiver services; (iii) begin to develop the personal profile; and (iv) discuss the completion of the assessment as required by [12VAC30-122-200](#).*
- D. Prior to or at the meeting to discuss the individual's assessed needs, the support coordinator shall provide the individual with a choice of services identified as needed and available in the assigned waiver, providers, and settings alternatives.*
- E. After the individual has accepted the waiver slot offered by the CSB or BHA, the support coordinator shall submit a DMAS-225 (Medicaid Long-Term Care Communication Form) along with a computer-generated confirmation of level-of-care eligibility to the local department of social services to determine financial eligibility for Medicaid and the waiver and any patient pay responsibilities. The DMAS-225 is the form used by the support coordinator to report information about patient pay amount changes in an individual's situation.*
- F. After the support coordinator has received written notification of Medicaid eligibility from the local department of social services, the support coordinator shall inform the individual, submit information to DMAS or its designee to enroll the individual in the waiver, and develop the person-centered individual support plan (ISP).*
- G. Once the providers are chosen, a planning meeting shall be held by the support coordinator to develop the ISP based on the individual's assessed needs, the individual's preferences, and the individual's family/caregiver preferences, as appropriate.*
- H. Persons invited by the support coordinator to participate in the person-centered planning meeting may include the individual, providers, and others as desired by the individual. During the person-centered planning meeting, the services to be rendered to the individual, the frequency of services, the type of provider, and a description of the services to be offered are identified and included in the ISP. At a minimum, the individual enrolled in the waiver, and the family/caregiver as appropriate, and support coordinator shall sign and date the ISP.*

The Details: Developmental Disability Waivers

I. The individual, family/caregiver, or support coordinator shall contact chosen providers so that services can be initiated within 30 calendar days of the support coordinator moving the individual to active enrollment status in WaMS or confirmation of Medicaid eligibility whichever comes last. If the services are not initiated by the provider within 30 days, the support coordinator shall notify the local department of social services so that reevaluation of the individual's financial eligibility can be made.

J. In the event services are not initiated within 30 calendar days and the individual wishes to retain the waiver slot, the support coordinator will electronically submit a request in WaMS to retain the designated slot pending the initiation of services.

- 1. A copy of the request shall be provided to the individual and the individual's family/caregiver, as appropriate.*
- 2. After receipt and approval of the first request to retain the slot, DBHDS shall have the authority to approve the slot-retention request in 30-day extensions, up to a maximum of four consecutive extensions, or deny such request to retain the waiver slot for the individual when at the end of each extension time period there is no evidence of the individual's efforts to utilize waiver services. All written denial notifications to the individual, and family/caregiver, as appropriate, shall be accompanied by the standard appeal rights ([12VAC30-110](#)).*
- 3. DBHDS shall provide an electronic response to the support coordinator indicating denial or approval of the slot extension request within 10 working days of the receipt of the request for extension.*
- 4. The support coordinator shall notify the individual in writing of any denial of the slot extension request and the individual's right to appeal.*

K. The providers, in conjunction with the individual and the individual's family/caregiver, as appropriate, and the support coordinator shall develop a plan for supports for each service.

- 1. Each provider shall submit a copy of his plan for supports to the support coordinator. The plan for supports from each provider shall be incorporated into the ISP. The ISP shall also contain the identified risks and the steps for mitigating any identified risks.*
- 2. The support coordinator shall review and ensure the provider-specific plan for supports meets the established service criteria for the identified needs prior to electronically submitting the plan for supports along with the results of the comprehensive assessment and a recommendation for the final determination of the need for ICF/IID level of care to DMAS or its designee for service authorization. "Comprehensive assessment" means the gathering of relevant social, psychological, medical, and level of care information by the support coordinator that are used as bases for the development of the individual support plan.*
- 3. DMAS or its designee shall, within 10 working days of receiving all supporting documentation, review and approve, suspend for more information, or deny the individual service requests. DMAS or its designee shall communicate electronically to the support coordinator whether the recommended services have been approved and the amounts and types of services authorized or if any services have been denied.*
- 4. Only waiver services authorized on the ISP by the state-designated agency or its designee shall be reimbursed by DMAS.*


L. DMAS shall not pay for any home and community-based waiver services delivered prior to the authorization date approved by DMAS or its designee if service authorization is required.

M. Waiver services shall be approved and authorized by DMAS or its designee only if:

- 1. The individual is Medicaid eligible as determined by the local department of social services;*

The Details: Developmental Disability Waivers

- 2. The individual has a diagnosis of developmental disability, as defined by § 37.2-100 of the Code of Virginia, and would, in the absence of waiver services, require the level of care provided in an ICF/IID that would be reimbursed under the State Plan for Medical Assistance;*
- 3. The individual's ISP can be safely rendered in the community; and*
- 4. The contents of providers' plans for supports are consistent with the ISP requirements, limitation, units, and documentation requirements of each service.*



Section 5: Overview of Services

Building Independence Waiver

Family and Individual Supports Waiver

Community Living Waiver

Each person who receives a waiver slot will be offered one of these three waivers depending on what kind of supports are needed **and** what waivers the CSB has available to assign.

Each waiver is a little bit different.

Regardless of your waiver, everyone has access to:

Employment & Day Services

- Community Engagement
- Community Coaching
- Group Day Services Group
- Supported Employment
- Individual Supported Employment

Crisis Supports

- Community-Based Crisis Supports
- Crisis Support Services
- Center-based Crisis

Residential Options

- Shared Living

Additional Services

- Assistive Technology
- Benefits Planning Services
- Employment and Community Transportation
- Environmental Modifications
- Electronic Home-Based Services
- Personal Emergency Response System (PERS)
- Community Guide
- Transition Services
- Peer Mentor Supports

The next 5 pages break down the services by waiver and describe the different services. There is more detailed information about the services starting on page 47.

With the **Building Independence Waiver**

you have access to:



Employment & Day Services

- Individual Supported Employment
- Group Supported Employment
- Community Engagement
- Community Coaching
- Group Day Services



Crisis & Medical Support Options

- Community-Based Crisis Supports
- Center-based Crisis Supports
- Crisis Support Services
- Personal Emergency Response System (PERS)

Residential Options

- Independent Living Supports
- Shared Living

Additional Options

- Assistive Technology
- Peer Mentor Supports
- Benefits Planning Services
- Community Guide
- Electronic Home-Based Services
- Environmental Modifications
- Transition Services
- Employment and Community Transportation



With the **Family & Individual Support Waiver** you have access to:

Medical & Behavioral Options

- Skilled Nursing
- Private Duty Nursing
- Therapeutic Consultation
- Personal Emergency Response System (PERS)



Employment & Day Services

- Individual Supported Employment
- Group Supported Employment
- Workplace Assistance Services
- Community Engagement
- Community Coaching
- Group Day Services



Residential Options

- Shared Living
- Supported Living
- In-home Supports



Self-Directed and Agency-Directed Options

- Consumer-Directed Services Facilitation*
- Personal Assistance Services
- Respite
- Companion

*For use with Self-directed services



Additional Options

- Assistive Technology
- Transition Services
- Community Guide
- Electronic Home-Based Services
- Individual and Family/Caregiver Training
- Employment and Community Transportation
- Benefits Planning Services
- Peer Mentor Supports
- Environmental Modifications

Crisis Support Options

- Community-Based Crisis Supports
- Center-based Crisis Supports
- Crisis Support Services

With the **Community Living Waiver**

you have access to:



Employment & Day Services

- Individual Supported Employment
- Group Supported Employment
- Workplace Assistance Services
- Community Engagement
- Community Coaching
- Group Day Services



Crisis & Medical Support Options

- Community-Based Crisis Supports
- Center-based Crisis Supports
- Crisis Support Services

Medical & Behavioral Options

- Skilled Nursing
- Private Duty Nursing
- Therapeutic Consultation
- Personal Emergency Response System (PERS)



Residential Options

- Shared Living
- Supported Living
- In-home Supports
- Sponsored Residential
- Group Home Residential



Additional Options

- Environmental Modifications
- Assistive Technology
- Benefits Planning Services
- Electronic Home-Based Services
- Employment and Community Transportation
- Peer Mentor Supports
- Transition Services
- Community Guide

Self-Directed and Agency-Directed Options

- Consumer-Directed Services Facilitation*
- Personal Assistance Services
- Respite
- Companion

**For use with Self-directed services only*

BI	FI	CL	Employment and Day Options
X	X	X	Individual Supported Employment is provided one-on-one by a job coach who offers training and support in a competitive job where persons without disabilities are employed.
X	X	X	Group Supported Employment is continuous employment-related support provided to a group of individuals working a competitive job where persons without disabilities are employed.
	X	X	Workplace Assistance is provided to someone who requires more than typical job coach services to maintain individual, competitive employment.
X	X	X	Community Engagement provides a wide variety of opportunities to build relationships and natural supports in the community, while utilizing the community as a learning environment. Occurs in the community.
X	X	X	Community Coaching is designed for people who need one-to-one support in order build a specific skill or skills to address barrier(s) that prevents that person from participating in Community Engagement. Occurs in the community.
X	X	X	Group Day includes skill-building and support activities to gain or help keep social skills, self-help skills and other necessary skills to enhance independence and increase community integration. Can occur in a center and the community.
BI	FI	CL	Crisis Support Options
X	X	X	Center-based crisis supports provide long-term crisis prevention and stabilization in a residential setting (Crisis Therapeutic Home) through planned and emergency admissions.
X	X	X	Community-based crisis supports are provided in the person's home and community setting. Crisis staff work directly with and assist the person and his/her current support provider or family. These services provide temporary intensive supports to emergency psychiatric hospitalization, institutional placement or prevent other out-of-home placement.
X	X	X	Crisis support services provide intensive supports to stabilize the person who may experience an episodic behavioral or psychiatric crisis in the community which has the potential to jeopardize his/her current community living situation.

