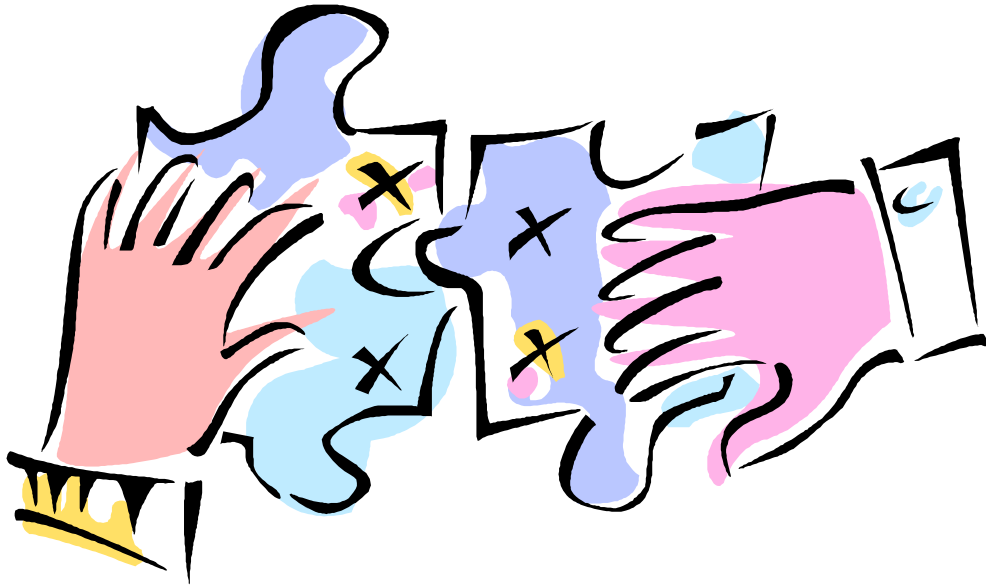


A Guide for Long-Term Care Services in Virginia



***Virginia Department of Medical Assistance Services
Division of Long-Term Care***

July 1, 2013

Division of Long-Term Care: At A Glance

The Division of Long-Term Care (LTC) administers the provision of Medicaid services for seniors and individuals with disabilities. Program activities include ensuring the health, safety, and welfare of individuals receiving Medicaid long-term care services; program and policy development; program operations; regulatory development; legislative review; provider and individual training; education; and development of LTC initiatives and special reports. The Division also partners with other state agencies including the Departments of Health (VDH), Behavioral Health and Developmental Services (DBHDS) and Aging and Rehabilitative Services (DARS) as well as stakeholders to further develop and enhance Medicaid LTC Programs.

The Division has responsibility for planning, implementing and monitoring the following home and community based programs:

- Alzheimer's Assisted Living (AAL) Waiver
 - Day Support Waiver (daily operations managed by DBHDS)
 - Developmental Disabilities (DD) Waiver **
 - Durable Medical Equipment (DME)
 - Elderly or Disabled with Consumer Direction (EDCD) Waiver
 - Intellectual Disability (ID) Waiver (daily operations managed by DBHDS)
 - Money Follows the Person (MFP)
 - Pre-admission Screenings (PAS) and Level of Care (LOC) Reviews
 - Program of All-Inclusive Care for the Elderly (PACE)
 - Quality Management Review (QMR) Oversight
 - Technology Assisted (Tech) Waiver
- **Officially named Individual and Family Developmental Disability Supports (IFDDS) Waiver

For more information about the Division of Long-Term Care or DMAS, please visit <http://www.dmas.virginia.gov/> or call the Division of Long-Term Care Help Line at (804) 225-4222.

I. LONG-TERM CARE (LTC) SERVICES

There are various options available to individuals who meet the requirements for long-term care services, including home and community-based care.

When considering service options, remember that *Medicaid is the payer of last resort*. Medicaid long-term care services cannot be considered until it is determined that an appropriate plan of care must include Medicaid-funded long-term care services.

For publicly-funded long-term care services, (such as nursing facility, assisted living facility, and home and community-based waiver services), the individual must be pre-screened and deemed eligible for services. An assessment must be completed before screeners can determine service options.

Preadmission screening (PAS) is not contingent upon a person applying to determine financial eligibility for Medicaid coverage. Often the financial eligibility for Medicaid occurs at the same time an individual seeks to qualify for assistance with activities of daily living (dressing, bathing, etc.) and medical nursing services.

Explore which program is most appropriate to meet the service needs of the individual and ensure his or her health, safety and welfare. LTC Programs offer an array of services to meet the needs of specific populations.

*** DMAS invites individuals, agencies, local screening teams and providers having an interest in Virginia's Medicaid LTC services to use this guide as a resource to better understand and access available services and supports.**

Periodic updates may be found at: www.dmas.virginia.gov/Content_pgs/ltc-home.aspx

WHAT ARE MEDICAID-FUNDED LONG-TERM CARE SERVICES? / REPORTING ABUSE, NEGLECT, AND EXPLOITATION?

II. REPORTING ABUSE, NEGLECT, OR EXPLOITATION

ADULTS

Section 63.2-1606 of the *Code of Virginia* states that any person employed by a public or private agency or facility and working with qualifying adults, is mandated to report suspicion of abuse, neglect, or exploitation. He or she must report it to the local department of social services, Adult Protective Services (APS) or to the 24-hour toll free APS hotline at: 1-888-832-3858 (ADULT).

CHILDREN

For suspected maltreatment of children, mandated reporters must immediately report suspicions to the local department of social services or the 24-hour toll-free Child Abuse and Neglect Hotline at: In Virginia 1-800-552-7096; Out of Virginia 804-786-8536; Hearing-impaired 800-828-1120.

