

Support Coordination/Case Management Options for Individuals on the DD Waivers Waitlist

DBHDS Office of Licensure regulations [12VAC35-105-1250], DBHDS Performance Contract [<http://dbhds.virginia.gov/office-of-management-services>] and DMAS regulations for Targeted Case Management [12VAC30-50-440, 12VAC30-50-450] set standards for support coordination/case management services across the Commonwealth. Below is a summarization of these standards.

The Support Coordinator/Case Manager (hereafter denoted as SC) meets with the individual (family/caregiver as appropriate) following the individual'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), conducting a Virginia Intellectual and Developmental Disability Eligibility Survey (VIDES), which determines an individual's "level of functioning" eligibility for Waiver services within 60 days of application. The SC uses the above information to determine whether the individual meets admission criteria, assesses the individual's immediate service, health, and safety needs, determines services to meet the individual'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 individual meets criteria.

If an individual presents for screening and has or likely has a diagnosis of intellectual disability (ID) and is Medicaid eligible, the CSB should initiate 90-day assessment ID Targeted Case Management (TCM) to determine eligibility and receive reimbursement for up to 90 day (until eligibility is fully determined). This screening is not completed for individuals who have had a prior screening for TCM. A CSB cannot bill for a screening and TCM in the same month. Upon completion of the screening/eligibility process, the CSB makes the determination if the individual is eligible for Waiver services and/or DD or ID Targeted Case Management (TCM) services, if applicable.

If an individual presents for screening who has or likely has a diagnosis of a non-ID developmental disability, Medicaid reimbursement may be sought directly by the CSB for the screening. CSBs are paid for the screenings at either the state rate or the NOVA rate as set by the Department of Medical Assistance Services (DMAS). When a screening is completed, the screening is faxed to DMAS for processing. The CSB does not need to send an invoice, as the screening itself acts as an invoice. Screeners note on the form if the individual lives in a city/county which has the enhanced NOVA rate.

If the individual 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 individual on the DD Waiver waitlist, and provides the individual with appeal rights.

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.

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.