Virginia Department of Behavioral Health & Developmental Services

Support Coordination: Questions and Answers for People with DD and their Families

Q1. What is support coordination?

A Support Coordinator (SC) (sometimes called a Case Manager) provides support coordination known as Targeted Case Management (TCM) services for people with Developmental Disabilities (DD). Support Coordination assists people in gaining access to needed program and state plan services, as well as needed medical, social, educational and other services. A Support Coordinator is responsible for developing and maintaining the Individual Support Plan (ISP) with the person, their family and substitute decision-maker (as applicable), and other team members designated by the person. A Support Coordinator is responsible for the ongoing monitoring of the provision of services included in the ISP.

Q2. Who can receive Support Coordination?

People who have a developmental disability, to include intellectual disability, may receive Support Coordination services from their local Community Services Board or Behavioral Health Authority (CSB/BHA). Once the intake process with the CSB/BHA has been completed, people with DD and their family (or Substitute Decision Maker (SDM) as appropriate) may request to open SC services, even while waiting for DD Waiver services. People with DD and their family (or Substitute Decision Maker (SDM) as appropriate) should speak with the CSB/BHA about the types and availability of Support Coordination Services.

Q3. Who are Support Coordinators?

Support Coordinators either work directly for a Community Services Board or Behavioral Health Authority (CSB/BHA), or contract with one. Support Coordinators usually work in a Support Coordination unit or group within the CSB/BHA. Some of these Support Coordination units 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). When a CSB/BHA contracts with another company to provide case management, the CSB/BHA retains responsibility for ensuring services meet Medicaid and DBHDS Licensing standards.

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

Q4. Is there a difference between a Support Coordinator and a Case Manager?

No. These terms are interchangeable; however, Support Coordinator is the term most frequently used in regulations and in most of the material and guidance developed by CSB/BHAs and the Department of Behavioral Health and Developmental Services (DBHDS).

Q5. How do you find a Support Coordinator?

Start by locating the CSB/BHA in the city/county where you reside. This can be done by going to http://www.mylifemycommunityvirginia.org/map. The phone number may also be found on city or county websites. When you call, ask to speak to someone about initiating support coordination or case management services.

Q6. Can you request a Support Coordinator if you are on the waiting list or if you are not interested in receiving Waiver services?

Under Medicaid, there is the option for Targeted Case Management that is not connected to waiver services. If a person with DD has or is eligible for Medicaid, talk to the CSB/BHA about whether he/she meets the criteria for support coordination (case management) services under the State Plan Option.

Q7. What can you expect from your Support Coordinator?

Initially, the Support Coordinator will gather information such as historical information about the person, 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 the person'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 the person is being pursued.

Q8. What happens when you request Medicaid-covered services from your Support Coordinator?

The Support Coordinator meets with the person their family (or Substitute Decision Maker (SDM) as appropriate) following the person's request for a Medicaid-covered service, completes an initial assessment prior to or at admission to include obtaining evidence of a developmental disability (DD), and conducts a Virginia Intellectual and Developmental

Disability Eligibility Survey (VIDES), which determines a person's functional eligibility for Waiver services within 60 days of application. The SC uses the above information to determine whether the person meets admission criteria, assesses the person's immediate service, health, and safety needs, determines services to meet the person's identified needs and preferences; to the maximum extent possible, explores the use of local community resources available to the general public to meet those needs, and determines whether the Community Services Board (CSB) has the capability and staffing to provide ongoing support coordination if the person meets criteria.

Q9. What happens while you are waiting for an eligibility determination?

If a person has or likely has a diagnosis of intellectual disability (ID) and is Medicaid eligible, the CSB can initiate a 90-day assessment for ID Targeted Case Management (TCM) to determine eligibility and receive reimbursement for up to 90 days (until eligibility is fully determined). This ID TCM assessment is not completed for people who have had a prior assessment for TCM. Upon completion of the assessment/eligibility process, the CSB/BHA makes the determination if the person is eligible for Waiver services and/or DD or ID Targeted Case Management (TCM) services, if applicable. If the person is determined to be eligible for DD Waiver services, the SC provides choice of either institutional placement or receipt of home and community based waiver services, determines waitlist priority, places the person on the DD Waiver waitlist, and provides the person with appeal rights. If the person is Medicaid eligible, and is determined to meet either DD or ID active support coordination/case management service criteria, and the person is requesting support coordination/case management services, the SC may open them to Medicaid Targeted Case Management services.

Q10. Is there a difference in support coordination for people with ID versus DD?

When a person with ID meets Medicaid TCM criteria, an ISP, in compliance with DBHDS Licensing Regulations, is developed to address the service need(s). SCs may engage in 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. All people who have a DD Waiver receive this level of service.

People without a DD Waiver who have developmental disabilities, other than intellectual disability, may not receive routine, ongoing support coordination/case management services unless there is a documented "special service need." A special service need is one that requires linkage to and temporary monitoring of the supports and services identified in the ISP to address a person's mental health, behavioral, and medical needs or provide assistance related to an acute need that coincides with support coordination/case

management allowable activities. If a special service need is identified, an ISP is developed to address the special service need.

Q11. How often should you expect to see your Support Coordinator?

A face-to-face contact is required at least every 90 calendar days, with at least one visit a year occurring in the home. In some cases, people are determined to need "enhanced case management," which requires a visit every 30 days, with visits in the home every other month.