***Remember, if you are a mandated reporter, you or your employer must report immediately.**

III. QUESTIONS TO ASK TO DETERMINE SERVICE NEEDS

Should Medicaid-funded long-term care services be considered?

NO:

If an appropriate service plan can be developed without Medicaid services, recommend and refer to appropriate community services organizations, such as:

- 1) Centers for independent living (CIL)
- 2) Faith-based or resource groups
- 3) Health insurance carriers
- 4) Local area agencies on aging (AAA)
- 5) Local community services boards (CSB)
- 6) Local departments of health
- 7) Local departments of social services (DSS)
- 8) Other community services groups

YES:

If an appropriate plan of care cannot be developed with other community services, consider the Medicaid long-term care service options. Medicaid services can be offered in combination with other community services OR without other services, depending on the individual's service plan.

Does the individual have adequate supports to reside safely at home/in the community?

NO:

If the individual does not have adequate care-giving support, consider eligibility for facility-based options based on the individual's level of care needs.

YES:

If the individual does have adequate care giving support networks, consider eligibility for home and community-based services.

The following are publicly-funded long-term care service options. Please see Sections VI and VII of this guide for specific program eligibility criteria.

INSTITUTIONAL OPTIONS INCLUDE:

- Nursing Facility (NF)
- Specialized Care (provided in a NF for individuals with specialized medical needs such as ventilator care, or complex tracheostomy care for adults. For children, the criteria include vents; complex care needs; and comprehensive rehabilitation.)
- Intermediate Care Facility for Individuals with Intellectual & Developmental Disabilities (ICF/ID)

COMMUNITY-BASED OPTIONS INCLUDE:

- Alzheimer's Assisted Living (AAL) Waiver
 - Day Support (DS) Waiver
 - Elderly or Disabled with Consumer Direction (EDCD) Waiver
 - Developmental Disabilities (DD) Waiver **
 - Intellectual Disability (ID) Waiver
 - Program for All-Inclusive Care for the Elderly (PACE)
 - Technology Assisted (Tech) Waiver
- **Officially named Individual and Family Developmental Disability Supports (IFDDS) Waiver

SHOULD MEDICAID-FUNDED LONG-TERM CARE SERVICES BE CONSIDERED?

III. QUESTIONS TO ASK TO DETERMINE SERVICE NEEDS (cont'd.)

When considering home and community-based services, the screener must carefully consider whether a **safe and appropriate service plan** can be developed for each individual. Medicaid is prohibited from providing home based services when it appears that an individual may not be safe in his or her home at all times.

Questions to ask when considering whether a safe service plan can be developed:

- 1) Will the individual be safe in his or her home and have his or her needs met when the waiver services provider is not providing services?
- 2) If the waiver plan of care cannot meet the individual's overall needs, can a safe and adequate plan of support be developed to meet his or her remaining care and supervision needs?
- 3) If the individual has sufficient cognitive impairments, (such as a diagnosis of dementia), will adequate supervision be provided when the waiver services provider is not in the home?
- 4) In case of an emergency, such as fire, will the individual have adequate support and resources to exit the home safely?
- 5) If the individual's physician orders skilled nursing care, are there formal and informal supports trained and qualified to provide the necessary care?
- 6) Does the individual live in an environment that ensures the individual's health and/or safety and is adapted to his or her functional needs, (e.g., grab-bars in the bathroom where needed, wheelchair accessibility ramp, adequate voltage and wiring to support necessary durable medical equipment)?

If the screener answers NO to any of the above questions, the individual may not be appropriate for home care through a Medicaid waiver program. The screener should determine whether the necessary supportive services are available through other community resources.

Note: If NO is the answer to #5 or #6, and the individual qualifies for certain waivers, skilled nursing or environmental modifications may be available through a waiver program.

IV. PRIMARY AGENCIES INVOLVED IN THE PROVISION OF LONG-TERM CARE AND COMMUNITY-BASED SERVICES

Department of Medical Assistance Services: In addition to providing reimbursement for long-term care, service authorization, and program integrity reviews, DMAS oversees contracts with VDSS, VDH, acute care hospitals, and other screening entities to conduct pre-admission screening for services. For more information, call the DMAS Help Line, 804-786-6273 or 1-800-552-8627 or visit <http://www.dmas.virginia.gov/>.

Department of Social Services: Child Protective Services and Adult Services/Adult Protective Services Programs are offered through 120 local departments of social services. The populations served are children (up to the age of 18) and persons age 60 and over and persons aged 18-59 with disabilities, respectively. The local departments of social services also determine Medicaid eligibility and serve on local preadmission screening teams for the Nursing Facility and EDCD Waiver services. For information, call 804-726-7000 or 800-552-3431 (toll-free) or visit www.dss.virginia.gov

Department for Aging and Rehabilitative Services: Effective July 1, 2012, a new agency to better serve seniors and individuals with disabilities was created by merging the former Departments of Aging and Rehabilitative Services. The new agency, DARS, will, on July 1, 2013 include the adult services units from Virginia's Department of Social Services. DARS administers federal Older Americans Act funds, including funding of the Office of the State Long-Term Care Ombudsman and will oversee the 25 area agencies on aging (AAA's). DARS offers consumer-directed home care services through the Personal Assistance Services (PAS) Program. Individuals must have physical and/or sensory disabilities to qualify. For more information, call 1-800-552-5019; TTY 1-800-464-9950 or visit <http://www.dars.virginia.gov>

Department of Health: This department's primary responsibility is public health activities. They also share the responsibility for preadmission screenings with local departments of social services for nursing facility and alternative services (waiver). For more information, visit <http://www.vdh.state.va.us/ContactUs.htm>.

