

# **“Just the Facts” – ID Waiver**

## **General Information and History**

- States make applications for Medicaid Waivers with the federal Medicaid agency, known as the Centers for Medicare and Medicaid Services (CMS). This enables states to waive the usual requirements that individuals must live in an institution in order to receive Medicaid funding for services. In this way, Medicaid funds certain community-based alternatives to institutional care.
- Virginia first applied for a Waiver for persons with Intellectual Disability in 1990, with services beginning in early 1991 through what was known at the time as the Mental Retardation Waiver. That year 130 people received services through the Waiver. Virginia’s ID Waiver was revised and new services were added in 1994. Currently Virginia’s ID Waiver provides eighteen different services and serves over 8000 individuals.
- The state agency that administers the ID Waiver in Virginia is the Department of Medical Assistance Services (DMAS). Day-to-day ID Waiver operations are managed by the Division of Developmental Services (DDS) with the Department of Behavioral Health and Developmental Services (DBHDS). Locally, ID Waiver services for individuals are coordinated by support coordinators/case managers employed by Community Services Boards (CSBs) or Behavioral Health Authorities (BHAs). The actual services are delivered by CSBs/BHAs and private providers across the state.
- The proportion of costs a state must pay for waivers (“match”) varies from state to state based on per capita income and other factors related to revenue capacity. In Virginia, Federal Financial Participation (FFP) is approximately 50%, meaning the state must contribute about 50% of the cost in order to draw federal dollars.
- In order to receive ID Waiver services, an individual must meet eligibility requirements and a “slot” must be available. Currently the number of slots is limited by the availability of funding for ID Waiver services. Funds are managed at the state level and the appropriation of additional funds to grow the Waiver is dependent upon General Assembly action.

## **Individual Eligibility**

An individual is eligible for ID Waiver services based on three factors:

- ***Diagnostic Eligibility:*** Individuals six years of age or older must have a psychological evaluation completed by a licensed professional that states a diagnosis of intellectual disability and reflects the individual's current level of functioning. Individuals under age six must have a psychological or standardized developmental evaluation that states that the child has a diagnosis of intellectual disability or is at developmental risk and reflects the child's current level of functioning.
- ***Functional Eligibility:*** All individuals receiving ID Waiver services must meet the ICF-IID (Intermediate Care Facility for Individuals with Intellectual Disability) level of care. This is established by meeting the indicated dependency level in two or more of the categories on the "Level of Functioning Survey."
- ***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 ID Waiver services.

Medicaid regulations specify that, once an individual has been determined eligible by the CSB/BHA support coordinator/case manager, he or she must be offered a choice between institutional and Waiver services.

## **Slots and Slot Allocation**

A slot is a term referring to an opening of Waiver services available to a single individual. Each ID Waiver individual is assigned a slot. The Centers for Medicare and Medicaid Services (CMS) asks each state to determine a number of unduplicated individuals they expect to serve in order to determine the state's slot allocation. Under the US Department of Justice (DOJ) Settlement Agreement (see <http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement>), which began March 6, 2012, Virginia will be creating 4,170 new Waiver slots over the course of eight years. Some of these slots will be assigned to children and adults moving out of nursing facilities, private ICFs-IID and state operated ICFs-IID (training centers).

## **How Slots Are Distributed and Assigned**

- Each CSB/BHA has a slot allocation equal to the total number of ID Waiver individuals for whom they provide support coordination/case management services. Additional slots, beyond each CSB's/BHA's present allocation, are only available through the budget process of the state legislature.
- As funding becomes available for additional slots, they will be allocated to CSBs/BHAs based on their percentage of urgent cases when compared to the

statewide total of urgent cases. CSBs/BHAs not having ID Waiver eligible individuals who meet the urgent criteria (see below for discussion of “urgent criteria”) will not be given additional slots until all individuals in the state who meet the urgent criteria have been served.

- If an assigned slot becomes vacant (e.g., through an existing ID Waiver individual’s death, move to another state or declining future ID Waiver services) or when a new slot is allocated, the CSB/BHA is responsible for assigning that slot to an individual who meets the urgent criteria.
- The CSB/BHA will convene a Waiver Slot Assignment Committee (to be comprised of CSB/BHA employees as well as community representatives when possible) in order to determine from among the individuals meeting the urgent criteria, who is currently in most critical need of services at the time a slot becomes available. Each committee must use the approved statewide slot assignment process and documents. All slot assignments are reviewed by Division of Developmental Services (DDS) staff for compliance with this process.
- All applicants in the state meeting the urgent criteria must be served before anyone from the non-urgent list can be served.
- CSBs/BHAs may not target a particular subcategory of applicants in the selection process when assigning slots (e.g., the selection of adults over children). DMAS and DBHDS will evaluate the distribution of services to all eligible populations.
- If a training center or Money Follows the Person Demonstration Project (a federally sponsored project designed to facilitate individuals leaving ICFs-IID, nursing facilities and long-stay hospitals for services in the community) slot is vacated within 12 months, the slot returns to DBHDS to be used for another individual ready for discharge from a facility.