The Details: Overview of Services

BI	FI	CL	Additional Options
X	X	X	Assistive technology is specialized medical equipment, supplies, devices, controls, and appliances, not covered by insurance which enables persons to increase their independence in their environment and community.
X	X	X	Benefits Planning is a service that assists recipients of DD Waiver and social security to understand their personal benefits and explore their options regarding employment.
X	X	X	Community Guide: Direct assistance (1:1) to persons in navigating and utilizing community resources. Provides information and assistance that help the person in problem solving, decision making, and developing supportive community relationships and other resources that promote implementation of the person-centered plan.
X	X	X	Electronic Home-Based Services are goods and services based on current technology to enable a person to safely live and participate in the community while decreasing the need for support staff services. This includes purchases of electronic devices, software, services, and supplies not otherwise provided through this waiver or through the State Plan, that would allow an individual to access greater independence and self-determination.
	X		Individual and Family/Caregiver Training is training and counseling to individual, families and caregivers to improve supports or educate the person to gain a better understand of his/her abilities or increase his/her self-determination/self-advocacy abilities.
X	X	X	Environmental modifications are physical adaptations to the person's primary home or primary vehicle that are necessary to ensure the health and welfare of the person or enable the individual to function with greater independence.
X	X	X	Employment and Community Transportation: The goal of this service is to promote the individual's independence and participation in the life of his or her community. Transportation to waiver and other community services or events, activities and resources, inclusive of transportation to employment or volunteer sites, homes of family or friends, civic organizations or social clubs, public meetings or other civic activities, and spiritual activities or events as specified by the service plan and when no other means of access is available.
X	X	X	Peer Mentor Supports is designed to foster connections and relationships which build individual resilience. This service is delivered by people with developmental disabilities who are or have received services, have shared experiences with the person, and provide support and guidance to him/her.
X	X	X	Transition services are nonrecurring set-up expenses for persons who are transitioning from an institution or provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

BI	FI	CL	Residential Options
X			Independent Living Supports are provided to adults (18 and older) and offer skill building and support to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills.
X	X	X	Shared Living is support to a person who resides in his/her own home/apartment in the community provided by a room-mate of the person's choosing. The individual receives a Medicaid reimbursement for the roommate's portion of the total cost of rent, food, and utilities in exchange for the roommate providing minimal supports.
	X	X	In-Home Supports take place in the person's and/or family's home or community settings. Services are designed to ensure the health, safety and welfare of the person and expand daily living skills.
	X	X	Supported Living takes place in an apartment setting operated by a DBHDS licensed provider and provides 24/7 around the clock availability of staff support performed by paid staff who have the ability respond in a timely manner. May be provided individually or at the same time to more than one individual living in the home, depending on the required support.
		X	Group Home Residential services are provided in a DBHDS licensed home with staff available 24 hours per day to provide a skill building component, along with the provision of general health and safety supports, as needed.
		X	Sponsored Residential Services take place in a DBHDS licensed family home where the homeowners are the paid caregivers ("sponsors") who provide support as necessary so that the person can reside successfully in the home and community.
BI	FI	CL	Self-Directed and Agency-Directed Options (*self-directed only)
	X	X	Consumer-Directed Services Facilitation assists the person and/or the person's family/caregiver in arranging for and managing consumer-directed services.
	X	X	Companion services provide nonmedical care, socialization, or support to adults, ages 18 and older in a person's home and/or in the community.
	X	X	Personal Assistance Services includes monitoring health status, assisting with maintaining a clean and safe home and providing direct support with personal care needs at home, in the community, and at work.
	X	X	Respite services are specifically designed to provide temporary, short term care for a person when his/her unpaid, primary caregiver is unavailable.

The Details: Overview of Services

BI	FI	CL	Medical and Behavioral Support Options
	X	X	Private Duty Nursing is individual and continuous care (in contrast to part-time or intermittent care) for people with a medical condition and/or complex health care need, to enable the person to remain at home.
	X	X	Skilled Nursing is part-time or intermittent care provided by an LPN or RN to address or delegate needs that require the direct support or oversight of a licensed nurse. Nursing services can occur at the same time as other waiver services.
	X	X	Therapeutic consultation is consultation with a professional designed to assist the individual's staff and/or the individual's family/caregiver, as appropriate, through assessments, development of TC supports plans, and teaching for the purpose of assisting the individual enrolled in the waiver with the designated specialty area. The specialty areas are psychology, behavioral consultation, therapeutic recreation, speech and language pathology, occupational therapy, physical therapy, and rehabilitation engineering.
X	X	X	Personal Emergency Response System (PERS) is a service that monitors the individual's safety in his/her home, and provides access to emergency assistance for medical or environmental emergencies through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation and via the person's home telephone system.



Section 6: Glossary

Behavioral Health Authority (BHA)

The local agency, established by a city or county or some combination of counties and/or cities that plans, provides, and evaluates behavioral health and developmental services in the area it serves. This is another term for a Community Services Board. In this guide, we will use the term “CSB” to mean both CSBs and BHAs.

Centers for Medicare and Medicaid Services (CMS)

The unit of the Federal Department of Health and Human Services that administers the Medicare and Medicaid programs.

Community Services Board (CSB)

The local agency, established by a city or county or some combination of counties and/or cities that plans, provides, and evaluates behavioral health and developmental services in the area it serves.

Department of Medical Assistance Services (DMAS)

The state agency responsible for Medicaid- funded services in Virginia.

Department of Behavioral Health and Developmental Services (DBHDS)

The state agency that conducts many of the day-to-day functions of DD Waiver operations and oversight.

Department of Social Services (DSS)

The state agency that determines eligibility for Medicaid benefits and “patient pay” amounts (i.e., what an individual owes toward the cost of his/her own DD Waiver services).

Department for Aging and Rehabilitative Services (DARS)

The state agency responsible for assisting people with disabilities to assume a place in the workforce.

Developmental Disability *Virginia Code § 37.2-100* (DD)

Developmental Disability means a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness; (ii) is manifested before the individual reaches 22 years of age; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

Division of Developmental Services (DDS)

The division of the Department of Behavioral Health and Developmental Services that is responsible for the day-to-day responsibilities for the DD Waiver services, including authorization of services, data management, technical assistance and training of providers.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Medicaid's comprehensive and preventive child health program for individuals under the age of 21. The goal of EPSDT is to identify and treat health problems as early as possible. EPSDT provides examination and treatment services at no cost to the enrollee.

Enrollment

The process by which an eligible individual is formally assigned an available DD Waiver slot. This is accomplished by the Support Coordinator submitting certain information to the *Division of Developmental Services (DDS)*. Once the information is reviewed and approved by a DDS representative, the individual is considered to be enrolled.

Family member/relative

For purposes of this guide, this usually refers to the person in your family with a developmental disability.

Family Resource Consultant (FRC)

Division of Developmental Services staff responsible for helping families learn about the opportunities that community service providers can offer to their family members and linking individuals and families with Family and Peer Mentors.

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)

A segregated, Medicaid-funded setting in which nearly all of an individual's habilitation, medical, nutritional, and therapeutic needs are met in one place. This is one of the institutional placements that is "waived" when an individual chooses the DD Waiver.

Individual

For the purposes of this guide, this usually refers to the person with a developmental disability.

Patient Pay

A cash amount, determined by the local Department of Social Services, that some individuals owe each month toward the cost of their own DD Waiver services. Patient Pay is usually the amount in excess of the standard monthly personal allowance, which is based upon the maximum amount of the Supplement Security Income (SSI) payment. People who work are afforded a higher allowance. It is not the same as a co-pay for medications in that it is based on the individual's monthly income and the full amount is paid only once per month.

Person-Centered Plan

The document that addresses needs and desires in all life areas of individuals who receive DD Waiver services. It includes providers' Plans for Supports, as indicated by the individual's health care and support needs, and is based on person-centered thinking and practices.

Person-Centered Planning

A planning process that focuses on the needs and preferences of the individual (not the system or service availability) and empowers and supports individuals in defining the direction for their own lives. Person-centered planning promotes self-determination, community inclusion and typical lives. It builds on the individual's strengths, personality, and interests. It helps him or her to become an integral part of the neighborhood and community by promoting participation in the life of the community and building relationships with people with whom he or she wants to spend time. It assists the individual in making personal choices and achieving dreams and a desirable lifestyle. It most often begins with a team of people who care about the individual and are willing to invest time and effort to ensure that he or she experiences a richer, more satisfying life.

Provider

An agency or individual that has the necessary credentials to deliver services to individuals under the DD Waiver, including an agreement with the Department of Medical Assistance Services (DMAS), and for some services, a DBHDS license.

Slot

An opening or vacancy of DD Waiver services for an individual.

Social Security Disability Income (SSDI)

A cash benefit awarded through Social Security that may come to a person with a disability whose Social Security tax-paying parent has died.

Supplemental Security Income (SSI)

A cash benefit awarded through Social Security that may come to a person due to age or disability due to his/her financial situation. Eligibility is determined by the Social Security Administration.

Support Coordinator (SC)

An employee or contractor of a Community Services Board or Behavioral Health Authority who will give you information about services, help you obtain them and make any needed changes over time. This person is sometimes called a case manager.

Supports Intensity Scale® (SIS®)

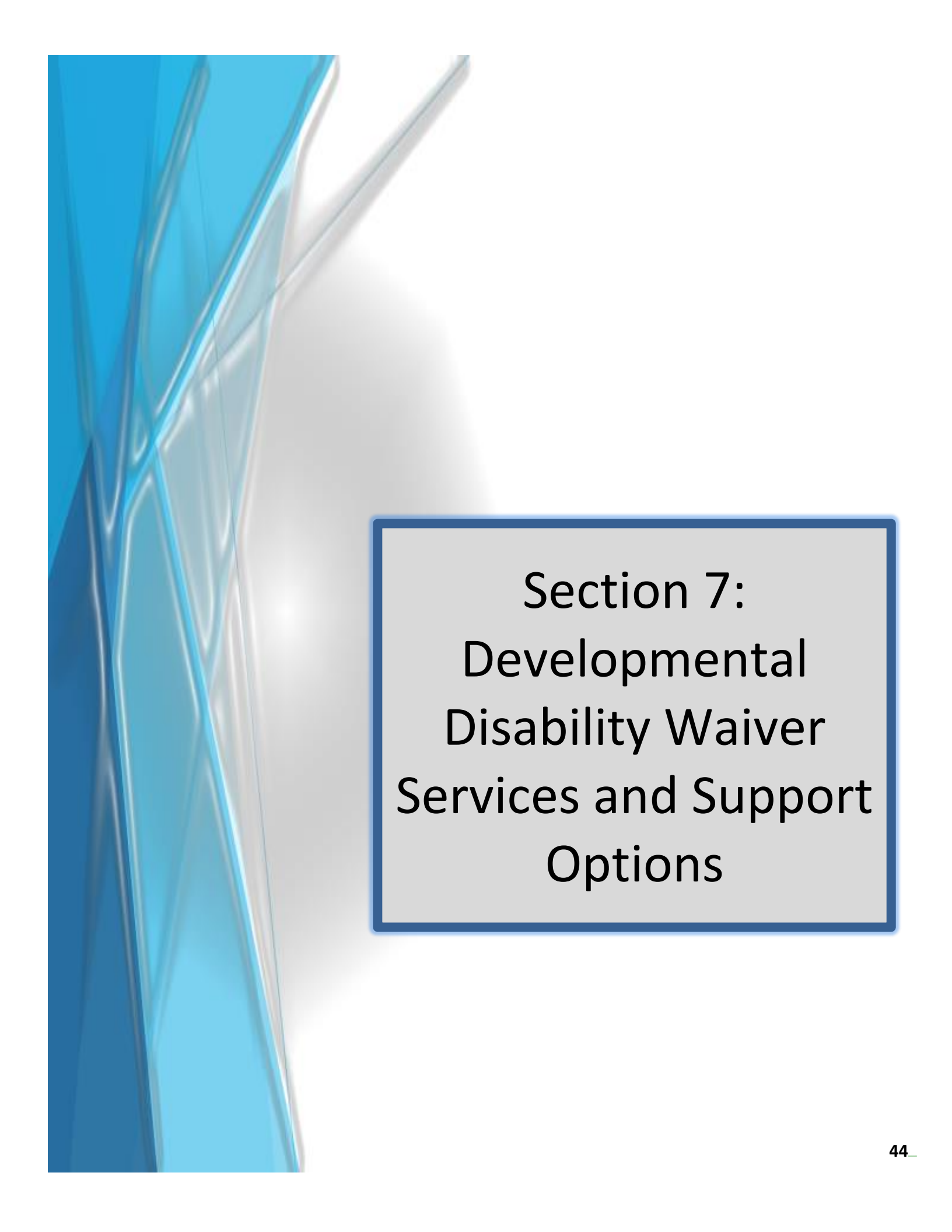
An assessment instrument that assesses the level of supports that an individual needs, as well as what is important to and for him/her. The SIS® reflects a positive way of thinking about an assessment, focusing on the support needs for the individual to be successful, not on his or her deficits. The SIS® is completed by the team, including the person, his or her family and significant others, the Support Coordinator, and other providers, at least every four years for adults (every 2 years for children under 16).

Virginia Individual Developmental Disability Eligibility Survey (VIDES)

The tool used in the DD Waiver to determine if an individual meets the level of care required in an ICF-IID, thereby meeting one of the criteria for eligibility for the DD Waiver. It is completed by the Support Coordinator every year a person is receiving services through the DD Waiver. There are three versions: Adult, Child, and Infant.

Waiver Slot Assignment Committee (WSAC)

An impartial body of trained volunteers established for each locality/region with responsibility for recommending individuals eligible for a waiver slot according to their urgency of need. All WSACs are composed of community members who are not employees of a CSB or a private provider of either support coordination/ case management or waiver services. WSAC members are knowledgeable and have experience in the DD service system.

The background features a vertical, abstract design on the left side consisting of overlapping, translucent blue and white shapes that resemble liquid or glass. The rest of the background is a plain, light gray. A central text box with a blue border contains the following text:

**Section 7:
Developmental
Disability Waiver
Services and Support
Options**

Employment and Day Options



Self-Directed and Agency-Directed Options



Developmental Disability Waiver Services and Support Options

Crisis and Behavioral Support Options



Residential Options



Additional Options



Health Support Options



Developmental Disability Waiver Services and Support Options

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Assistive Technology

Assistive technology is specialized medical equipment, supplies, devices, controls, and appliances, not available under the State Plan for Medical Assistance, which enable individuals to increase their abilities to perform activities of daily living (ADLs), or to perceive, control, or communicate with the environment in which they live, or which are necessary for life support, including the ancillary supplies and equipment necessary to the proper functioning of such technology.

In order to qualify for these services, the individual shall have a demonstrated need for equipment or modification for remedial or direct medical benefit primarily in the individual's home, vehicle, community activity setting, or day program to specifically improve the individual's personal functioning. AT shall be covered in the least expensive, most cost-effective manner.

Equipment or supplies already covered by the State Plan may not be purchased under the waiver. The Support Coordinator is required to ascertain whether an item is covered through the State Plan before requesting it through the waiver.

Applicable Waivers
Building Independence
Family and Individual
Community Living
Limits
Up to \$5000/ calendar year. No carryover of unspent funds from year to year.

Benefits Planning Services

Benefits Planning Services is a service that assists recipients of DD Waiver and Social Security to understand their personal benefits and explore their options regarding employment.

Benefits Planning enable individuals to make informed choices about work and support working individuals to make a successful transition to financial independence.

The allowable activities include but are not limited to developing documents related to the following:

- Benefits planning and analysis.
- Pre-employment benefits analysis.
- Employment change benefits analysis.
- Work incentives plan development and revisions.
- Resolving SSA benefits issues.
- Medicaid Works (Virginia's Medicaid Buy-In Program).

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
1 hour
Limits
The annual year limit for this service is \$3,000. May not be utilized when individual is eligible for the same services under DARS.

Center-Based Crisis Supports

Center-based Crisis Supports provide long term crisis prevention and stabilization in a residential setting (Crisis Therapeutic Home) through utilization of assessments, close monitoring, and a therapeutic milieu. Services are provided through planned and emergency admissions. Planned admissions will be provided to individuals who are receiving ongoing crisis services and need temporary, therapeutic interventions outside of their home setting in order to maintain stability. Crisis stabilization admissions will be provided to individuals who are experiencing an identified behavioral health need and/or a behavioral challenge that is preventing them from experiencing stability within their home setting.

The allowable activities include but are not limited to:

- Assessments and stabilization techniques
- Medication management and monitoring
- Behavior assessment and positive behavior support
- Intensive care coordination
- Training of others in Positive Behavioral Supports
- Assisting with skill-building as related to the behavior
- Supervision of the individual in crisis to ensure safety

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
1 day
Limits
Up to six months per year in 30 day increments

Community-Based Crisis Supports

Community-based crisis supports are ongoing supports provided to individuals who may be at risk of homelessness, incarceration, or hospitalization or may pose a danger to themselves or others. Supports are provided in the individual's home and community setting. Crisis staff work directly with and assist the individual and their current support provider or family. Techniques and strategies are provided via coaching, teaching, modeling, role-playing, problem solving, or direct assistance. These services provide temporary intensive services and supports that avert emergency psychiatric hospitalization or institutional placement or prevent other out-of-home placement.

The allowable activities include but are not limited to:

- Assessments and stabilization techniques
- Medication management and monitoring
- Behavior assessment and positive behavior support
- Intensive care coordination
- Training of others in positive behavioral supports
- Assisting with skill building as related to the behavior

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
Hourly up to 24 hours per day
Limits
No more than 15 days at a time, annual limit of 1,080 hours

Community Coaching

Community Coaching is a service designed for individuals who need one to one support in order build a specific skill or set of skills to address a particular barrier(s) preventing a person from participating in activities of Community Engagement.

The allowable activities include but are not limited to:

One-to-one Skill building and coaching through participation in community activities and opportunities such as outlined in Community Engagement and encompassing:

- Activities and events in the community, volunteering, etc.
- Community, educational, or cultural activities and events
- Skill-building and support in building positive relationships
- Routine support needs while in the community
- Supports with self-management, eating, and personal needs of the individual while in the community
- Assuring the individual's safety through 1:1 supervision in a variety of community settings

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
1 hour
Limits
Up to 66 hours/week alone or in combination with other day options. Provided one-to-one; not in group setting.

Community Engagement

Community Engagement supports and fosters the ability of the individual to acquire, retain, or improve skills necessary to build positive social behavior, interpersonal competence, greater independence, employability and personal choice necessary to access typical activities and functions of community life such as those chosen by the general population. These may include community education or training, and volunteer activities.

Community engagement provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment. These activities are conducted at naturally occurring times and in a variety of natural settings in which the individual actively interacts with persons without disabilities (other than those paid to support the individual). The activities enhance the individual's involvement with the community and facilitate the development of natural supports. Community Engagement must be provided in the least restrictive and most integrated settings according to the individual's person-centered plan and individual choice.

The allowable activities include but are not limited to:

- Activities and events in the community
- Community, educational or cultural activities and events
- Unpaid work experiences (i.e., volunteer opportunities)
- Employment readiness activities including discovery of interests, abilities and skills
- Maintaining contact with family and friends
- Skill building and education in self-direction designed to achieve outcomes particularly through community collaborations and social connections developed by the program (e.g., partnerships with community entities such as senior centers, arts councils, etc.)

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
1 hour
Limits
Up to 66 hours/week alone or in combination with other day options. Takes place in the community, not in a licensed residence or day setting, nor in an individual's home.

Community Guide

Community Guide Services include direct assistance to persons navigating and utilizing community resources. Community Guides provide information and assistance that help the person in problem solving and decision making and developing supportive community relationships and other resources that promote implementation of the person-centered plan.

There are two categories of Community Guides:

- I. General Community Guide services: Utilizes an individual’s existing assessment information regarding the individual’s general interests in order to determine specific activities and venues that are available in the community (e.g., clubs, special interest groups, physical activities/sports teams, etc.) and are those preferred by the individual, to promote inclusion and independent participation in community life. The desired result is an increase in daily or weekly natural supports, as opposed to increasing hours of paid supports.
- II. Community Housing Guide: Supports an individual’s move to independent housing by helping with transition and tenancy sustaining activities. The community housing guide will collaborate with the support coordinator, regional housing specialist, and others to enable the individual to achieve and sustain integrated, independent living.

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
1 hour
Limits
Up to six month authorization period per year
Cumulative total across both categories may be no more than 120 hours in a plan year.

Companion (Self* and /or Agency-Directed)

*Self-Directed (known as “Consumer-Directed”) Services require the use of a Services Facilitator. See pg. 59.

Companion services provide nonmedical care, socialization, or support to adults, ages 18 and older. This service is provided in an individual's home or at various locations in the community.

The allowable activities include, but are not limited to:

1. Assistance or support with tasks such as meal preparation, laundry, and shopping;
2. Assistance with light housekeeping tasks;
3. Assistance with self-administration of medication;
4. Assistance or support with community access and recreational activities;
5. Support to assure the safety of the individual.

Unlike personal assistance and residential support, companion services do not permit routine support with activities of daily living (such as toileting, bathing, dressing, grooming). The allowable activities center on “instrumental activities of daily living” (meal prep, shopping, community integration, etc.).

Applicable Waivers
Family and Individual
Community Living
Unit
1 hour
Limits
Up to 8 hours per day
For individuals 18 and older

Crisis Support Services

Crisis Support services provide intensive supports by appropriately trained staff in the area of crisis prevention, crisis intervention, and crisis stabilization to an individual who may experience an episodic behavioral or psychiatric crisis in the community which has the potential to jeopardize their current community living situation. This service shall be designed to stabilize the individual and strengthen the current living situation so the individual can be supported in the community during and beyond the crisis period.

Crisis Support Services Includes:

Crisis Prevention Services—Provides ongoing assessment of an individual’s medical, cognitive, and behavioral status as well as predictors of self-injurious, disruptive, or destructive behaviors, with the initiation of positive behavior supports to prevent occurrence of crisis situations.

Crisis Intervention Services—Used in the midst of the crisis to prevent the further escalation of the situation and to maintain the immediate personal safety of those involved.

Crisis Stabilization Services—Begin once the acuity of the situation has resolved and there is no longer an immediate threat to the health and safety of those involved. This services is geared toward gaining a full understanding of all of the factors that precipitated the crisis. These services result in the development of new plans that are geared to averting future crises.

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
1 day
Limits
Limits vary by service component. CPS – 24 hours per day up to 60 days per ISP year. CIS – 24 hours per day up to 15 days consecutive and no more than 90 per ISP year. CSS – 24 hours per day up to 15 consecutive days with no more than 60 days per ISP year.

Electronic Home-Based Services

Goods and services based on current technology to enable a person to safely live and participate in the community while decreasing the need for support staff services. This includes purchases of electronic devices, software, services, and supplies not otherwise provided through this waiver or through the State Plan, that would allow an individual to access technology that can be used in the individual’s residence to support greater independence and self-determination.

The service will support the assessment for determining appropriate equipment/devices, acquisition, training in the use of these goods and services, ongoing maintenance and monitoring services to address an identified need in the individual’s person-centered service plan (including improving and maintaining the individual’s opportunities for full participation in the community) and meet the following requirements: the item or service will decrease the need for other Medicaid services (e.g., reliance on staff supports); AND/OR promote inclusion in the community; AND/OR increase the individual’s safety in the home environment.

Applicable Waivers
Building Independence
Family and Individual
Community Living
Limits
Up to \$5000 annually; funds cannot be carried over. Must be at least 18 years of age.

Employment and Community Transportation

The goal of this service is to promote the person’s independence and participation in the life of his or her community. Service offered in order to enable individuals to gain access to waiver and other community services or events, activities and resources, inclusive of transportation to employment or volunteer sites, homes of family or friends, civic organizations or social clubs, public meetings or other civic activities, and spiritual activities or events as specified by the service plan and when no other means of access is available. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan.

Applicable Waivers

Building Independence
Family and Individual
Community Living
Unit
Per Trip
Limits
Will not be authorized or reimbursed when transportation is available through other means.

Environmental Modifications

Environmental modifications are physical adaptations to the individual's primary home or primary vehicle that are necessary to ensure the health and welfare of the individual, or that enable the individual to function with greater independence. Such adaptations may include, but shall not necessarily be limited to, the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the individual. Modifications may be made to a primary automotive vehicle in which the individual is transported if it is owned by the individual, a family member with whom the individual lives or has consistent and ongoing contact, or a nonrelative who provides primary long-term support to the individual and is not a paid provider of services.

Applicable Waivers

Building Independence
Family and Individual
Community Living
Unit
Total Cost of all EM being requested for a specific timeframe
Limits
Up to \$5,000 per calendar year combined total 7of EM service items and related labor

Group Day

Group Day Services include skill building and support activities for the acquisition, retention, or improvement of self-help, socialization, community integration, career planning, and adaptive skills as they provide opportunities for peer interactions, community integration, and enhancement of social networks. Supports may be provided to ensure an individual's health and safety.

Skill building is a required component of this service unless the individual has a documented degenerative condition, in which case day support may focus on maintaining skills and functioning and preventing or slowing regression rather than acquiring new skills or improving existing skills.

Group Day Services should be coordinated with any physical, occupational, or speech/language therapies listed in the person-centered plan.

The allowable activities include but are not limited to skill development and support in order to:

- Develop self, social, and environmental awareness skills
- Develop positive behavior, using community resources
- Volunteer and connect with others in the community
- Engage in career planning to include establishing a career goal
- Support older adults in participating in meaningful retirement activities in their communities

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
1 hour
Limits
Up to 66 hours/week alone or in combination with other day options

Group Home Residential

These services shall consist of skill-building, routine supports, general supports, and safety supports, provided primarily in a licensed or approved residence that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Group home residential services shall be authorized for Medicaid reimbursement in the person-centered plan only when the individual requires these services and when such needs exceed the services included in the individual's room and board arrangements with the service provider.

Group home residential services may be in the form of continuous (up to 24 hours per day) services performed by paid staff who shall be physically present in the home. These supports may be provided individually or simultaneously to more than one individual living in that home, depending on the required support. These supports are typically provided to an individual living (i) in a group home or (ii) in the home of an adult foster care provider.

This service includes the expectation of the presence of a skills development, skill-building component, along with the provision of general health and safety supports, as needed.

Applicable Waivers
Community Living
Unit
1 day
Limits
Requires a skill-building component. Can only be billed for reimbursement when individual is in the CL waiver.

Group Supported Employment

Supported employment services are ongoing supports to individuals who need intensive ongoing support to obtain and maintain a job in competitive, customized employment, or self-employment (including home-based self-employment) for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Group supported employment is defined as continuous support provided by staff in a regular business, industry and community settings to groups of two to eight individuals with disabilities and involves interactions with the public and with co-workers without disabilities. Examples include mobile crews and other business-based workgroups employing small groups of workers with disabilities in the community. Group supported employment must be provided in a manner that promotes integration into the workplace and interaction between people with and without disabilities in those workplaces.

The allowable activities include but are not limited to:

- Job-related discovery or assessment
- Person-centered employment planning
- Negotiation with prospective employers
- On-the-job training, evaluation and support
- Developing work-related skills
- Coverage for transportation when necessary

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
1 hour
Limits
Up to 40 hours per week per individual

Independent Living Supports

A service provided to adults (18 and older) that offers skill building and support to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills.

The allowable activities include but are not limited to:

- Skill-building and support to promote community inclusion
- Increasing social abilities and maintaining relationships
- Increasing or maintaining health, safety and fitness
- Improving decision-making and self-determination
- Promoting meaningful community involvement
- Developing and supporting with daily needs

Applicable Waivers
Building Independence
Unit
1 month
Limits
Not provided in licensed homes. Sufficient hours of service shall be provided to meet the requirements in the PC ISP.

Individual and Family/Caregiver Training

Individual and Family/Caregiver Training is a service that provides training and counseling services to individuals, families, or caregivers of individuals receiving waiver services. For purposes of this service, “family” is defined as the unpaid people who live with or provide supports to an individual receiving waiver services, and may include a parent, spouse, children, relatives, foster family, authorized representative, or in-laws. All individual and family/caregiver training must be included in the individual’s written person-centered plan.

Allowable activities:

- Participation in educational opportunities designed to improve the family's or caregiver’s ability to give care and support
- Participation in educational opportunities designed to enable the individual to gain a better understanding of his/her disability or increase his/her self- determination/self-advocacy abilities

Applicable Waivers
Family and Individual
Limits
Up to \$4000 per ISP year minus travel expenses and room & board.

Individual Supported Employment

Supported employment services are ongoing supports to individuals who need intensive ongoing support to obtain and maintain a job in competitive, customized employment, or self-employment (including home-based self-employment) for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Individual supported employment is support usually provided one-on-one by a job coach to an individual in an integrated employment or self-employment situation. The outcome of this service is sustained paid employment at or above minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

The allowable activities include but are not limited to:

- Job-related discovery or assessment
- Person-centered employment planning
- Job development
- Negotiation with prospective employers
- On-the-job training, evaluation and support
- Developing work-related skills
- Coverage for transportation when necessary

Applicable Waivers
Building Independence Family and Individual Community Living
Unit
1 hour
Limits
Up to 40 hours/week

In-Home Support Services

In-Home Support services are residential services that take place in the individual's home, family home, or community settings and typically supplement the primary care provided by the individual, family or other unpaid caregiver. In-Home Support services are designed to ensure the health, safety and welfare of the individual.

These services shall consist of skill-building, routine supports, and safety supports, that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Applicable Waivers
Family and Individual
Community Living
Unit
1 hour
Limits
Support to no more than three individuals. Not typically a 24-hour service.

Peer Mentoring Supports

Peer Mentor Supports provide information, resources, guidance, and support from an experienced, trained peer mentor. This service is delivered to people with developmental disabilities by people with developmental disabilities who are or have received services, have shared experiences with the individual, and provide support and guidance to him/her. The service is designed to foster connections and relationships which build individual resilience. Peer mentors share their successful strategies and experiences in navigating a broad range of community resources with waiver participants. Waiver participants become better able to advocate for and make a plan to achieve integrated opportunities and experiences in living, working, socializing, and staying healthy and safe in his/her own life. Peer mentoring is intended to assist with empowering the person receiving the service.

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
Up to six consecutive months per plan year
Limits
Cumulative total across that time frame may be no more than 60 hours in a plan year.

Personal Assistance Services (Self* and/or Agency-Directed)

*Self-Directed (known as "Consumer-Directed") Services require the use of a Services Facilitator. See page 59.

Personal assistance services mean direct support with activities of daily living, instrumental activities of daily living, access to the community, monitoring of self-administered medications or other medical needs, monitoring of health status and physical condition, and work-related personal assistance. These services may be provided in home and community settings to enable an individual to maintain the health status and functional skills necessary to live in the community or participate in community activities.

Each individual/family/caregiver shall have a back-up plan for the individual's needed supports in case the personal assistant does not report for work as expected or terminates employment without prior notice.

Allowable activities include:

- Support with activities of daily living (ADLs), such as: bathing or showering, using the toilet, routine personal hygiene skills, dressing, transferring, etc.
- Support with monitoring health status and physical condition
- Support with medication and other medical needs
- Supporting the individual with preparation and eating of meals
- Support with housekeeping activities, such as bed making, dusting, and vacuuming, laundry, grocery shopping, etc.
- Support to assure the safety of the individual
- Support needed by the individual to participate in social, recreational and community activities
- Assistance with bowel/bladder programs, range of motion exercises, routine wound care that does not include sterile technique, and external catheter care when properly trained and supervised by an RN

Applicable Waivers

Family and Individual
Community Living
Unit
1 hour
Limits
Personal assistance is not compatible with residential services in licensed homes. Forty hours per week alone or in combinations with Companion and/or Respite services.

Personal Emergency Response System (PERS)

Personal Emergency Response System (PERS) is an electronic device and monitoring service that enable certain individuals to secure help in an emergency. PERS services shall be limited to those individuals 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.

PERS is a service that monitors individuals' safety in their homes, and provides access to emergency assistance for medical or environmental emergencies through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation and via the individuals' home telephone system. PERS may also include medication monitoring devices.

Applicable Waivers

Building Independence
Family and Individual
Community Living
Unit
One month rental cost set by DMAS

PERS services may be authorized when there is no one else in the home with the individual who is competent or continuously available to call for help in an emergency.

Medication monitoring units must be physician ordered and are not considered a stand-alone service. Individuals must be receiving PERS services and medication monitoring service simultaneously.

Private Duty Nursing

Individual and continuous care (in contrast to part-time or intermittent care) for individuals with a serious medical condition and/or complex health care need, certified by a physician as medically necessary to enable the individual to remain at home, rather than in a hospital, nursing facility or ICF-IID. Care is provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the direct supervision of a registered nurse.

These services are provided to an individual at their place of residence or other community settings.

The allowable activities include, but are not limited to:

- Monitoring of an individual's medical status
- Administering medications and other medical treatment

Applicable Waivers
Family and Individual
Community Living
Unit
15 minutes
Limits
Not to be billed at the same time as SN. Not allowed for children under 21 who meet criteria for PDN under EPSDT.

Respite (Self* and/or Agency-Directed)

*Self-Directed (known as "Consumer-Directed") Services require the use of a service facilitator. See page 59.

Respite services are specifically designed to provide temporary, substitute care for that which is normally provided by the family or other unpaid, primary caregiver of an individual. Services are provided on a short-term basis because of the emergency absence or need for routine or periodic relief of the primary caregiver. Such services may be provided in home and community settings to enable an individual to maintain the health status and functional skills necessary to live in the community or participate in community activities. When specified, such supportive services may include assistance with IADLs.

The caregiver, individual and EOR must have a backup plan in the event the respite staff do not show or become ill.

Applicable Waivers
Family and Individual
Community Living
Unit
1 hour
Limits
Up to 480 hours per state fiscal year
For unpaid primary caregivers only

Services Facilitation – CD/ Self-Directed Option

The Consumer-Directed (CD) Services model

The individual or a representative is the employer-of-record (EOR) and is responsible for hiring, training, supervising, and firing. There are three consumer-directed (CD) services, each of which may also be agency-directed.

CD Services Facilitation

Services facilitation assists the individual or the individual's family/caregiver, or Employer of Record (EOR), as appropriate, in arranging for, directing, and managing services provided through the consumer-directed model of service delivery. The services facilitator is responsible for supporting the individual or the individual's family/caregiver, or EOR, as appropriate, by collaborating with the support coordinator to ensure the development and monitoring of the CD services plan for supports, providing employee management training, and completing ongoing review activities as required by the *Department of Medical Assistance Services (DMAS)* for consumer-directed companion, personal assistance, and respite services. SF is also required to evaluate if the individual's needs are being adequately met by the staff, if the person is healthy and safe and if the individual, EOR and/or family are satisfied with the supports provided.

Applicable Waivers

Family and Individual

Community Living

Unit

Per Visit

Limits

Initial and 6 month reassessments

Shared Living

Shared Living means an arrangement in which a roommate resides in the same household as the individual receiving waiver services and provides an agreed-upon, limited amount of supports in exchange for Medicaid funding the portion of the total cost of rent, food, and utilities that can be reasonably attributed to the roommate.

Shared Living supports include:

Fellowship such as conversation, games, crafts, accompanying the person on walks, errands, appointments and social and recreational activities;

Enhanced feelings of security which means necessary social and emotional support inside or outside of the residence;

Personal care and routine daily living tasks that do not exceed 20% of companionship time such as meal preparation, light housework, medication reminders.

Applicable Waivers

Building Independence

Family and Individual

Community Living

Unit

1 month

Limits

For individuals 18+. Roommate cannot be the spouse, parent- or guardian of the person.

Skilled Nursing

Skilled nursing is defined as part-time or intermittent care that may be provided concurrently with other services due to the medical nature of the supports provided. These services shall be provided for individuals enrolled in the waiver having serious medical conditions and complex health care needs who do not meet home health criteria but who require specific skilled nursing services which cannot be provided by non-nursing personnel. Skilled nursing services may be provided in the individual's home or other community setting on a regularly scheduled or intermittent basis. It may include consultation, nurse delegation as appropriate, oversight of direct support staff as appropriate, and training for other providers.

The allowable activities include, but are not limited to:

- Monitoring of an individual's medical status
- Administering medications and other medical treatment
- Training, consultation, nurse delegation or oversight of family members, staff and other persons responsible for carrying out a person's support plan for the purpose of monitoring the individual's medical status and administering medications and other medically-related procedures consistent with the Nurse Practice Act [18VAC90-20-10 et seq., by statutory authority of Chapter 30 of Title 54.1, Code of Virginia].

Applicable Waivers
Family and Individual
Community Living
Unit
15 minutes
Limits
Must be physician ordered and medically necessary. May not be provided at the same time as PDN.

Sponsored Residential

Sponsored Residential Services take place in a licensed or DBHDS authorized sponsored residential home. These services shall consist of skill-building, routine supports, general supports, and safety supports, provided in a licensed or residence that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Sponsored residential services shall be authorized for Medicaid reimbursement in the person-centered plan only when the individual requires these services.

Sponsored residential services are services performed by the sponsor family 24-hours per day. These supports may be provided individually or simultaneously to up to two individuals living in that home, depending on the required support.

Sponsored residential support includes the expectation of a skill-building component, along with the provision of health and safety and general supports, as needed.

Applicable Waivers
Community Living
Unit
1 day
Limits
Support to no more than two individuals

Supported Living

Supported living takes place in an apartment setting operated by a DBHDS licensed provider. These services shall consist of skill-building, routine supports, general supports, and safety supports, that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Supported Living residential provides services to the individual in the form of 24/7 around the clock availability of staff support performed by paid staff who have the ability to respond in a timely manner. These supports may be provided individually or simultaneously to more than one individual living in that home, depending on the required support.

The allowable activities include, but are not limited to:

- Using community resources
- Personal care activities
- Developing friends and having positive relationships
- Building skills
- Daily activities in the home and community
- Supporting to be healthy and safe

Applicable Waivers
Family and Individual
Community Living
Unit
1 day
Limits
Not to exceed 344 days per ISP year. Only in provider-controlled settings

Transition Services

Transition services are nonrecurring set-up expenses for individuals who are transitioning from an institution or licensed or certified provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

Allowable costs include, but are not limited to:

- Security deposits that are required to obtain a lease on an apartment or home
- Essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed and bath linens
- Set-up fees or deposits for utility or services access, including telephone, electricity, heating and water
- Services necessary for the individual's health, safety, and welfare such as pest eradication and one-time cleaning prior to occupancy
- Moving expenses
- Fees to obtain a copy of a birth certificate or an identification card or driver's license
- Activities to assess need, arrange for, and procure needed resources

Transition services are furnished only to the extent that they are reasonable and necessary as determined and clearly identified in the service plan, and the person is unable to meet such expenses or when the services cannot be obtained from another source.

Applicable Waivers
Building Independence
Family and Individual
Community Living
Limits
Up to \$5000/ Lifetime Expended within 9 months of authorization.

Therapeutic Consultation

Therapeutic consultation is consultation with a professional designed to assist the individual's staff and/or the individual's family/caregiver, as appropriate, through assessments, development of TC a support plan, and teaching for the purpose of assisting the individual enrolled in the waiver with the designated specialty area.

The specialty areas are:

- * psychology
- * speech and language pathology
- * behavioral consultation
- * therapeutic recreation
- * occupational therapy
- * physical therapy
- * rehabilitation engineering

The need for any of these services shall be based on the Individual Support Plan and shall be provided to those individuals for whom specialized consultation is clinically necessary and who have additional challenges restricting their abilities to function in the community. Therapeutic consultation services may be provided in individuals' homes and in appropriate community settings (such as licensed or approved homes or day support programs) as long as they are intended to advance individuals' desired outcomes as identified in their Individual Support Plans.

Applicable Waivers
Family and Individual
Community Living
Unit
1 hour

Workplace Assistance


Workplace Assistance services are supports provided to someone who has completed job development and completed or nearly completed job placement training but requires more than typical job coach services to maintain stabilization in his/her employment.

Workplace Assistance services are supplementary to the services rendered by the job coach; the job coach still provides professional oversight and job coaching intervention.

The provider provides on-site habilitative supports related to behavior, health, time management or other skills that otherwise would endanger the individual's continued employment. The provider is able to support the person related to personal care needs as well; however, this cannot be the sole use of Workplace Assistance services.

- The activity must not be work skill training related which would normally be provided by a job coach.
- Services are delivered in their natural setting (where and when they are needed)
- Services must facilitate the maintenance of and inclusion in an employment situation
- The staff to individual ratio is 1:1

Applicable Waivers
Family and Individual
Community Living
Unit
1 hour
Limit
Up to 40 hours/week



Section 8: Waiver History and General Information

Virginia's Home and Community-Based Waiver Services for People with Developmental Disabilities

What is Medicaid?

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.

What is a Medicaid Waiver?

Medicaid Waivers were developed to encourage people with disabilities and the elderly to access services in their homes and communities. Medicaid Waivers provide funding to serve people who are eligible for long-term care in institutions such as hospitals, nursing facilities, and intermediate-care facilities. Through Medicaid Waivers, states can "waive" certain requirements including the requirement that individuals live in institutions in order to receive Medicaid funding.

What is the Olmstead Act?

The Olmstead Act requires that individuals be served in the most integrated settings appropriate to meet their needs consistent with their choice.

A Brief History of Virginia's Developmental Disabilities Waivers

Home and Community-Based Waivers were established by the U.S. Congress in 1981 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. States are given the option to develop Waiver Programs as alternative services for people who are eligible for placement in an institution.

Virginia first applied for a waiver for persons with intellectual disability in 1990, with the federal Medicaid agency, known as the Center for Medicare and Medicaid Services (CMS). In early 1991, Virginia's waiver application was accepted by CMS and Virginia was able to begin offering services through what was then called the Mental Retardation Waiver. This waiver, which was renamed the Intellectual Disability Waiver, was amended several times over the next 20 years increasing the scope of community support services.

In 2000, the Individual and Family Developmental Disabilities Support Waiver was established serve individuals with developmental disabilities not meeting the diagnostic criteria for the Intellectual Disability (ID) Waiver. In 2005, Virginia began the Day Support Waiver, which focused on day support and employment activities, allowing for additional people to be supported while waiting to receive services through another Medicaid Waiver.

In August 2008, the Department of Justice (DOJ) initiated an investigation of Central Virginia Training Center (CVTC) pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA). The Department of Justice notified the Commonwealth that it was expanding its investigation to focus on Virginia's compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court Olmstead ruling.

In February 2011, the Department of Justice submitted a findings letter to Virginia, concluding that the Commonwealth fails to provide services to individuals with intellectual and developmental disabilities in the most integrated setting appropriate to their needs. In January 2012, Virginia and the Department of Justice (DOJ) reached a settlement agreement.

As part of the settlement agreement and to meet the federal compliance standards of the Home and Community-Based Waivers, Virginia began a redesign of the three waivers, overseen by the *Department of Behavioral Health and Developmental Services (DBHDS)*, which included the Intellectual Disability Waiver, the Individual and Family Developmental Disabilities Support Waiver and the Day Support Waiver.

In 2016, Virginia's application to the *Centers for Medicare and Medicaid Services (CMS)* to amend these waivers was submitted and approved. Virginia's Developmental Disability Waivers are now called the Community Living (CL) Waiver, the Family and Individual Supports (FIS) Waiver, and the Building Independence (BI) Waiver.

General Information about Virginia's Medicaid Waivers Services

Are there other Medicaid Waivers in Virginia?

Virginia's Medicaid Waivers Include:

- Developmental Disabilities Waivers

Building Independence Waiver

Family & Individual Supports Waiver

Community Living Waiver

- Commonwealth Coordinated Care Plus (CCC+)

Virginia's Medicaid waivers combine federal and state money to provide long-term community based supports for individuals who are elderly or have disabilities. Waivers allow Virginia to offer a variety of standard medical and non-medical services without the requirement that an individual live in an institution in order to receive those same services. These waivers, which are referred to as Home and Community Based Services (HCBS), can cover supports a person needs to live independently in his/her home and in the community. Medicaid Waivers expand Medicaid eligibility to individuals who may not otherwise qualify for services based on Medicaid financial requirements. Medicaid waivers provide an opportunity for individuals to transition from institutions and large settings to community based settings. As a result, waivers allow people to be active in and live in their own community, connect with people without disabilities, and have greater independence and flexibility in their lives.

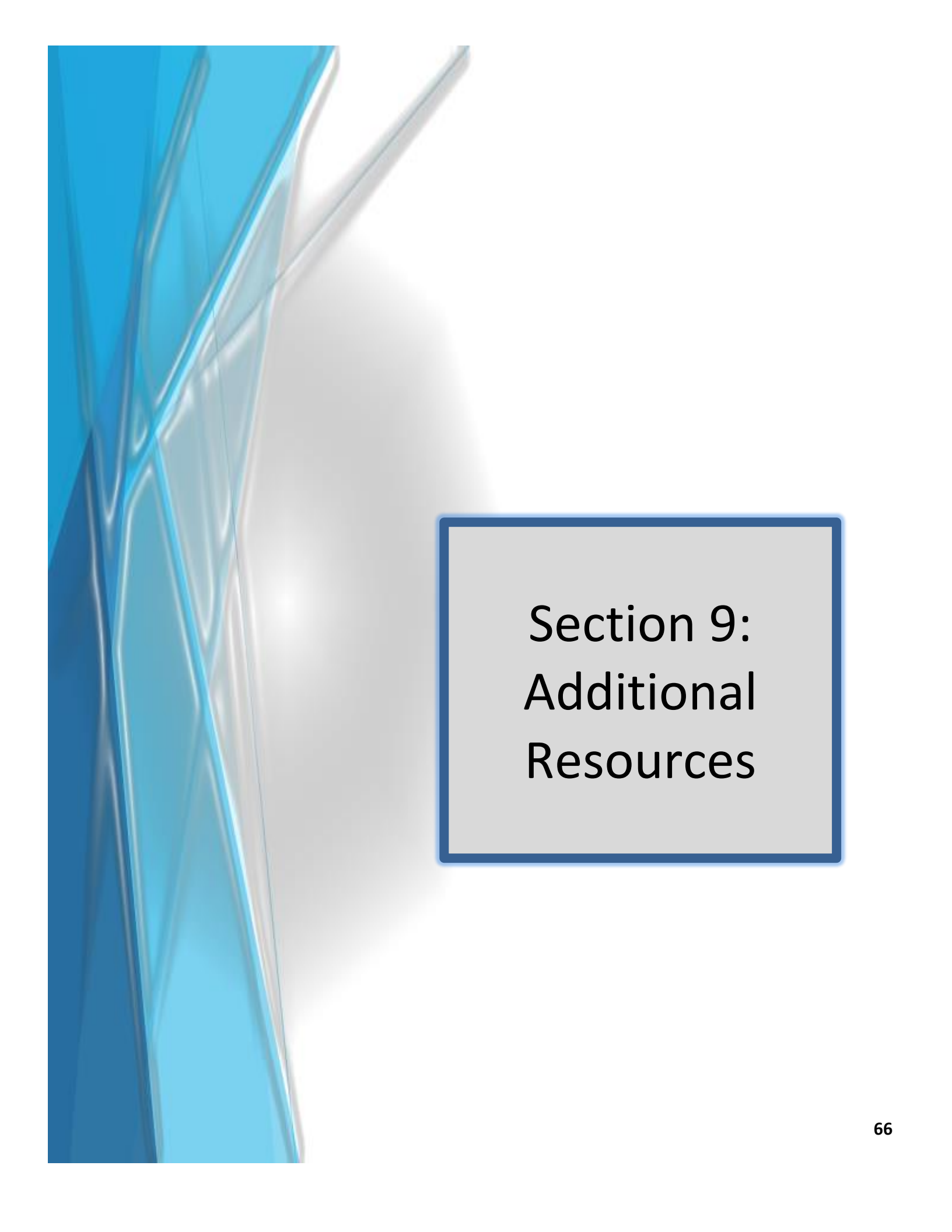
There are a number of different waivers in Virginia. Each is targeted to a different group of people in need of services that can be received in the community instead of in an institution.

The state agency that administers the Developmental Disabilities (DD) Waivers in Virginia is the *Department of Medical Assistance Services (DMAS)*. Day-to-day DD Waiver operations are managed by the Department of Behavioral Health and Developmental Services (DBHDS). Locally, Developmental Disabilities (DD) Waiver services are coordinated by Support Coordinators (SC) employed by Community Services Boards (CSBs) (called Behavioral Health Authorities in some localities). The actual services are delivered by CSBs and private providers across the state.

The proportion of cost the state must pay for Medicaid Waivers services varies from state to state based on the per capita income and other factors related to revenue capacity. Virginia pays 50% and the federal government pays 50% of the cost of each waiver slot.



People with Developmental Disabilities living, working and playing in their own community is the NORM not the exception.

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Section 9: Additional Resources

Who do I contact when ...

I am looking for **Employment Services**?

Virginia Department for Aging and Rehabilitative Services www.vadars.org

I have questions about **Food Stamps**?

Department of Social Services www.dss.virginia.gov 1(804) 726-7000 (General Information)

I would like to apply for **Social Security Disability Income** (SSDI) or **Supplemental Security Income** (SSI)?

Social Security Administration www.ssa.gov

I want to have my loved one screened for the **Commonwealth Coordinated Care Plus Waiver (CCC+)**?

Department of Social Services www.dss.virginia.gov
(804) 726-7000 (General Information) and/or

Department of Health www.vdh.virginia.gov

Request a UAI (Universal Assessment Instrument). This is the functional tool used to determine eligibility for the CCC+ waiver.

I want to learn more about the **CCC+ Waiver**?

Department of Medical Assistance Services www.dmas.virginia.gov
(804) 786-7933 (General Information), (800) 343-0634 (TDD Relay)

I want to apply for **Medicaid**?

Social Security Administration www.ssa.gov &

Department of Social Services www.dss.virginia.gov
(804) 726-7000 (General Information) or <https://commonhelp.virginia.gov/access/>

I have questions about what services are covered under **Medicaid for Adults? For children?**

Department of Medical Assistance Services www.dmas.virginia.gov or
<http://www.coverva.org/index.cfm>
(855) 242-8282 (General Information, Toll Free), (888) 221-1590 (TDD Relay)

I have questions about **Housing Assistance Programs**?

Virginia Housing www.vhda.com or

DBHDS Housing Services <https://dbhds.virginia.gov/developmental-services/housing>

I want more information about **DBHDS Licensed Providers** in Virginia?

DBHDS Office of Licensing <https://dbhds.virginia.gov/quality-management/Licensed-Provider-Location-Search>

Who do I contact when ...

I need **Crisis Services**?

Adults	Children
Region I (Charlottesville and Surrounding): Crisis Line # (855) 917-8278	Region I (Charlottesville and Surrounding): Crisis Line # (888) 908-0486
Region II (Northern): Crisis Line # (855) 897-8278	Region II (Northern): Crisis Line # (844) 627-4747
Region III (Southwest): Crisis Line # (855) 887-8278	Region III (Southwest): Crisis Line # (855) 887-8278
Region IV (Richmond and Surrounding): Crisis Line # (855) 282-1006	Region IV (Richmond and Surrounding): Crisis Line # (855) 282-1006
Region V (Southeastern): Crisis Line # (855) 807-8278	Region V (Southeastern): Crisis Line # (888) 225-2989

I need assistance with securing supports for my loved one who is living in the community and has **complex health needs**.

Start with your Support Coordinator. If additional support is needed, your support coordinator or any provider working with your loved one can request assistance from the **Office of Integrated Health**.

<https://dbhds.virginia.gov/office-of-integrated-health#>

I want more information about **guardianship**?

DBHDS Community Integration Project Team

<https://dbhds.virginia.gov/developmental-services/training-centers>

disABILITY Law Center of Virginia www.dlc.v.org | 800-552-3962

I want information about helping my loved one to **transition out of a training center** or a nursing facility and **into the community**?

Family Resource Consultant: Benita Holland (804) 201-3833 or benita.holland@dbhds.virginia.gov

<https://dbhds.virginia.gov/developmental-services/training-centers>

Department of Behavioral Health and Developmental Services

www.dbhds.virginia.gov | 804-786-3921

Division of Developmental Services

<https://dbhds.virginia.gov/developmental-services>

Crisis Services — (REACH Adult DD Crisis Services, REACH Children DD Crisis Services, Statewide and Regional Resources/Documents)

<https://dbhds.virginia.gov/developmental-services/Crisis-services>

Community Integration Project Team — (Guardianship, Family Resource Consultants, Training Center Post-Move Monitoring)

<https://dbhds.virginia.gov/developmental-services/training-centers>

Community Support Services — (Employment, Housing, Individual Family Support Program)

Employment: <https://dbhds.virginia.gov/developmental-services/employment>

Housing: <https://dbhds.virginia.gov/developmental-services/housing>

Individual Family Support Program: <https://dbhds.virginia.gov/developmental-services/ifsp>

Department of Justice Agreement and Informational Videos

<https://dbhds.virginia.gov/doj-settlement-agreement>

Home and Community Based Settings Regulations

<https://www.dmas.virginia.gov/#/hcbs>

My Life My Community

<http://www.mylifemycommunityvirginia.org/>

Search for Providers

<https://ejiujiu0.wixsite.com/providersurvey/search-for-providers>

Virginia DD Waiver Guidance

<http://www.mylifemycommunityvirginia.org/> 1-844-603-9248

Waiver Amendments/Regulations

<https://townhall.virginia.gov/L/ViewStage.cfm?stageid=7420>

Office of Integrated Health

<http://www.dbhds.virginia.gov/individuals-and-families/office-of-integrated-health>

Office of Human Rights

<https://dbhds.virginia.gov/quality-management/human-rights>

Licensed Providers

<https://ejiujiu0.wixsite.com/providersurvey/search-for-providers>

Web Resources

American Association on Intellectual and Developmental Disabilities (AAIDD)

www.aamr.org | 202-387-1968

The Arc of Virginia

www.arcofva.org/

Centers for Medicare & Medicaid Services

www.cms.gov

Department for Aging and Rehabilitative Services

www.dars.virginia.gov

Department of Education: Special Education

www.doe.virginia.gov/special_ed/index.shtml

Department of Health

www.vdh.virginia.gov

Department of Medical Assistance Services

www.dmas.virginia.gov | (804) 786-7933 (General Information), (800) 343-0634 (TDD Relay)

Department of Social Services

www.dss.virginia.gov | (804) 726-7000 (General Information)

disABILITY Law Center of Virginia

www.dlc.v.org | 800-552-3962

The Olmstead Initiative

<https://www.olmsteadva.com/>

Parent Educational Advocacy Training Center

www.peatc.org

Partnership for People with Disabilities

www.partnership.vcu.edu | 804-828-3876 (Voice), 800-828-1120 (TDD Relay)

Social Security Administration

www.ssa.gov

Virginia Association of Community Service Boards

www.vacsb.org | 804-330-3141

Virginia Autism Resource Center

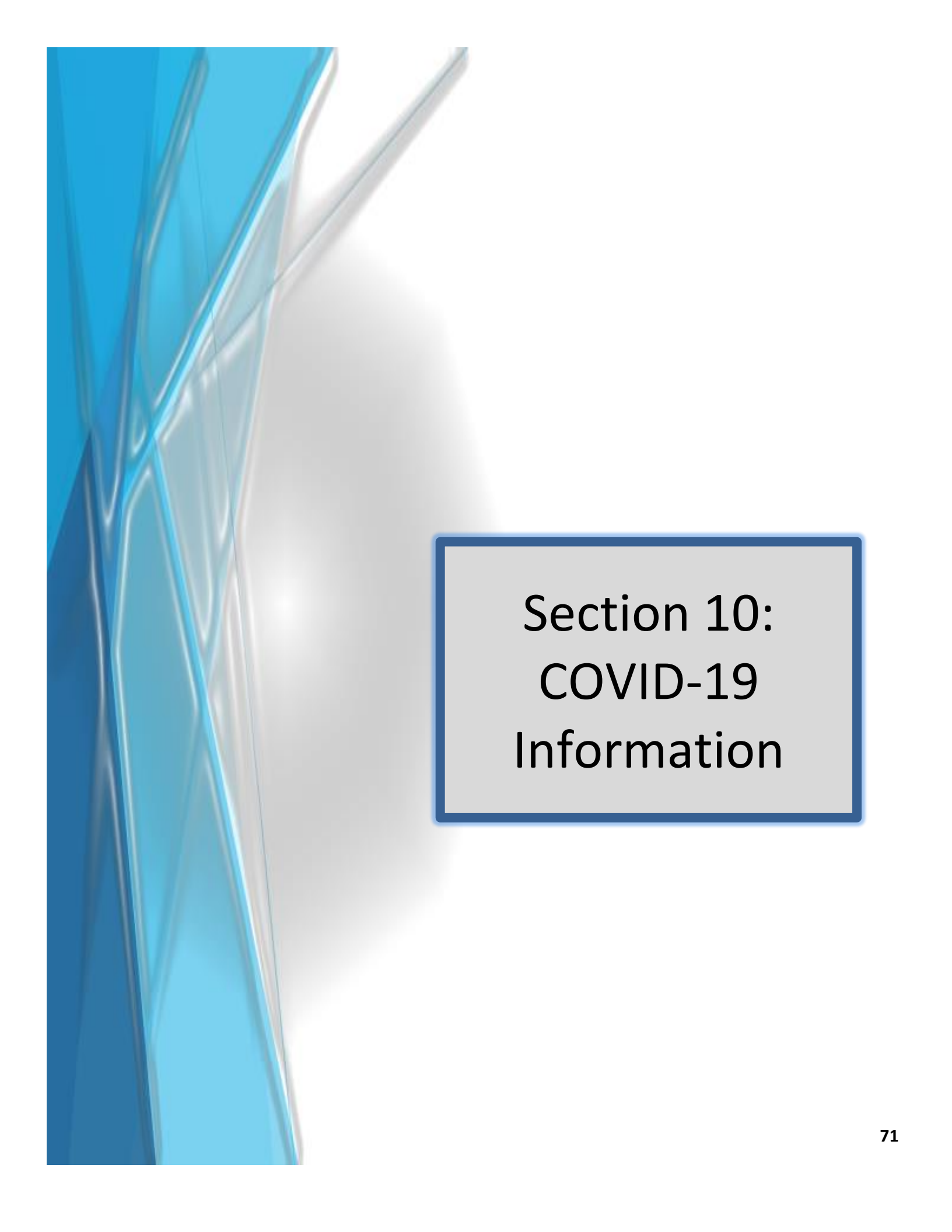
www.varc.org

Virginia Board for People with Disabilities

<https://www.vaboard.org/>

Virginia Navigator

<http://virginiannavigator.org/>



**Section 10:
COVID-19
Information**

Early in March of 2020, the COVID-19 pandemic began. The Commonwealth of Virginia took prudent actions to mitigate the spread of the virus among vulnerable populations to include people with Intellectual and Developmental Disabilities and the private and public staff who support people by temporarily suspending current and planned activities. People receiving services and their families as well as providers of services were encouraged to regularly monitor information from the Virginia Department of Health and the Centers for Disease Control and Prevention. The Arc of Virginia created a page to share information and resource and to answer questions. Regulatory agencies put in place flexible allowances to support services continuing to the greatest degree possible while keeping everyone safe and healthy.

The COVID-19 situation is rapidly evolving. We encourage you to regularly monitor information from the Virginia Department of Health and the Centers for Disease Control and Prevention. Information is also available at the Department of Behavioral Health and Developmental Services website, as well as The Arc of Virginia's website. Links:

The Virginia Department of Health: <https://www.vdh.virginia.gov/coronavirus/>

The Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus>

The Department of Behavioral Health and Developmental Services: <https://dbhds/virginia.gov/covid19>

The Arc of Virginia: <https://www.coronavirus-thearcofva.org/>

According to the Centers for Disease Control and Prevention, most people with developmental or behavioral disorders are not naturally at higher risk for becoming infected with or having severe illness from novel Coronavirus (COVID-19). However, people with developmental or behavioral disorders who have serious underlying medical conditions may be at risk of serious illness. Some may have difficulties accessing information, understanding or practicing preventative measures, and communicating symptoms of illness. Recommendations include:

Continue With Your Routine Care

- Don't stop any medications or change your treatment plan without talking to your healthcare provider
- Discuss any concerns about your treatment with your healthcare provider.
- Ensure that you are obtaining the tests ordered by your healthcare provider.
- Continue to get your routine immunizations.
- Talk to your healthcare provider, insurer, and pharmacist about creating an emergency supply of prescription medications. Make sure you have at least 30 days of prescription and over-the-counter medications and supplies on hand in case you need to stay home for a long time. Ask your healthcare provider if it is possible to obtain a 90-day supply of your prescription medications.
- Make or update care plans or an emergency notebook. They typically include important information about a person's medical conditions, how to manage those conditions, how to contact healthcare providers and therapists, allergies, information on medications, preferences, and daily routines and activities. This may help you receive consistent care if your Direct Service Providers or family members are unavailable.