Department of Behavioral Health and Developmental Services: DBHDS is the state agency responsible for coordination of mental health, developmental disabilities, and substance abuse services through the local community services boards (CSBs). This agency has responsibility for the day-to-day operations of the Intellectual Disability (ID) Waiver and the Day Support (DS) Waiver. The agency also administers the Level II screening, which is a Federal requirement for nursing facility placement. For information, contact 804-786-3921 or visit <http://www.dbhds.virginia.gov/contactus.htm>.

WHICH STATE AGENCIES ARE INVOLVED IN LONG-TERM CARE?

Contracted Medicaid Long-Term Care Activities

Public Partnerships, LLC (PPL) is a national company dedicated to assisting organizations and individuals implement consumer-directed supports and provide individuals Choice of the services they receive, how they are delivered and by whom within a defined service plan. DMAS has contracted with PPL to provide fiscal/employer agent (F/EA) services for individuals choosing a consumer-directed care model. Activities include conducting criminal background checks on potential employees (attendants), receiving, verifying and processing all time employee sheets, maintaining employee payroll records and processing all tax forms and payments for the employer (the senior or individual with a disability), and the employee required by the Internal Revenue Service. PPL processes enrollment, employment documents, payroll, and invoices and withholds, deposits, and files taxes on behalf of individuals who self-direct care in Virginia's Medicaid Waivers.

For the Money Follows the Person (MFP) Program, PPL is responsible for tracking and reimbursing Medicaid enrolled transition coordination agencies, including community services boards, expenditures for transition services for each individual enrolled in MFP, and for the distribution of payments to vendors for authorized goods and services. PPL conducts desk audits to validate the legitimacy of items/services purchased by transition coordination agencies. A secure website is available to case managers and transition coordinators to obtain individual expenditure and balance information for transition services. This website enables on-line submission of claims reimbursement requests, tracking individual monetary balances, and will provide the ability to generate reports. For additional information, please visit <http://www.publicpartnerships.com/> or call the PPL Help Desk at 1-866-857-0089.

KePRO is the contractor for the services authorization for long-term care services. All LTC services are reviewed in advance of the delivery of the service to assure that the individual meets the criteria and does not exceed the authorization limits defined by the Virginia General Assembly. **Note:** The Department of Behavioral Health and Developmental Services (DBHDS) performs service authorizations for the ID and DS Waivers.

V. COMPREHENSIVE ASSESSMENT

- The Code of Virginia § 32.1-330 requires that all individuals who will be eligible for community or institutional long-term care services, as defined in the state plan for medical assistance, shall be evaluated to determine their need for nursing facility services as defined in that plan.
- The Uniform Assessment Instrument (UAI) is the state-designated preadmission screening instrument used to determine when an individual meets functional capacity and has medical or nursing needs to meet nursing facility criteria.
- An individual's functioning is assessed across five dimensions: social resources, economic resources, mental health, physical health, and activities of daily living (ADLs).
- The assessment is both a PROCESS and a PRODUCT.
- The UAI identifies need for appropriate services for individual's at all functional levels across the spectrum of long-term care services.
- For providers, the UAI presents a comprehensive picture of the individual and the individual's needs and facilitates the transfer and sharing of the individual's medical and service need information among providers in order to facilitate service planning and delivery.
- Virginia has developed standardized decision criteria tied to the UAI (12VAC30-60-303) for Medicaid-funded nursing facility placement or home and community-based care services, that is the Elderly or Disabled with Consumer Directed (EDCD) Waiver. The Virginia UAI Manual can be found at <http://www.dss.virginia.gov/family/as/servtoadult.cgi#manuals>

General Points in Completing the UAI

- The individual is the primary source of information. If the individual is unable to accurately respond, or there is some question about the response, seek supplementary information from other sources.
- The UAI does not have to be completed in any prescribed order, although the questions have a logical flow. If you are just beginning as an assessor, follow the form from beginning to end. As you gain familiarity and comfort with the assessments, adapt the flow of questions to the individual situation. The UAI must be completed in its entirety.
- The UAI does not have to be completed in a single session; although, sometimes a Pre-admission Screening or an ALF Assessment may need to be completed quickly based on the urgency of need for services.
- If using the UAI as an assessment tool only for your agency, then obtaining the information through multiple visits may be the best course of action. Individuals' needs may change from day to day and multiple visits will help you to determine the individual's true situation.
- If the UAI is for internal use and has been used for multiple re-assessments in your agency, complete a new, clean UAI using the most current information. Keep all previous UAIs to maintain an individual case history.
- Screeners must have a copy of the *User's Manual: Virginia Uniform Assessment Instrument* for use during the assessment process. Use the manual definitions and procedures when you assess the individual. If you do not know the definitions and procedures, your assessment is likely to be inaccurate and result in flawed approval or denial of services. The forms can be found at <http://www.dss.virginia.gov/form/index.cgi>
- Additional guidance is available through Medicaid Memos; see Development of Special Criteria for Purposes of PAS for children with disabilities, October 3, 2012 at <https://www.virginiamedicaid.dmas.virginia.gov>
Training schedules for the Virginia UAI course can be obtained from: <http://www.dhrm.virginia.gov/training/courses/lmsinstructions.html>
For community partners who are not employees of VDSS and at <http://spark.dss.virginia.gov/> for VDSS employees.
- Additional guidance specifically for screening children using the UAI. See Medicaid Memo dated October 3, 2012 at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/>

WHAT IS COMPREHENSIVE ASSESSMENT? / RATING OF FUNCTIONAL DEPENDENCIES

VI. RATING OF FUNCTIONAL DEPENDENCIES USING THE UAI (12VAC30-60-303)

The rating of functional dependencies must be based on the individual's ability to function in a community environment, not including any institutionally induced dependence. The following abbreviations shall mean: I = independent; d = semi-dependent; D = dependent; MH = mechanical help; HH = human help.

Bathing

Without help (I)
MH only (d)
HH only (D)
MH and HH (D)
Is bathed (D)
Does not bathe (D)

Toileting

Without help day or night (I)
MH only (d)
HH only (D)
MH and HH (D)
Is toileted (D)
Is not toileted (D)

Bowel Function

Continent (I)
Incontinent less than weekly (d)
External/Indwelling Device OR Ostomy self-care (d)
Incontinent \geq weekly (D)
Ostomy not self-care (D)

Eating/Feeding

Without help (I)
MH only (d)
HH only (D)
MH and HH (D)
Spoon fed (D)
Syringe or tube fed (D)
Fed by IV or clysis (D)

Joint Motion (NF)

Within normal limits (I)
Limited motion (d)
Instability corrected (I)
Instability uncorrected (D)
Immobility (D)

Dressing

Without help (I)
MH only (d)
HH only (D)
MH and HH (D)
Is dressed (D)
Is not dressed (D)

Transferring

Without help (I)
MH only (d)
HH only (D)
MH and HH (D)
Is transferred (D)
Is not transferred (D)

Bladder Function

Continent (I)
Incontinent \leq weekly (d)
External device self-care (d)
Indwelling catheter self-care (d)
Ostomy self-care (d)
Incontinent \geq weekly (D)
External device, not self-care (D)
Indwelling catheter, not self-care (D)
Ostomy not self-care (D)

Mobility

Goes outside without help (I)
Goes outside MH only (d)
Goes outside HH only (D)
Goes outside MH and HH (D)
Confined moves about (D)
Confined does not move about (D)

Medication Administration (NF Only)

No medications (I)
Self-administered, monitored < weekly (I)
By lay persons, monitored < weekly (I)
By Licensed/Professional nurse and/or monitored weekly or more (d)
Some or all by Professional nurse (D)

Medication Administration (ALF Only)

Without assistance (I)
Administered, monitored by lay person (D)
Administered, monitored by professional staff (D)

Behavior Pattern and Orientation

Appropriate OR Wandering/Passive < weekly + Oriented (I)
Appropriate OR Wandering/Passive < weekly + Disoriented some spheres; some or all of the time (I)
Wandering/Passive \geq Weekly + Oriented (I)
Appropriate or Wandering/Passive < weekly + Disoriented All Spheres some or all of the time (d)
Wandering/Passive > Weekly + Disoriented some spheres; some or all of the time (d)
Wandering/Passive > weekly + Disoriented all spheres; some or all of the time (d)
Abusive/Aggressive/ Disruptive < weekly (d)
Abusive/Aggressive/ Disruptive > weekly + disoriented (D)
Abusive/Aggressive/Disruptive < weekly OR > weekly + Disoriented all spheres all time (D)
Semi-Comatose or Comatose for both Behavior and Orientation (D)

Please see the *User's Manual: Virginia Uniform Assessment Instrument (revised 7/05)* for more detailed definitions.

VII. ADDITIONAL GUIDANCE FOR SCREENING CHILDREN WITH DISABILITIES

Medicaid Memo dated October 3, 2012 – Guidance for Pre-admission Screening Teams and Hospital Based Screeners

Please continue to use the definitions contained within the *User's Manual: Virginia Uniform Assessment (UAI) Manual* in addition to the Information provided below when coding the UAI sections. For each definition where separate guidance is provided for assessing children, please use the scoring criteria below to indicate the child's level of dependence for each activity.

Scoring Criteria:

0 - The child's condition is successfully managed at home; the caregiver is able to provide the care independently; or the child is able to complete the task independently. (**Independent or "I"**)

1 - The child has moderate impairments; the child/caregiver requires at least daily assistance or unskilled/companion support to successfully support the child in the home. (**Semi-Dependent or "d"**)

2 - The child exhibits substantial impairments/disability; the child/caregiver is in need of: skilled, training assistance, or behavioral intervention to be supported at home. (**Dependent or "D"**)

Outlined below are the 'highlights' related to screening criteria for children. For more detailed instructions please refer to the Pre-Admission Screening Manual available on the web portal at: www.virginiamedicaid.dmas.virginia.gov

Bathing

Safety concerns such as seizure activity, water depth, balance, and/or awareness of surroundings (applies regardless of age of child).

Definition: Include safety concerns such as ability to perform task; Ability to regulate water temperature and ability to operate faucets.

Birth to 12 months: totally dependent for bathing;

1 to 4 years: physically able to participate in bathing; may require supervision or physical assistance;

5 to 21 years: physically able to complete bathing safely, appropriately, and without assistance; may require supervision if unable to complete task independently.

Dressing

Safety concerns include seizure activity, balance, and/or awareness of surroundings (applies regardless of age of child).

Definition: Include safety concerns such as ability to perform task; ability to select clothes, fasten clothes or shoes. Also includes use of Velcro closures, pull on pants, or zipper pulls.

Birth to 12 months: totally dependent for dressing;

1 to 4 years: physically able to participate in dressing; may require supervision, reminders, or physical assistance;

5 to 21 years: cognitively and physically able to complete dressing safely, appropriately, and without assistance; may require supervision if unable to complete task independently.

Transferring Birth to 21 years – Definition: Based on CD criteria, a child should be able to physically and cognitively perform all essential components of the task, safely, and without assistance if 6 years of age or older.

Toileting

A child younger than 4 years may require diapers.

Safety concerns such as medical concerns, frequent infections, hygiene needs, assistance with bowel and bladder programs or appliances such as ostomies or urinary catheters (regardless of age of child).

Birth to 4 years: may need intermittent supervision, cuing, and minor physical assistance, may have occasional night-time bed wetting, and may have occasional accidents during waking hours.

5 to 21 years: ability to transfer on and off the toilet, cleaning of self, managing pads, managing catheter, ability to physically and cognitively perform all essential components of the task safely, without assistance, if 6 years of age or older.

Eating/Feeding

A child younger than 12 months should be totally dependent on another for feeding.

Safety concerns: seizure activity, choking, dietary restrictions, or allergies. Note other forms of feeding such as tube or intravenous should be considered (regardless of the age of child).

Birth to 4 years: physically participate in eating, and may need constant supervision and/or assistance in setting up meals.

5 to 21 years: ability to regulate amount of intake, chew/swallow, utilize utensils; supervision needs such as verbal prompting or eating disorders, should be able to physically and cognitively perform all essential components of the task, safely and without assistance.

Behavior Pattern

Definition: Requires assistance to engage in safe actions and interactions and refrain from unsafe actions and interactions (regardless of the age of child)

Mobility

Birth to age 4 - Definition: Child younger than 5 may require supervision for safety of the child; for birth through 2 years may need intermittent physical assistance.

For Children 5 to 21 years – Should include the ability to safely maneuver (ambulate), creep up stairs, kneel without support, and assume standing position. Safety considerations: seizure activity, frequent falls, balance, and/or visual concerns. Based on CD criteria, a child should be able to physically and/or cognitively perform all essential tasks safely and without Assistance.

Medical Nursing Needs: Health impairments that require long-Term; Intensive, specialized services on a daily basis.

There are no additional criteria for Orientation, Medication Administration, and Joint Motion for children other than those in the User's Manual.

NURSING FACILITY (NF)

To be eligible for NF care, an individual must have both the necessary functional and medical/nursing needs. Home and community-based care waiver services and other service options must be carefully discussed and carefully considered prior to selecting a NF as the service option.

NF Criteria:

NF CATEGORY 1:

Rated dependent in 2 to 4 ADLs: ☐ YES; **PLUS**

Rated semi-dependent or dependent in behavior pattern and orientation: ☐ YES; **PLUS**

Rated semi-dependent in joint motion or semi-dependent in medication administration: ☐ YES.

NF CATEGORY 2:

Rated dependent in 5 to 7 ADLs: ☐ YES; **PLUS**

Rated dependent in mobility: ☐ YES.

NF CATEGORY 3:

Rated semi-dependent in 2-7 ADLs: ☐ YES; **PLUS**

Rated dependent in behavior and orientation: ☐ YES.

Indicate whether the individual has medical nursing needs. This means: 1) the individual's medical condition requires observation and assessment to ensure evaluation of needs due to an inability for self-observation or evaluation; **OR**, 2) the individual has complex medical conditions that may be unstable or have the potential for instability; **OR**, 3) the individual requires at least one ongoing medical or nursing service.

To meet NF Criteria, the individual must meet at least one of the three categories (meaning he or she meets **all** elements within the category) AND the individual must have medical nursing needs.

NF continued

Services:

- Dietary Services
- Medically Necessary Supplies
- Nursing Services
- Physical/Occupational/Speech Therapy
- Prescription Drugs
- Recreational Therapy
- Social Services

Screening Process: For public pay individuals, the Preadmission Screening (PAS) Team must assess the individual using the Virginia UAI prior to provision of services.

Forms:

- Completed Virginia UAI (all 12 pages)
- Completed DMAS-96 form
- Completed DMAS-95 MI/MR Level 1 form
- Completed DMAS-95 MI/MR Level 2 form (if applicable)
- Copy of DMAS-97 form

SPECIALIZED CARE

If an individual requires nursing facility care and has specialized service needs, it may be appropriate to refer to a specialized care provider. Specialized services are available for children, such as for ventilator care, intravenous medication or nutrition, certain complex medical care, and comprehensive rehabilitation therapy. For adults, the program is limited to ventilator care and complex tracheostomy care.

VIII. HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVERS, PACE AND MFP

Home and community-based services should be considered when an individual meets institutional criteria specified in program and is at risk of placement (as defined below) without waiver services. Waiver services are offered to such an individual as an alternative to avoid admission. "Imminent risk" of placement" is defined as needs to enter a facility within one month if he or she does not receive waiver services.

ALZHEIMER'S ASSISTED LIVING WAIVER (12VAC30-120-1600)

Services:

- Assistance with activities of daily living;
- Medication administration by registered or licensed professionals;
- Licensed Health Care Professional services for assessments, evaluations, and coordination of services; and
- Therapeutic, social, and recreational programming that provides daily activities for individuals with dementia.

Criteria:

- Be at least 55 years of age, AND
- Be an Auxiliary Grant (AG) recipient; AND
- Have a diagnosis of Alzheimer's Disease or a related dementia and no diagnosis of serious mental illness or mental retardation; AND
- Reside in an approved ALF that is licensed by VDSS as a "safe and secure" environment; AND
- Meet nursing facility level of care.

Screening Process: For public pay individuals, the PAS Team must assess the adult individual, using the UAI, prior to provision of services. Alternative institutional placement is a nursing facility. The individual or his or her family must locate a qualified facility and confirm admission. The ALF will notify DMAS of admission.

Forms:

- Completed UAI (all 12 pages)
www.dss.virginia.gov/family/as/servtoadult.cgi
- Completed DMAS-96 form

Points to Consider:

Does the individual have a diagnosis of Alzheimer's disease or a related dementia?

Does the individual meet NF criteria?

Is the individual receiving an Auxiliary Grant (AG)?

If yes to all of these questions, then authorization to the Alzheimer's Assisted Living Waiver may be appropriate.

DAY SUPPORT WAIVER (12VAC30-120-1500)

The Day Support Waiver is administered by the DBHDS Office of Developmental Services in collaboration with DMAS.

Eligibility: Persons with a diagnosis of intellectual disability on the ID waiver Urgent or Non-Urgent Waiting Lists are eligible. Individuals are selected according to the date when services were first documented as needed and eligibility confirmed, regardless of urgency. An individual can remain on the waiting list for the ID Waiver while being served by the Day Support Waiver, and transfer to the ID Waiver once a slot becomes available.

Services:

- Day support;
- Prevocational services;
- Supported Employment.

Criteria:

- Must meet criteria for ICF/ID by meeting at least two level-of – functioning indicators; AND
- Must have ID; AND
- Must be financially eligible for Medicaid.

Screening Process: Contact the local Community Services Board (CSB) or Behavioral Health Authority (BHA) to request a screening using the "Level of Functioning" Survey.

Forms:

- Level of Functioning Survey
- Virginia Home and Community Based Waiver Choice of Provider (DMAS 460)
- Documentation of Individual Choice between Institutional Care or Home- and Community-based Services (DMAS 459-C)

Note: Enrollment and service authorization is accomplished via the DBHDS Intellectual Disability On-Line System (IDOLS).

Points to Consider:

Has the individual been diagnosed with ID?

Does the individual require supports (in the form of the services listed above), to attain/maintain optimal abilities/status in the community?

If yes to either of the questions, then authorization for the DS Waiver may be appropriate.

HOME AND COMMUNITY BASED WAIVERS: ALZHEIMER'S, DAY SUPPORT, ED CD AND CONSUMER DIRECTION

ELDERLY OR DISABLED WITH CONSUMER DIRECTION (EDCD) WAIVER 12-VAC30-120-900

Eligibility: This waiver serves seniors and individuals of all ages with disabilities. The individual may receive this service through a service provider or through consumer direction in which he or she directs his or her own care, or a parent, spouse, adult child or other responsible adult can direct care on behalf of the individual. An individual can remain on the waiting list for another waiver while being served by the EDCD Waiver if he or she meets criteria for both waivers and transfers to the preferred waiver once a slot becomes available.

Services:

- Adult Day Health Care
- Medication Monitoring – Installation and Monthly
- Personal Care – Agency and Consumer Directed
- Personal Emergency Response System (PERS) – Installation and may or may not include monthly monitoring. This is not a stand alone service and must be authorized in addition to one of the other services available in this waiver – **MUST BE USED IN COMBINATION WITH EDCD WAIVER SERVICE**
- Respite Care – Agency and Consumer Directed
- Transition Coordination
- Transitional Services

Criteria: An individual must meet NF eligibility criteria, including both medical needs and functional capacity needs (assistance with ADLs) and must be at imminent risk of NF placement.

Screening Process: For public pay individuals, the local PAS Team must assess the individual prior to provision of services.

Forms Required:

- Completed Virginia UAI (all 12 pages)
- Completed DMAS-96 form
- Completed DMAS-97 form
- Completed DMAS-95 Addendum for CDPAS (if applicable)

Points to Consider:

Is the individual in need of adult day health care?

If yes to either of these questions, then authorization to the EDCD Waiver may be appropriate.

CONSUMER DIRECTED MODEL OF SERVICE DELIVERY (CD regulations are contained within appropriate waivers)

Overview: Consumer direction (CD) is not a service; rather, CD is a model of service delivery that requires the individual direct their own services and supports. Unlike the agency directed (AD) model, there is no agency involved in the selection and assignment of assistants/ attendants because the individual enrolled in the waiver is the EMPLOYER. If an individual is unable to perform employer functions, or is less than 18 years of age, a family member or non-paid caregiver may serve as the employer of record (EOR). CD and AD may be used together when supported by the plan of care.

Eligibility: Individuals enrolled in the EDCD, DD, or ID Waivers or children receiving EPSDT Program.

Services: Personal assistance and respite services; and, companion services for the DD and ID Waivers.

Criteria: Individuals choosing the consumer directed model will need a services facilitator (SF) to assist developing a services plan and provide training to the employer about the CD model.

Screening Process: The services facilitator (SF) meets with the individual, assesses need for services, and ensures that there is an employer of record (EOR). The SF explains the role of the fiscal/employer agent (F/EA) and the process for enrolling with the F/EA as a consumer-directed employer. (Refer to the section "Role of Public Partnerships, LLC (PPL)" in this Guide.)

Forms: There are two sets of forms, one set developed by PPL for the employer and attendant(s) for enrollment and payroll, and the second set developed by DMAS for the SF.

<http://www.publicpartnerships.com/>

<https://www.virginiamedicaid.dmas.virginia.gov>

Points to Consider:

Is the individual able to perform the tasks of the employer or is there a family member or caregiver adult who can serve as EOR? Does the individual have a back-up plan if the attendant does not report for work?

Note: If the individual has medication or skilled nursing needs or medical/behavioral conditions that are prohibited for the CD model, the individual may need to consider the agency directed model for nursing oversight.

DEVELOPMENTAL DISABILITIES (DD) WAIVER – 12VAC30-120-700

Eligibility: The DD Waiver provides services to individuals 6 years of age and older who have a diagnosis of a DD and do not have a diagnosis of ID. Individuals also must require the level of care provided in an intermediate-care facility for persons with ID or other related conditions (ICF/ID). Children who do not have a diagnosis of ID and have received services through the ID Waiver, become ineligible for the ID Waiver when they reach the age of 6. At that time, they can be screened for eligibility for the DD Waiver; if found eligible, they may receive a DD waiver slot subject to CMS approval.

Services:

- Adult Companion Services – Agency Directed
- Assistive Technology
- Crisis Stabilization
- Crisis Supervision
- Day Support - High Intensity and Regular
- Environmental Modifications
- Family/Caregiver Training
- In-home Residential Support (not group homes)
- Personal Care – Agency Directed and Consumer Directed
- Personal Emergency Response System (PERS)
- Prevocational Training
- Respite Care – Agency Directed and Consumer Directed
- Skilled Nursing RN
- Support Coordination (Case Management)
- Supported Employment – Enclave and Individual
- Therapeutic Consultation
- Transition Services

Criteria:

- Must be at least 6 years of age and meet the related conditions requirements of 42 CFR § 435.1009, including autism; AND
- Not have a diagnosis of ID as defined by the American Association on Intellectual and Developmental Disabilities (AAIDD); AND
- Meet the level of care for admission to an ICF/ID; AND
- Meet at least two level-of-functioning indicators.

Screening Process:

The Virginia Department of Health Child Development Clinics will screen individuals with the Level of Functioning (LOF) Survey which is the assessment instrument used to determine eligibility for an ICF/ID. The request for screening can be found at: http://www.dmas.virginia.gov/Content_pgs/lfc-screen.aspx Complete the form and fax or mail it to the Child Development Center in your locality (see Web page for contact information). The psychological assessment is a requirement of the screening determination.

All other forms for this waiver can be found at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal> listed under IFDDS.

Forms:

- Medicaid-Funded Long-Term Care Authorization (DMAS-96)
- Documentation of Individual Choice between Institutional Care and Home and Community-based Services (DMAS- 459)
- Provider consent form
- DD** Medicaid Waiver Level of Functioning Survey Summary Sheet (DMAS-458)

Points to Consider:

Has the individual been diagnosed with a developmental disability (other than ID)?

Is the individual 6 years of age or older and meet the “related conditions” requirements of 42 CFR 435.1009, including autism? If yes to both of these questions, then authorization to the DD Waiver may be appropriate.

**** Officially named Individual and Family Developmental Disability Supports (IFDDS) Waiver**

INTELLECTUAL DISABILITY (ID) WAIVER (12VAC30-120-211) *

The ID Waiver is administered by the DBHDS Office of Developmental Services in collaboration with DMAS.

Eligibility: An individual must be age 6 or older and have a diagnosis of ID OR be under age 6 and at developmental risk. The person must be eligible for placement in an intermediate-care facility for persons with ID or other related conditions (ICF/ID). This waiver is "needs-based," meaning those who meet urgent criteria are served first. Children on the ID Waiver who do not have a diagnosis ID should be screened at age 6 and may transfer to the DD Waiver if eligible and subject to CMS approval.

Services:

- Adult Companion Services – Agency-Directed and Consumer-Directed
- Assistive Technology
- Congregate Residential
- Crisis Stabilization
- Crisis Supervision
- Day Support – Regular and High Intensity
- Environmental Modifications
- In-Home Residential
- PERS Medication Monitoring – Installation and RN/LPN Monitoring
- Personal Emergency Response System (PERS) – Installation Monitoring Personal Assistance Agency-Directed and Consumer-Directed
- Prevocational Services – Regular and High intensity
- Respite Services – Agency-Directed and Consumer-Directed
- Skilled Nursing - RN and LPN
- Supported Employment – Group and Individual
- Therapeutic Consultation
- Transition Services

Criteria:

- Must meet criteria for ICF/ID by meeting at least two level-of-functioning indicators; AND
- Must have ID OR if under age 6 be at developmental risk; AND
- Must be financially eligible for Medicaid.

Screening Process: Individuals with ID must be screened by the local CSB or behavioral health authority (BHA) using the "Level of Functioning" (LOF) survey. CSBs are given a number of slots to manage and cannot exceed the slot allocation. CSBs are responsible for assigning vacant slots according to a statewide uniform slot assignment process.

Forms:

- Level of Functioning Survey
- Virginia Home and Community-Based Waiver Choice of Provider (DMAS 460)
- Documentation of Individual Choice between Institutional Care and Home and Community-based Services (DMAS 459-C)

Note: Enrollment and service authorization is accomplished via the DBHDS Intellectual Disability On-Line System (IDOLS).

Waiting List: There are three types of lists for the ID Waiver. ID Waiver slots are given first to individuals who meet the criteria for the Urgent Waiting List.

- Urgent Waiting List – meets at least one of six urgent criteria and needs/would accept waiver services within 30 days
- Non-urgent Waiting List – needs/would accept waiver services within 30 days, but does not meet the urgent criteria.
- Planning List – will need waiver services at some point in the future

Points to Consider:

Has the individual been diagnosed with ID or at developmental risk, if under the age of 6?

Does the individual require supports (in the form of the services listed in the column to the left) to attain/maintain optimal abilities/status in the community?

If yes to both of the questions, then authorization to the ID Waiver may be appropriate.

* Pending final proposed regulations will change the reference to 12VAC30-120-1000 upon approval.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) – 12VAC30-50-320

Services:

- Adult Day Care
- Home Health Care
- Hospital Patient Care
- Meals
- Nursing Facility Care
- Nutritional Counseling
- Outpatient Medical Services
- Personal Care
- Prescribed Medications
- Primary/Specialty Care
- Nursing
- Respite Care
- Social Services
- Transportation
- All other medically necessary Medicare and Medicaid Services

Criteria:

- Be 55 years of age or older; AND
- Reside in a PACE provider's service area; AND
- Be determined eligible for NF care; AND
- Be screened and assessed by the PACE team; AND
- Have a safe service plan; AND
- Agree to the terms and conditions of participation; AND
- Have an income equal to or less than 300% of the current Social Security Income.

Screening Process: For private pay individuals, the PAS Team must assess the individual prior to provision of services. Individuals transitioning from the EDCD Waiver or from a NF and who previously had a preadmission screening completed authorizing this level of service may move to the PACE program without any additional screenings being completed.

Forms Required to Begin Services:

- Enrollment Assessment Instrument (DMAS-99P)
- Virginia UAI
- Service Plan

Points to Consider:

Does the individual reside in a PACE service area?

Is the individual interested in receiving wrap around services through one provider in an adult day care center setting?

Does the individual agree to the terms and conditions of participation, including receiving services from a PACE physician?

If yes to any of these questions, then authorization to PACE may be appropriate.

TECHNOLOGY ASSISTED WAIVER (12VAC30-120-70)

Eligibility: Children and adults must require substantial and ongoing skilled nursing care. Children under the age of 21 are eligible if they are dependent on technology to substitute for a vital body function and have exhausted available third-party insurance benefits for private-duty nursing. The individual must have a primary backup person to assume care when the skilled nurse is not available. Tech Waiver services may be limited or denied for individuals who can receive services through a third-party payment source.

Services:

- Assistive Technology
- Environmental Modifications
- Personal Emergency Response System (PERS)
- Personal Care – Agency Directed (individuals must be 21 years of age or older)
- Private Duty Nursing (PDN) – RN and LPN
- Skilled PDN
- Respite Care (Agency-directed)
- Transitional Services

Criteria:

- Doctor must certify need for care; AND
- Need substantial and ongoing skilled nursing care; AND
- Care must be cost-effective; AND
- Have a trained, primary caregiver who provides at least 8 hours of care for each 24-hour day.
- **Younger than 21:** Dependent at least part of the day on a mechanical ventilator OR dependent on technology such as a tracheostomy, prolonged I.V. nutritional supplements, drugs, or peritoneal dialysis; OR daily dependence on other device-based respiratory or nutritional support, including tracheostomy care, oxygen support, or tube feeding.
- **21 and older:** Requires ongoing and substantial nursing care and is: dependent on mechanical ventilator OR requires complex tracheostomy services.

Screening Process:

- The Tech Waiver referral, regardless of an individual's age, originates from a hospital, nursing facility, or the community.
- Technology Assisted Waiver must have a Virginia UAI completed by the local PAS Team in the community or by a nursing facility or hospital discharge planner. If appropriate, these individuals must also be referred for a Level II screening for conditions of mental health and/or ID. The UAI assessment is completed by a medical professional (a RN and/or Social Worker and a physician).
- The complete screening packet is sent to the DMAS Health Care Coordinator (HCC) for final eligibility determination and enrollment authorization for private duty nursing.
- DMAS makes the final determination for waiver enrollment.

Forms:

- **Under 21:** Virginia UAI, DMAS 96, DMAS 97, Technology Waiver Pediatric Referral form.
- **Over 21:** Virginia UAI, DMAS 96, DMAS 97, Technology Waiver Adult Referral form.

MONEY FOLLOWS THE PERSON (MFP) – 12VAC30-120-2000

Money Follows the Person (MFP) is a demonstration project that allows qualified individuals of all ages and all disabilities who reside in a nursing facility or other institution the option for community living.

Eligibility:

The individual must:

- Be a resident of Virginia;
- Reside in a nursing facility, intermediate care facility for persons with intellectual disabilities, or long-stay hospital for 90 consecutive days; and,
- Be eligible for enrollment in a LTC Medicaid Waiver; and
- Be eligible for Medicaid for at least one month at the time of transition.

New Waiver Services:

- **Transition Coordination** – DMAS-enrolled provider responsible for supporting the individual and family/caregiver, as appropriate, with the activities associated with transitioning from an institution to the community. This service is only available in the EDCD Waiver. To qualify for these services, an individual must demonstrate a need for transition coordination. Transition coordination services must be prior authorized by DMAS or its designated agent.
- **Transition Services** – a one-time, life-time \$5,000 benefit pre-authorized by DMAS (or its agent) to assist in procuring essential goods and services to permit transition to a community setting. This benefit must be expended within nine months from the date of authorization. Examples of allowable costs include, and are not limited to, security deposits, essential household furnishings, and set-up fees or deposits for utility or services access. Excluded are monthly rent, mortgage expenses, or food; regular utility charges; household items intended for purely diversional/recreational purposes; and/or items that are covered under other waiver services.

Services Added to Waivers:

- EDCD – PERS, Transition Coordination, Transition Services
- Tech – PERS, Transition Services
- DD – Transition Services
- ID – Transition Services

*All services added to the waivers are permanent additions to the specific waiver program.

Demonstration Services:

Individuals participating in the MFP Program will also have access to certain demonstration services. These services are as follows:

- Environmental Modifications and Assistive Technology for individuals enrolled in the EDCD Waiver.
- Supplemental Home Modifications through the Department of Housing and Community Development

Enrollment Process:

- Facility discharge staff should assist the individual in obtaining necessary information to make an informed choice regarding the MFP program.
- A case manager, transition coordinator, or other appropriate provider will gather:
 - Assessment Instrument(s);
 - Service Plan;
 - Risk Assessment; and
 - MFP Enrollment Forms: DMAS-222 MFP Enrollment, DMAS-221 MFP Informed Consent, and DMAS-416 MFP Quality of Life Survey.
- The case manager, transition coordinator, or other appropriate provider will then submit (1) the Waiver Enrollment to the appropriate entity for processing and (2) Prior Authorization requests to the appropriate entity for processing.
- If an individual is using the ID Waiver, his/her Community Services Board will designate a case manager; if an individual is using the DD Waiver, the individual will select a Medicaid enrolled case management agency.
- The waiver enrollment process will be the process used by the waiver in which a person enrolls. (Please refer to the specific waiver in this guide for enrollment procedures).

For more information about MFP, please visit <http://www.olmsteadva.com/mfp> or e-mail MFP@dmass.virginia.gov or call the Division of Long-Term Care Help Line at (804) 225-4222.

MONEY FOLLOWS THE PERSON (MFP) PROJECT