## **Waiting List Information**

There are 3 classifications of waiting lists.

DBHDS maintains a Statewide Waiting List that includes the names of individuals meeting the Urgent and Non-urgent criteria.

CSBs/BHAs submit information to DBHDS on individuals to be added to the Statewide Waiting List (names of individuals meeting the Urgent and Non-urgent criteria).

The urgency of need of each individual on each CSB’s/BHA’s waiting list is to be evaluated annually by the CSB/BHA or more frequently if critical needs change. Additions and deletions to the urgent and non-urgent categories will be made as they

occur and modifications made known to DBHDS for inclusion on the Statewide Waiting List. CSBs/BHAs assess whether applicants are included in the Urgent, Non-urgent or Planning category, based on the following criteria.

## **1. URGENT**

### Criteria

The individual, who meets diagnostic and functional eligibility criteria, is considered to be at significant risk, requires services within 30 days and the individual/family would accept services if they are offered. Criteria includes:

- Both primary caregivers are 55 years of age or older, or if there is one primary caregiver, that primary caregiver is 55 years of age or older;
- The individual is living with a primary caregiver who is providing the service voluntarily and without pay and the primary caregiver indicates that he or she can no longer care for the individual with intellectual disability;
- There is a clear risk of abuse, neglect, or exploitation;
- One primary caregiver, or both caregivers, has a chronic or long-term physical or psychiatric condition or conditions which significantly limits the abilities of the primary caregiver or caregivers to care for the individual with intellectual disability;
- The individual is aging out of a publicly funded residential placement or otherwise becoming homeless (exclusive of children who are graduating from high school); or
- The individual lives with the primary caregiver and there is a risk to the health or safety of the individual, primary caregiver, or other individuals living in the home due to either of the following conditions:
  - The individual's behavior or behaviors present a risk to himself or others which cannot be effectively managed by the primary caregiver even with generic or specialized support arranged or provided by the CSB/BHA; or
  - There are physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the primary caregiver even with generic or specialized supports arranged or provided by the CSB/BHA.

## **2. NON-URGENT**

### Criteria

- Meets diagnostic (i.e., has intellectual disability) and functional (i.e., the Level of Functioning Survey) eligibility criteria;
- Needs services within 30 days; and
- Does not meet any of the urgent criteria.

### **3. PLANNING**

These lists are maintained internally by the CSBs/BHAs and are not considered part of the Statewide Waiver Waiting List.

#### Criteria

- Meets eligibility criteria;
- Will need Waiver services in the future, unless circumstances change;
- Does not meet the urgent or non-urgent criteria.

## **ID Waiver Services Available in Virginia**

### **Assistive Technology**

Specialized medical equipment, supplies, devices, controls, and appliances, which are not available under regular Medicaid, and help individuals to improve their abilities to perform activities of daily living, or to perceive, control or communicate within the environment in which they live. This service also includes items necessary for life support, ancillary services and equipment necessary for the proper functioning of such items.

### **Companion Services**

Support and companionship provided to adults (age 18 and older) in their homes or at various locations in the community. Services can be provided by an agency or be consumer-directed. Consumer-Directed Services offer the individual/family the option of hiring workers directly, rather than using traditional agency staff.

## **Crisis Stabilization Services**

Clinical services and other supports provided to avoid emergency psychiatric hospitalization, institutional admission or any removal from home, to strengthen the individual's current living situation, to help stabilize the situation quickly and maintain beyond the crisis period.

## **Day Support Services**

Center-based and community-based programs offered during the day and evening hours that provide different types of opportunities for learning new skills and completing activities of daily living, being active and involved in the community, enhancing social networks and building relationships. Supports to ensure an individual's health and safety are also provided.

## **Environmental Modifications**

Physical adaptations to an individual's home or vehicle, and in some instances, a workplace, when the modification exceeds the reasonable accommodation requirements of the Americans with Disabilities Act (ADA) expected by the employer. Environmental modifications provide direct medical or remedial benefit to the individual and not allowed to bring a substandard dwelling up to standard. They are typically permanently installed fixtures or modifications that change a site's structure.

## **Personal Assistance Services**

Direct support in the home and community with personal assistance, activities of daily living, using the community, taking medication and care of other health needs. They can either be provided by an agency or by consumer-directed services. Consumer-Directed Services offer the individual/family the option of hiring workers directly, rather than using traditional agency staff.

## **Personal Emergency Response System (PERS)**

Electronic device enabling individuals to secure help in case of an emergency. PERS electronically monitors the individual's safety in the home and provides access to emergency crisis intervention for medical or environmental emergencies through the provision of two-way voice communication system. The system dials a 24-hour response center upon activation and via the home telephone line. PERS may also include medication-monitoring devices, when needed.

## **Prevocational Services**

Services aimed at preparing an individual for paid employment and provided to individuals who are not expected to join the regular work force without supports or participate in a transitional sheltered workshop program within a year.

## **Residential Support Services**

Supports provided in an individual's home and community. These supports should enable the individual to maintain or improve his or her health and medical status, live at home and use the community and improve abilities in activities of daily living, taking care of his or her home, using the community.

## **Respite Services**

Services designed to provide temporary, substitute support which is normally provided by the family or other unpaid, primary caregiver. These short-term services may be provided because of the primary caregiver's absence in an emergency or a on-going need for relief. They may be provided by an agency or be consumer-directed. Consumer-Directed Services offer the individual/family the option of hiring workers directly, rather than using traditional agency staff.

## **Services Facilitation (SF)**

Individuals choosing the Consumer-Directed model of service delivery may receive supports from a Services Facilitator (SF). SFs provide training and help to individuals and family members on hiring, training and dismissing employees who provide Companion, Personal Assistance or Respite supports.

## **Skilled Nursing Services**

Nursing services ordered by a physician for individuals with serious medical conditions and complex health care needs. Available only for individuals for whom these services cannot be accessed through another means. Skilled Nursing services may be provided in an individual's home, community setting or both. They may occur alongside other Waiver services as long as they are both needed and do not duplicate each other.

## **Supported Employment**

Employment and on-the-job training and support in jobs in which persons without disabilities are typically employed and alongside people without disabilities. There are two types of Supported Employment. Individual Supported Employment is support, provided one-on-one by a job coach to an individual in a regular job in the community. Group supported employment is continuous support provided by

staff to eight or fewer individuals with disabilities in an enclave, work crew, entrepreneurial or “benchwork” model of employment, who work in the community and have regular contact with people without disabilities.

### **Therapeutic Consultation**

Training and technical assistance to family members, caregivers, and direct support professionals in providing certain supports to an individual at home or in the community. The specialty areas include: Psychology, Behavior, Speech and Language Pathology, Occupational Therapy, Physical Therapy, Therapeutic Recreation and Rehabilitation Engineering.

### **Transition Services**

Direct purchase of goods and services for anyone receiving ID Waiver services and moving into a private residence, such as a family member’s home, one’s own apartment or home, adult foster care, sponsored residential, and, to a limited extent, a group home. Examples of allowable goods and services include security deposits, household furnishings, utility deposits, pest extermination, move-in cleaning service, moving expenses, proof of identity documents and delivery of appliances.

### **Accessing ID Waiver Services**

- Individual, family or representative requests services from the local CSB/BHA.
- The support coordinator/case manager determines the preferred services and necessary supports by meeting with the individual and family (or other caregivers) and confirms diagnostic and functional eligibility by obtaining a psychological evaluation and completing a Level of Functioning Survey (LOF).
- Once the individual is determined eligible (including financial eligibility through the Department of Social Services), the support coordinator/case manager informs the individual and family of the full array of ID Waiver services and documents the individual’s choice of Waiver or institutional care.
- If the individual selects ID Waiver, the support coordinator/case manager submits required enrollment information to the DBHDS Division of Developmental Services (DDS). If no slot is available to the CSB/BHA, the individual’s name will be placed on either the urgent or non-urgent Statewide Waiting List until such time as a slot becomes available. After receiving notification from DDS, the support coordinator/case manager must notify the individual or family in writing within 10 working days of his/her placement on either list and offer appeal rights.

- Once it is determined that a slot is available and the individual has been enrolled, the individual selects providers for needed services. The support coordinator/case manager 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. The PC ISP includes all the individual Plans for Supports (PFS) developed by this team and describes the services that will be provided.
- Prior to the start of services, the support coordinator/case manager forwards appropriate documentation to DDS staff for review and authorization of the requested ID Waiver services.
- Once approved, DDS staff enters service data in the DMAS computer system. This generates a notification letter to the providers and permits them to bill for approved services. Service provision should commence within 60 days from enrollment.

**Web link Resources:**

[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

[www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov)