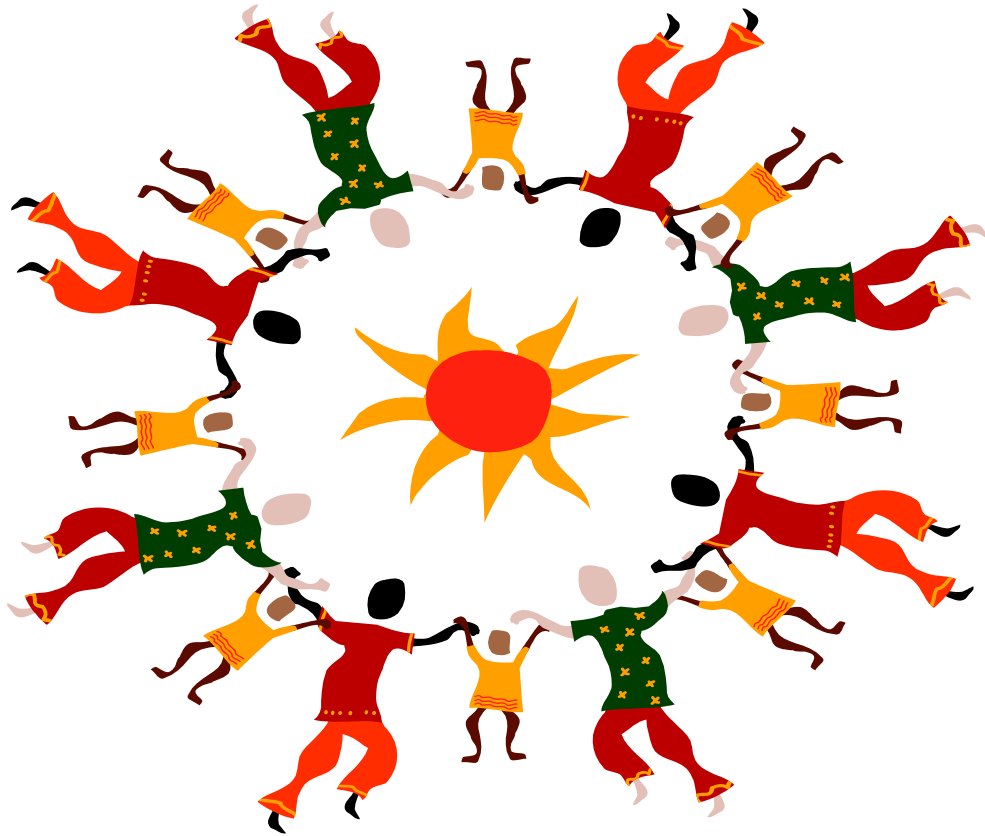


# **Navigating the MR Waiver: A Workbook for Families**



Department of Mental Health, Mental Retardation and Substance Abuse Services  
Office of Mental Retardation Services

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Third Edition

## **Acknowledgments**

This workbook is the result of a collaborative effort by a team of writers and reviewers representing the Department of Mental Health, Mental Retardation and Substance Abuse Services Office of Mental Retardation Services, the Community Services Board system and the parent-advocate community. The goal of this workbook is to facilitate a clearer understanding of the Mental Retardation Waiver among family members of individuals receiving or interested in receiving MR Waiver services and to promote enhanced dialogue between them and the case managers who share its contents. This is the first edition; however, we expect future publications based upon additional feedback and suggestions.

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## **Introduction: Families Are Important**

It all starts with families. Every person, including persons with disabilities, is born into a family, and, hopefully, first experiences love, trust and community within the family. He or she learns about the world and explores his or her interests and abilities in the context of this family. In a perfect world, the family is always available to provide needed support. In the life of a person with mental retardation, there may come a time when the family cannot provide all the supports that are needed. When that time arrives, family members need information regarding alternative supports.

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

The purpose of this booklet and the accompanying PowerPoint presentation is to guide you through the paid supports available to your family member through Virginia's Home and Community-Based Mental Retardation Waiver (otherwise known as "the MR Waiver"). The MR Waiver has the most support options of any of the Virginia Waivers and offers opportunities for flexibility and creativity. However, this can make it rather difficult for family members to navigate. To assist you, we hope that you will use this booklet, not only to become familiar with the MR Waiver supports and procedures, but also to become empowered to be an even better advocate for your family member.

**To the world, you may be only one person, but to one person, you may be the world.**



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## Glossary

- **Assistive technology:** specialized medical equipment, supplies, devices, controls and appliances, which enable the individual to better perform activities of daily living, to perceive, control or communicate with his/her environment, or are necessary to his/her proper functioning at home and in the community.
- **Authorized representative:** a person named by the director of a DMHMRSAS-licensed provider to act on behalf of an individual who needs help with decision making, particularly about sharing confidential information and issues requiring “informed consent.”
- **Behavioral Health Authority (BHA):** the local agency, established by a city or county or some combination of counties and/or cities that plans, provides, and evaluates mental health, mental retardation, and substance abuse services in the area it serves. This is another term for a Community Services Board. In this booklet, we will use the term “CSB” to mean both CSBs and BHAs.
- **Case manager:** an employee or contractor of a Community Services Board or Behavioral Health Authority who will give you information about services, help you obtain them and make any needed changes over time.
- **Centers for Medicare and Medicaid Services (CMS):** the unit of the Federal Department of Health and Human Services that administers the Medicare and Medicaid programs.
- **Community Resource Consultants:** regionally-based Office of Mental Retardation staff responsible for providing training and technical assistance to case managers and MR Waiver service providers, as well as assist family members of individuals with mental retardation, as needed.
- **Community Services Board (CSB):** the local agency, established by a city or county or some combination of counties and/or cities that plans, provides, and evaluates mental health, mental retardation, and substance abuse services in the area it serves.

- **Companion services:** provide socialization and other non-medical support to adults 18 and older at home or at various locations in the community. The focus is on “instrumental activities of daily living” (e.g., assistance with housekeeping activities, preparation of meals, shopping). This service may be agency-directed or consumer-directed.
- **Consumer-directed services:** offer the individual/family the option of hiring workers directly, rather than using traditional agency staff.
- **Consumer Service Plan (CSP):** the document that addresses needs and desires in all life areas of individuals who receive Mental Retardation Waiver services. It is comprised of Individual Service Plans, as dictated by the individual’s health care and support needs. The Individual Service Plans are incorporated in the CSP by the case manager.
- **Crisis stabilization:** expert intervention (and may include one-to-one supervision) for someone with mental retardation who is experiencing serious psychiatric or behavioral problems which jeopardize his/her current community living situation. The goal is to avoid emergency psychiatric hospitalization or institutional admission or other out-of-home placement, as well as to stabilize the individual and strengthen the current living situation so the individual can be supported during and beyond the crisis period.
- **Day support:** training, and support away from home to help the individual to learn new skills for using the community. These services may be located in a “center” or provided in regular locations in the community.
- **Department of Medical Assistance Services (DMAS):** the state agency responsible for Medicaid-funded services in Virginia.
- **Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS):** the state agency that conducts many of the day-to-day functions of MR Waiver operations and oversight.
- **Department of Social Services (DSS):** the state agency that determines eligibility for Medicaid benefits and “patient pay” amounts (i.e., what an individual owes toward the cost of his/her own MR Waiver services).

- **Department of Rehabilitative Services (DRS):** the state agency responsible for assisting people with disabilities to assume a place in the workforce.
- **Environmental modifications:** physical adaptations to an individual's home or vehicle needed by the individual to ensure his/her health, welfare and safety or enable him/her to experience greater independence in the home and around the community.
- **Enrollment:** the process by which an eligible individual is formally assigned an available MR Waiver slot. It is accomplished by the case manager sending certain completed forms to the Office of Mental Retardation Services. Once the forms are reviewed and signed by an OMRS representative, the individual is considered to be enrolled.
- **Family member/relative:** for purposes of this workbook, this usually refers to the person in your family with mental retardation.
- **Intermediate Care Facility for Persons with Mental Retardation (ICF-MR):** A segregated Medicaid-funded setting in which nearly all of an individual's habilitation, medical, nutritional and therapeutic needs are met in one place. This is the institutional placement that is "waived" when an individual chooses the MR Waiver.
- **Individual:** this usually refers to the person with mental retardation.
- **Individual Service Plan (ISP):** the plan for the provision of one particular MR Waiver service. Case management services also have an ISP.
- **Legal Guardian:** a person who has been appointed by a court of law to act as decision-maker in matters requiring "informed consent" (i.e., situations in which there are clearly more risks involved than those involved in typical day-to-day living) for another person who has been found by the court to lack the capacity to weigh the risks and benefits of such decisions. Parents of children under 18 are always considered their children's legal guardian, unless those rights have been taken away by the court.

- **Level of Functioning Survey:** the tool used in the MR Waiver to determine if an individual meets the level of care required in an ICF-MR, thereby meeting one of the criteria for eligibility for the MR Waiver. It is completed by the case manager every year.
- **Office of Mental Retardation Services (OMRS):** the division of the Department of Mental Health, Mental Retardation and Substance Abuse services that has the day-to-day responsibilities for the MR Waiver services, including preauthorization of services, data management and technical assistance and training to providers.
- **Patient Pay:** a cash amount, determined by the local Dept. of Social Services, that some individuals owe each month toward the cost of their own MR Waiver services. Patient Pay is usually the amount in excess of the standard monthly personal allowance, which is based upon the maximum amount of the Supplement Security Income (SSI) payment. People who work are afforded a higher allowance. It is not the same as a co-pay for medications in that it is based on the individual's monthly income and the full amount is paid only once per month.
- **Personal assistance:** direct support with activities of daily living (e.g., bathing, toileting, personal hygiene skills, dressing, transferring, etc.), instrumental activities of daily living (e.g., assistance with housekeeping activities, preparation of meals, shopping, etc.), accessing the community, taking medication or other medical needs, and monitoring the individual's health status and physical condition. These services may be agency-directed or consumer-directed.
- **Person –centered planning:** an ongoing planning process to help the individual create a vision of a desirable future. It builds on the individual's strengths, personality and interests. It helps him/her to become an integral part of the neighborhood and community by promoting participation in the life of the community and building relationships with people with whom he/she wants to spend time. It assists the individual in making personal choices and achieving dreams and a desirable lifestyle. It most often begins with a team of people who care about the individual and are willing to invest time and effort to ensure that he/she experiences a richer, more satisfying life. ■

- **Personal emergency response systems (PERS):** an electronic device that enables the individual who is alone to access a centralized, staffed emergency center in the event of an emergency.
- **Provider:** an agency or individual that has the necessary credentials to deliver services to individuals under the MR Waiver, including an agreement with the Department of Medical Assistance Services.
- **Prevocational services:** training and assistance to prepare an individual for paid or unpaid employment. These services are not job task-oriented. These are for individuals who need to learn skills fundamental to employment such as accepting supervision, getting along with co-workers, using a time clock, finishing assignments.
- **Residential Support Services:** Help to learn new skills to live safely and productively at home and in the community for people who live in a variety of settings (apartment, family home, group home, sponsor home).
- **Respite services:** temporary, substitute care for that which is normally provided by the family or other unpaid, primary caregiver of an individual. These short-term services may be provided because of the primary caregiver's absence in an emergency or the on-going need for relief. These services may be agency-directed or consumer-directed.
- **Skilled nursing services:** nursing services ordered by a physician for individuals with serious medical conditions and complex health care needs. This service is available only for individuals for whom these services cannot be accessed through another means. These services may be provided in an individual's home, community setting, or both.
- **Slot:** an opening or vacancy of Waiver services for an individual.
- **SSDI (Social Security Disability Income):** a cash benefit awarded through Social Security that may come to a person with a disability whose Social Security tax-paying parent has died.
- **SSI (Supplemental Security Income):** another Social Security cash benefit determined by the Department of Social Services that may come to a person due to age or disability due to his/her financial situation.

- **Supported employment:** supports to enable individuals with disabilities to work in settings in which persons without disabilities are typically employed. They may be provided to one person in one job (e.g., a person working to bus tables in a restaurant) or to several people at a time when those individuals are working together as a team to complete a job (e.g., such as a grounds maintenance crew).
- **Therapeutic consultation:** expert training and technical assistance in any of the following specialty areas to enable family members, caregivers, and other service providers to better support the individual. The specialty areas are: Psychology, Behavior, Speech and Language Pathology, Occupational Therapy, Physical Therapy, Therapeutic Recreation and Rehabilitation Engineering.

# **Introduction to the MR Waiver**

## **What is a “Waiver?”**

States apply to the federal Medicaid agency, known as the Centers for Medicare and Medicaid Services (CMS) for Medicaid Waivers. This enables states to waive the usual requirement that individuals must reside in an institution in order to receive Medicaid funding for services. In this way, Medicaid pays for certain community-based alternatives to institutional care. Medicaid regulations specify that, once an individual has been determined eligible for the MR Waiver, he/she must be offered a choice between institutional and Waiver services.

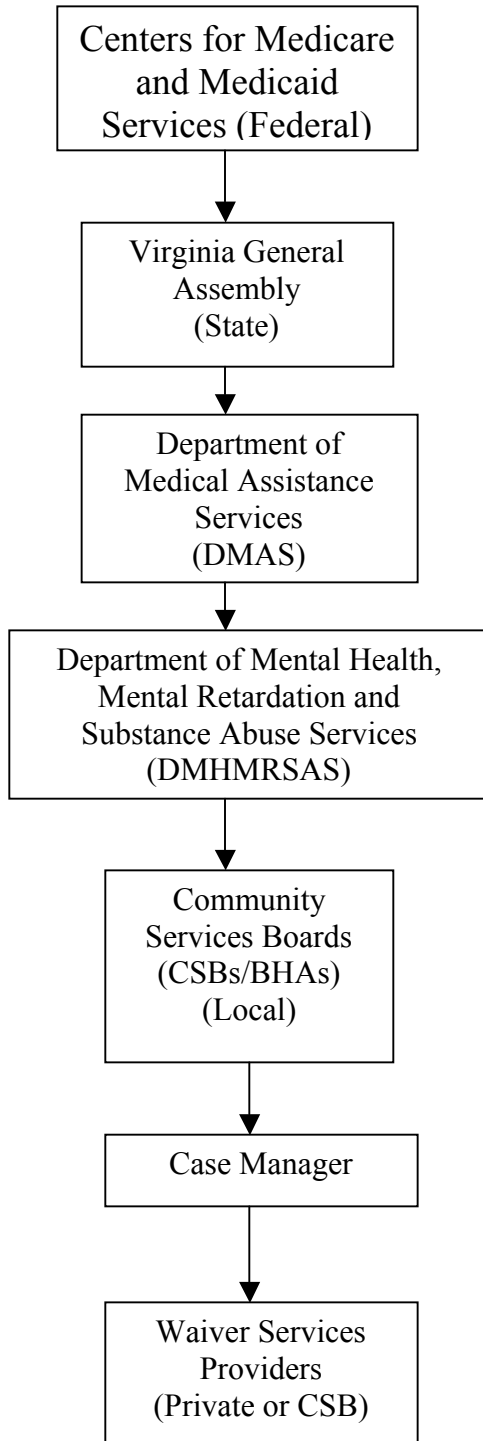
There are a number of different “Waivers” in Virginia. Each is targeted to a different group of people in need of services in the community instead of an institution.

## **A Brief History of Virginia’s MR Waiver**

Virginia first applied for a Home and Community-Based Waiver for persons with mental retardation in 1990, with services beginning in early 1991. That year 130 people received services through what is now known as the MR Waiver. Virginia’s MR Waiver was revised and several new services were added in 1994 to better support individuals in a wider variety of ways. In 2000 – 2001, a new MR Waiver was developed that revised existing services and added new services, in particular ones that could be directed by the individual or the family. It was submitted to CMS and approved in 2001.

The state agency that administers the MR Waiver in Virginia is the Department of Medical Assistance Services (DMAS). Day-to-day MR Waiver operations are managed by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). Locally, MR Waiver services for individuals are coordinated by case managers employed by Community Services Boards (CSBs) (called Behavioral Health Authorities in some localities). The actual services are delivered by CSBs and private providers across the state. [See Diagram 1.]

**Diagram 1: “The Big Picture”**



## What Makes a Person Eligible for the MR Waiver?

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

- **Diagnostic Eligibility**: Individuals must have an evaluation that reflects their current level of intellectual and adaptive functioning. This requires:
  - For individuals six years of age or older, a psychological evaluation completed by a licensed professional that states a diagnosis of mental retardation;
  - For individuals under age six, either a psychological or standardized developmental evaluation that states that the child has a diagnosis of mental retardation or is at developmental risk.
- **Functional Eligibility**: All individuals receiving MR Waiver services must meet the ICF-MR level of care. This is done by the case manager completing the “Level of Functioning Survey” with the individual and persons who know that individual well. The individual must have significant needs in two or more of the survey’s seven categories. A copy of this tool can be found in Appendix A.
- **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 qualify after being approved for the MR Waiver.

In order to receive MR Waiver services, an individual must meet eligibility requirements and a “slot” must be available. A “slot” is a term referring to an opportunity for a single individual to receive Waiver services. A slot is assigned to each MR Waiver recipient. The number of slots is limited by the availability of Medicaid funding for MR Waiver services. CMS asks each state to determine the number of people they expect to serve in order to determine the state’s slot allocation. In July 2007, 399 slots were received from the General Assembly, bringing Virginia’s current slot total to 7342.

### **How are slots distributed and assigned?**

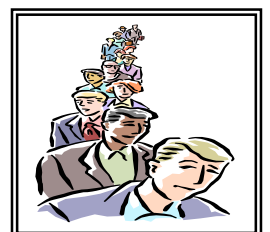
Each CSB has a designated number of slots. If an assigned slot becomes vacant, (e.g., the MR Waiver recipient moves to another state, refuses services or dies), the CSB must use it in a timely manner to provide MR Waiver services to another eligible individual. Additional slots, beyond each CSB’s present number, are available only when the General Assembly allocates more funds in Virginia’s budget for MR Waiver.

As additional slots become available, they are allocated to CSBs based on their percentage of people on the Statewide Urgent Needs Waiting List when compared to the total number of people on the Statewide Urgent Needs Waiting List. CSBs not having individuals who meet the urgent criteria on the Waiting List (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. All individuals in the state who meet the urgent criteria must be served before anyone from the non-urgent list can be served.

The CSB determines from among the individuals in their catchment area meeting the urgent criteria, which person is in most critical need of services at the time the slot becomes available. They may not use any predetermined numerical or chronological order or target a particular subcategory of applicants in the selection process when assigning slots (e.g., the selection of adults over children). DMAS and DMHMRSAS evaluate the distribution of services to all eligible populations.

### **What is this “waiting list?”**

Based on the criteria below, CSB case managers assess whether applicants may be included on one of the 3 waiting lists: the urgent, non-urgent or planning list. DMHMRSAS maintains a Statewide



Waiting List that includes the names, of all individuals meeting the **urgent** and **non-urgent** criteria. The urgency of need of each individual on each CSB's waiting list is re-evaluated quarterly by the case manager and any changes are forwarded to DMHMRSAS for updating the Statewide Waiting List.

## 1. Urgent

The individual:

- has a diagnosis of mental retardation,
- meets the ICF-MR criteria,
- needs services within 30 days,
- is considered to be at significant risk and
- would accept services immediately if they are offered.

In addition, the individual must meet at least one of the following criteria:

- 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 mental retardation;
- 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 mental retardation;
- 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

(Cont'd)

- 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; 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.

## 2. Non-urgent

The individual meets the following criteria:

- has a diagnosis of mental retardation and meets the Level of Functioning Survey eligibility criteria,
- needs services within 30 days, **but**
- does not meet any of the urgent criteria above.

When an individual requests a service funded by the MR Waiver, but is placed on either of the above waiting lists or moved from one list to another, the case manager must send a letter notifying him/her of the right to appeal to DMAS the delay in receipt of services.

## 3. Planning

These lists are maintained internally by the CSBs and are not considered part of the Statewide Waiver Waiting List. Individuals on these lists:

- meet diagnostic and functional eligibility criteria,
- do not currently need services within 30 days, but
- will most likely need MR Waiver services in the future.

In general an individual qualifies for only one Waiver, however some may qualify for services under the Elderly and Disabled/Consumer-Directed Waiver while on the Waiting List for the MR Waiver.

**While my family member is on the MR Waiver Statewide Waiting List do I have to pay for case management services?**

It is not required that an individual on the waiting list receive case management services, however the case manager should contact you and your family member quarterly to determine if anything has changed that affects your position on the waiting list. Some individuals on the waiting list are not financially eligible for Medicaid at the time, but will be when they are approved for the MR Waiver. If you feel that your family member needs case management services and he/she is not currently Medicaid-eligible, the CSB may provide them on a sliding fee scale.

**What kinds of services are available in Virginia through the MR Waiver?**

The following is a listing of all of the services that are available to individuals who have been assigned an MR Waiver slot. See the definitions section and the sections describing each service for more details.

- Residential Support Services
- Day Support
- Supported Employment
- Prevocational
- Personal Assistance – both agency and consumer-directed
- Respite – both agency and consumer-directed
- Companion – both agency and consumer-directed
- Assistive technology
- Environmental modifications
- Skilled Nursing
- Therapeutic Consultation
- Crisis Stabilization
- Personal Emergency Response Systems (PERS)

## **Which services can my family member have?**

Access to MR Waiver services is based on demonstrated need. You should provide the case manager with enough information about your family member's situation to help the case manager determine and explain to others what services are needed and why. A menu of services can be created to meet the individual's needs. Some services cannot be used together or at certain service sites. [See Diagram 2.]

## Diagram 2: Incompatible MR Waiver Services

	INCOMPATIBLE SERVICES & SERVICE SITES
In-home Residential Support ( <i>e.g. Residential Support in family home, apartment</i> )	None
Congregate Residential Support ( <i>e.g., Residential Support in group homes, apartment with others or sponsored residential homes</i> )	Respite (Agency-Directed or Consumer- Directed) Personal Assistance (Agency-Directed or Consumer-Directed)
Personal Assistance ( <i>Agency-Directed or Consumer-Directed</i> )	Congregate Residential Support( <i>e.g., Residential Support in group homes or sponsored residential homes</i> )  Lives in an Assisted Living Facility
Companion Services ( <i>Agency-Directed or Consumer-Directed</i> )	None
Consumer-Directed Respite	Congregate Residential Support Lives in a paid caregiver arrangement
Agency-Directed Respite	Congregate Residential Support( <i>e.g. Residential Support in group homes or sponsored residential homes</i> )  Lives in a paid caregiver arrangement( <i>unless caregiver receiving a DSS stipend only</i> )
Personal Emergency Response System ( <i>PERS</i> )	Lives in a 24-hour/day supervised setting( <i>e.g., DMHMRSAS-licensed group home or DSS -licensed Assisted Living Facility or family home with continuous, competent supervision</i> )
Skilled Nursing	None
Environmental Modifications	Some restrictions for those living in a group home, based on the Americans with Disabilities Act requirements
Assistive Technology	None
Day Support, Prevocational, Supported Employment	Personal Assistance may not be provided while an individual is receiving Day Support, or elementary/secondary school services

## **Will my relative or I have to pay for services?**

Some individuals may have to pay for a part of the monthly cost of their MR Waiver services, if they have “excess income” as determined by the Department of Social Services. This is known as “patient pay.” DMAS deducts any “patient pay” from their reimbursement to the provider (or employee in the case of Consumer-Directed Services), who must in turn collect it from the individual. The CSB case manager should inform you if this is owed.

Providers are not allowed to bill either the individual receiving MR Waiver services or his/her family members additional fees for the cost of the services paid for by Medicaid.

# **Introduction to Case Management**

## **Case Management Services Structure**

Case managers either work directly for a CSB or contract with one.

Case managers usually work in a case management division or group within the CSB. Some of these case management groups report to a disability services director (e.g., case managers for persons with mental retardation might report to the CSB's Director of Mental Retardation services), while some operate as a separate division with case managers for each different disability group reporting to a single supervisor (e.g. Community Services Director).

Although case management isn't an MR Waiver service, it is required for all MR Waiver recipients and paid for by Medicaid.

## **How do we find a case manager?**

Contact your local Community Services Board. The phone number can usually be found in the city or county government section of the phone book under "Mental Health/Mental Retardation." Ask to speak to either a case management supervisor or intake worker in order to request services. For a listing of contact information for all CSBs, check out "Locate Services in Virginia" on the DMHMRSAS website ([www.dmhmrzas.virginia.gov](http://www.dmhmrzas.virginia.gov)).

## **What is the role of the case manager?**

The CSB is the single point of entry for the MR Waiver. This means that individuals desiring MR Waiver must request services through a case manager. The case manager should find out what types of services your relative needs and offer and document his/her choice of Waiver or institutional care. The case manager will gather information from you such as:

- historical information about your family member,
- past services used and how effective they were,
- public benefits currently being received (such as Medicaid, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), and others) and
- your family member's hopes and dreams.

The case manager will explain about the need for sharing information and ask your family member and you (see sections below about signing forms) to sign “release of information” forms, to permit him/her to obtain copies of past evaluations (such as reports of physicals or psychological testing) or schedule new ones.

### **What is a “release of information” form?**

Everyone has a right to confidentiality when it comes to their private health care information. That means information about individuals receiving MR Waiver services cannot be shared with anyone without their permission. Because some information sharing is necessary between providers, or between providers and family members, forms authorizing this exchange of information must be signed by the individual. If the individual has a legal guardian or authorized representative, that person must sign the release of information form too. However, only that information that is truly necessary for service provision is to be shared.

“Nothing about me, without me!”

### **Speaking of signing forms, do I have to sign all forms for my family member?**

You do, if you are his/her legal guardian, either because he/she is a minor child (under 18) or you have been granted guardianship by a court of law. You may also be required to sign if you are his/her “authorized representative.” That is a person designated by a provider agency to give consent when a psychologist or medical doctor has found your family member to be unable to sufficiently weigh risks and benefits of his/her decisions.

### **What types of evaluations are done and how often?**

If your family member has Medicaid (or could be eligible) and is requesting that his/her supports be funded through the MR Waiver, the case manager will need to complete the Level of Functioning Survey (LOF), which was explained in the previous section, to help determine eligibility (see *Appendix A*). The LOF is completed before placing an individual on the waiting list.

If someone has been on the waiting list for a long time, it will need to be updated shortly before MR Waiver services actually start. Then it is completed every year an individual receives MR Waiver to funding to assure continued eligibility. You should expect to assist the case manager in completing this survey, especially the very first time. It includes questions about your family member's health status, communication skills, ability to learn new tasks, self-care, mobility, behavior and community living skills.

The case manager must also confirm that your family member is diagnostically eligible for MR Waiver (i.e., has a diagnosis of mental retardation) by obtaining a psychological evaluation that reflects his/her current functioning.

In addition, you and your family member will be requested annually to provide information about what types of supports you and your relative currently need, your preferences, long-term goals and dreams for the future, and how best to achieve them. Much of this information will be incorporated into the Social Assessment the case manager completes that summarizes the strengths and needs of the individual in major life areas such as home & daily living, education & employment, physical & mental health, legal issues, leisure and recreation. The Social Assessment will be shared with the Waiver providers so that they can be equally well informed about your family member's past experiences and needs for the future.

### **Who decides what MR Waiver services my family member will get and who provides them?**

As described in the previous section, once an individual is found eligible for the MR Waiver, he or she doesn't necessarily start to receive funding for needed supports right away due to Virginia's lengthy waiting list. When there is a slot available, the case manager informs the individual and family of the full array of MR Waiver services and the individual/family selects providers for needed services. [See Diagram 3.]

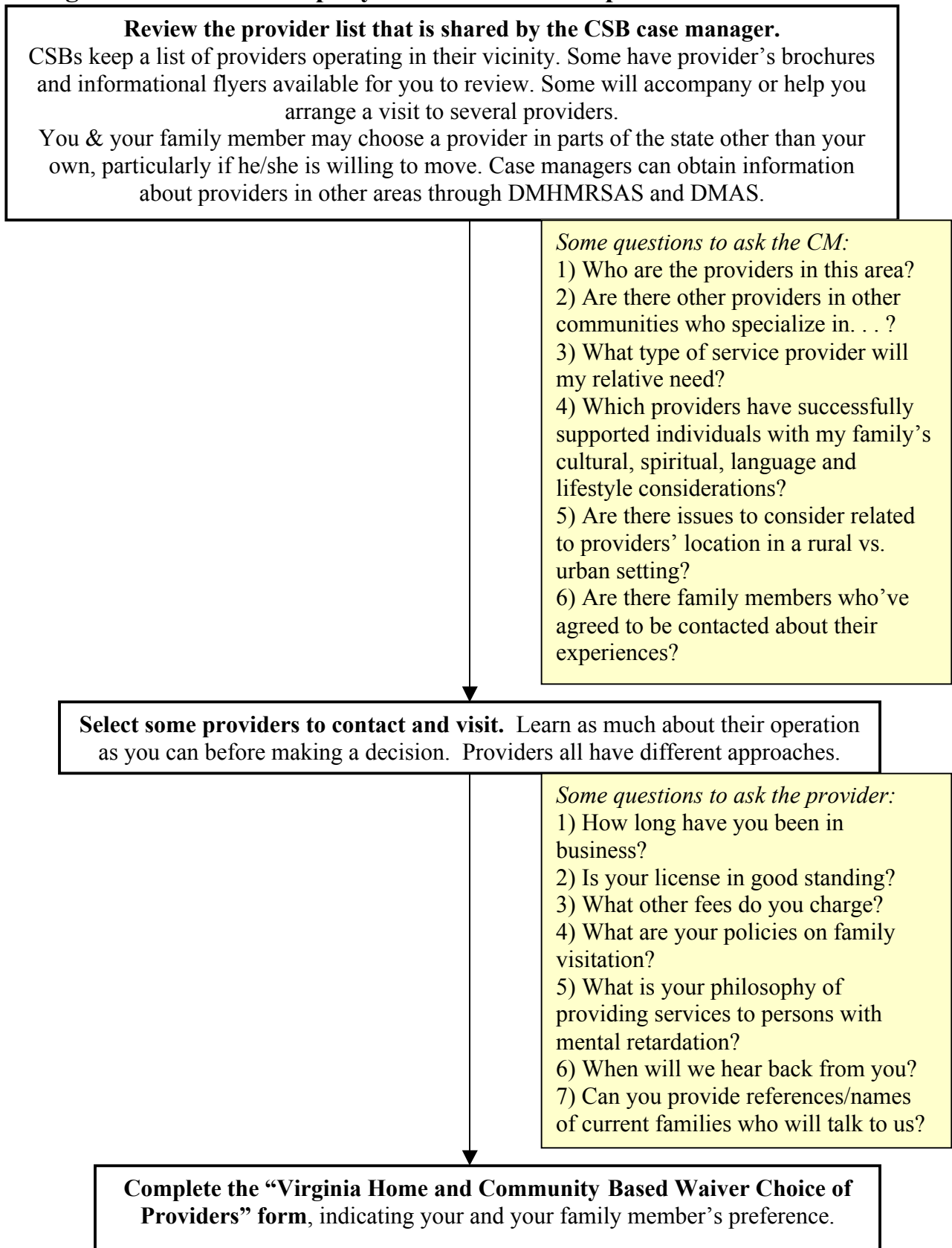
**Choice is an essential element of the MR Waiver.**

It is important for your family member and you to make a decision about services and providers as quickly as possible, since your family member was

selected as the one in most need from among many others in need of services at this time. Whenever there is a delay of more than 60 days from the time of enrollment in getting MR Waiver services started, the case manager must request from OMRS that the slot be retained for your family member. Your family member/you should receive a copy of this form.

A worksheet for taking notes on providers that you and your family member consider is located on page 25.

### Diagram 3: How do I help my loved one choose a provider?



# Service Providers Worksheet

**Name of provider contacted/visited:** \_\_\_\_\_

**Type of provider:** \_\_\_\_\_

**Notes on contact/visit; impressions:**

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**Name of provider contacted/visited:** \_\_\_\_\_

**Type of provider:** \_\_\_\_\_

**Notes on contact/visit; impressions:**

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**Name of provider contacted/visited:** \_\_\_\_\_

**Type of provider:** \_\_\_\_\_

**Notes on contact/visit; impressions:**

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## **What is a Consumer Service Plan?**

Within 30 days of enrollment and after MR Waiver services and providers have been chosen, the case manager must coordinate the development of a written plan for delivering supports, called the Consumer Service Plan (CSP). The CSP is the individual's complete plan of services packaged in one spot and includes the Social Assessment, a list of the individual's long-term goals and Individual Service Plans (ISPs) that are developed by each service provider along with the individual and including input from the case manager. The ISPs should address the individual's needs and preferences, goals, and objectives necessary to meet those goals and schedules in that particular provider's service area.

According to the practice of "*person-centered planning*," the desires of the person with disabilities are central in guiding the outcomes of the planning process. You and your family member (to the best of his/her abilities) should be major contributors to the CSP (see the worksheet on the next page). Other team members involved in a person-centered process for developing the CSP are the provider(s) you and your family member selected to provide the MR Waiver service(s) and any other people you or your family member choose to help in the planning. The CSP includes all the Individual Service Plans (ISPs) developed by this team, which describe the specific supports that will be rendered. The supports described in the ISPs must be ones that Medicaid will reimburse (see individual service sections for a description). Medicaid will only pay for supports that are in the ISP, as agreed to by the individual/family.

## **How does the team help my family member set goals?**

Knowing and listening to the individual is the key. One tool to help the team in this process is the following Person-Centered Planning Worksheet.

## Person Centered Planning Worksheet: Developing My Vision

As much as possible, answers to these questions are to be supplied by the individual to be supported, helped by family members and others who know him/her well.



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Others who helped: \_\_\_\_\_

1. What are some things that are very important to me; things that I enjoy; make me happy and feel good & successful?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What are some things that upset me or make me angry, sad or discouraged?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What are some things that I do well? My “gifts;” things about me that others like?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What are some things that I need help with to be successful?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is there someone that I’d really like to help me with these things? Who is it?  
\_\_\_\_\_
6. Where do I want to live right now? With whom?  
\_\_\_\_\_
7. Where do I want to live later on? \_\_\_\_\_
8. What do I want to do during the day right now? Where do I want to do it? With whom?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What do I want to do during the day later on?

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10. What would I like to learn?

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11. What are my dreams? What would I like to happen to me?

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12. What would a perfect day look like for me?

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13. Who are my friends?

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*In developing a person-centered CSP,*

- *there should be plans to provide this individual with lots of #1 and ways to avoid #2;*
- *there should be lots of opportunities to do the things listed in #3, 11 & 12 and supports built around the things listed in #4 (training, assistance, supervision for these things);*
- *if consumer-directed services are an option, consider the person(s) listed in #5 for the employee(s) – if not look for other ways to include these persons and those listed in #13 as supports to this individual;*
- *plans for home-based services should currently be built around the setting and person/people listed in #6, while striving to have them built around the setting listed in #7 in the future;*
- *plans for day services should currently be built around the type of activity, setting and person/people listed in #8, while striving to have them built around the activity listed in #9 in the future.*
- *There should be plenty of opportunities for the individual to dream about the future. Dreams are motivating and fun, even if we never reach them. They are never right or wrong.*

## **How often is a CSP done?**

Consumer Service Plans are updated by the case manager annually. Expect to meet once a year to review how things are going, what has changed and whether your family member's goals are being met. If things aren't going as well as expected, reasons should be discussed and changes should be made.

You may request to receive a copy of your family member's CSP, if you are his/her guardian or authorized representative (or if he/she signs a release of information). Case managers also complete a form called the Plan of Care Summary which is a two-page document summarizing all the services that an individual on the Waiver receives. A copy of this may also be requested. [See *Appendix A* for a blank Plan of Care Summary form.]

## **What Else Does a Case Manager Do?**

### *Preauthorization*

Prior to the start of services, the case manager works with the state Office of Mental Retardation Services staff to ensure that the MR Waiver services in the CSP are preauthorized for Medicaid billing. While it might delay the start of services a bit, each MR Waiver service must be preauthorized *before* service delivery begins or the provider may not get paid.

Your family member should receive a computer-generated letter from DMAS notifying him/her that services have been authorized. Services should begin no longer than 60 days from the date the case manager receives word back from DMHMRSAS that your family member is enrolled in the MR Waiver.

## **What if there are problems with services getting started?**

Occasionally there are barriers to MR Waiver services commencing when you and your family member would like to see them begin. For example,

- You may have difficulty finding a provider that is a good match with your family member or even with finding a provider for a needed service in your area.
- The chosen provider may have difficulty hiring suitable staff to support your family member.

- There may be a problem with the paperwork submitted for preauthorization.
- OMRS preauthorization staff ask for additional information that supports the need or benefit of a particular service.

In all of these scenarios, it is important for the case manager to keep in contact with you and your family member, as he/she assists in working through the difficulty.

### **More ways a case manager helps. . .**

#### *Making modifications and new linkages over time*

In addition to assisting you to access MR Waiver services, case managers coordinate resources and services for the *whole* person. This involves being responsive to your family member's changing needs by continuing to link him/her to needed MR Waiver and non-MR Waiver services (such as medical professionals, recreation opportunities, etc.) over time.

An individual's CSP is rewritten once a year, and while this is an excellent time to review the success of the current supports and discuss needed changes, modifications can be made at any time.

#### *Face-to-face visits to ensure satisfaction*

The case manager should check with your family member periodically (and occasionally with you too) to ensure that he/she is satisfied and things are going well. Expect these contacts to occur in the various places where services are provided in a face-to-face fashion, and at least every 90 days. At least once a year, the face-to-face visit should be in the home.

#### *On-going monitoring/review of service*

The case manager is required to check-in with each service provider at least quarterly to find out how things are going with the individual and if changes are needed in the ISP. Family members are encouraged to check-in with providers and the case manager periodically as well.

#### *Helping to change service providers*

If you or your family member become dissatisfied with a service provider, the case manager can help you articulate your concerns and desired solution to the service provider. If, after a period of time, you are still unhappy (or immediately, if your concerns are very grave), you may want to choose

another service provider, again using the steps outlined in Diagram 3. The case manager can help with that.

### Changing case managers

Sometimes we just don't "connect" with a certain professional. Sometimes, we are dissatisfied with the handling of a certain situation. You and your family member may want to try a different person to support you both. If your family member (or you, if you are the legal guardian or authorized representative) would prefer to work with another case manager, make this known to the current case manager and his/her supervisor.

Although your family member will typically receive case management from the CSB in your locality, you may request case management from other CSBs nearby. When you select a CSB outside of your locality, that CSB must have both the resources and willingness to serve your family member.

### Offering the formal right to appeal

Whenever a person is added to the Statewide Waiting List or moved from one list to another, the case manager sends a letter offering the right to appeal the denial of immediate access to MR Waiver services. Other times when an individual has the right to appeal are when services are denied, suspended, reduced, terminated or requests are not acted upon promptly. Information about the appeal process is contained in a DMAS document entitled "About Your Appeal Rights" which the case manager should review with each individual during the "intake" process. You do not need a letter from the case manager in order to appeal a decision made by the CSB, OMRS or DMAS.



**A record of case management information for my family member:**

Case management agency name: \_\_\_\_\_

CM name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Best days/times to call: \_\_\_\_\_

Other contact names and numbers at the CSB:

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## Support Options in the Home

Many individuals with mental retardation require supports on a daily basis to manage their personal care needs, access resources in the community, live safely and healthfully. Some want to learn new skills in order to be more independent and successful. Some need assistance and care while their primary caregiver takes a break. All of these home-based needs can be met through the MR Waiver in the form of one or more of the following services.

### Skills Building in the Home: Residential Support



Residential Support services are provided primarily in an individual's home or apartment or in a licensed home.

One of the important things to remember about Residential Support services is that they are designed to help an individual *gain more skills* in their home setting and community at large. The types of supports MR Waiver will fund through this service are:

- *Training* (teaching new skills) in areas such as personal care activities (such as toileting, bathing, grooming, dressing, eating), getting around, communication, household chores, food preparation, money management, skills related to the use of community resources (such as transportation, shopping, eating in restaurants, social and recreational activities), and learning acceptable responses to difficult situations.
- *Monitoring* individuals' health and physical condition and ensuring their safety through *specialized supervision*.
- *Assisting* (helping the individual to get needed things done) with such things as medication or other medical needs, personal care, activities of daily living, transportation and the use of community resources.

### Who can provide Residential Support?

Nearly all the MR Waiver Residential services are provided by agencies that are **licensed by DMHMRSAS**. The process to obtain a license is a rigorous one. It requires that a potential provider:

- demonstrate that the agency has sufficient financial resources,
- submit a description of the services he/she plans to provide as well as staff qualifications,
- obtain a business license, develop policies and procedures for records management,
- develop policies that address human rights and are in compliance with the state Human Rights regulations,
- affiliate with a Local Human Rights Committee,
- employ a person with experience working with people with mental retardation (a “Qualified Mental Retardation Professional”) to supervise staff and oversee assessments and ISPs, and
- submit to inspections of the physical site.

Licenses are issued for varying periods of time and the DMHMRSAS Office of Licensing regularly conducts unannounced reviews of all providers to ensure continued compliance with regulations.

MR Waiver Residential Support services are provided in the following settings by DMHMRSAS-licensed providers across Virginia:

- Group homes (for adults or children), in which 3 or more individuals dwell in the same home in the community that provides 24-hour supervision with paid staff;
- Sponsored Residential homes, in which a family or single person is paid to host up to 2 individuals with disabilities in their own home;
- Supervised apartments, in which an individual (alone or with roommates) receives supports at various times of the day (normally not overnight) from staff members;
- Individual’s own (or family) home, in which an individual receives supports at needed times during the day from paid staff who provide supports as needed and then leave.

There are a few localities that permit **Adult Foster Care Homes (AFCs)** to also be MR Waiver providers. These are families' or single persons' own homes that have been approved by the Department of Social Services (DSS) to include up to 3 persons requiring support. DSS provides minimal oversight, necessitating additional monitoring to be provided by the case manager.

### **Will my family member owe anything if we choose Residential services away from our family home?**

While the MR Waiver Residential Support may pay for the types of supports described above, it will not pay for the costs of *room, board and general supervision*. "General supervision" is defined as times when the staff is present, but not delivering training, assistance or specialized supervision. These costs are borne by the individual and should be disclosed by the provider and considered prior to choosing a provider.

### **Balancing Family and Service Time**

If your family member lives at home and is receiving Residential Supports, it is very important that he/she be there during scheduled service times, unless you call the provider ahead of time.

If your family member is receiving services in a group home, he or she is encouraged to spend time with his/her family from time to time, as desired. Contact the group home to arrange the visit. Maintaining family connections is very important.

*The following three MR Waiver services are available as "agency-directed" services or "consumer-directed" services. For more information on consumer-directed services, see the next section of this workbook.*

### **Assistance and Skills Maintenance: Personal Assistance**

Another home-based MR Waiver service is Personal Assistance. This service is designed for individuals who need assistance with activities of daily living:

- bathing
- dressing,



- grooming,
- toileting,

- transferring, etc.

Staff providing this service may also assist the individual with:

- housekeeping,
- meal preparation,
- shopping,
- using community resources,
- taking medication or other medical needs, and
- monitoring health status and physical condition,
- general supervision.

### **Where can my family member receive Personal Assistance?**

While most individuals receive Personal Assistance in their own (or family) home, some may receive this service in DMHMRSAS-licensed group homes, if they're not already receiving Residential Support. Services may be provided in the community at large, as well.

### **Who can provide Personal Assistance?**

Providers of Personal Assistance in family homes are either "home health" types of agencies, whose staff have a nursing background, or DMHMRSAS-licensed Residential services providers.

### **What's the difference between Residential Support and Personal Assistance?**

While Residential Support provides assistance to individuals in many of the same areas as Personal Assistance, it also has a skills advancement (*training*) component. On the other hand, those deemed appropriate for Personal Assistance are individuals for whom training in the above skills is not the priority or training needs are being met elsewhere.

### **Are there any restrictions?**

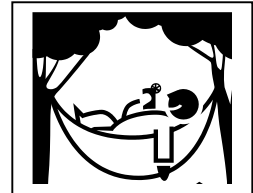
School children may not receive Personal Assistance during school hours. This is the responsibility of the school system. Also, Personal Assistance is

not permitted for those living in a DSS-licensed Assisted Living Facility or getting Residential Support services in a group home.

These supports are designed to help *the individual* receiving MR Waiver. Staff are not to be cooking and cleaning for the *whole family* or caring for the individual's siblings.

Every individual receiving Personal Assistance must have a "back-up plan." That means a plan for getting his/her needs met if the Personal Assistant fails to show up one day. The back-up plan might mean that a parent stays home from work to ensure that the individual's needs are met or it might mean that a neighbor drops by to check on him/her.

### **"I Need a Break!" : Respite Services**



In recognition of the fact that primary caregivers need breaks from their care giving responsibilities, whether for a few hours, a few days, or even up to one month a year, Respite services are available through the MR Waiver.

The same sorts of supports mentioned above for Personal Assistance may be provided under Respite:

- bathing,
- dressing,
- transferring
- toileting, etc.
- grooming,

Staff providing this service may also assist the individual with

- housekeeping,
- meal preparation,
- shopping,
- using community resources,
- taking medication or other medical needs, and monitoring health status and physical condition.



### **Does my family member have to leave home to get Respite?**

No! Respite may be provided in any of the following settings:

- the individual's home,

- a group home with a licensed “respite bed,”
- a licensed respite center,
- other community locations.

**What types of agencies provide this service?**

Either “home health” types of agencies or DMHMRSAS-licensed Residential services providers.

**What are the restrictions?**

Number of hours yearly

The main limitation is the number of hours per calendar year: 720. Respite may be used in hourly increments as needed throughout the year. This yearly limitation applies to situations in which an individual is receiving a combination of agency-directed Respite and consumer-directed Respite (see section titled “You Are the Employer”) as well.

720 hours =  
 30 24-hour days,  
 or 90 8-hour days,  
 or other combinations of hours per month, based on need

Only for those with **unpaid** caregivers

Since the purpose of Respite is to give a break to those unpaid caregivers, it is not permitted for those living in a group home, sponsored residential home or an Assisted Living Facility. In those settings, the individual is supported by paid staff.

**Someone to Help Me Be a Part of my Community: Companion Services**

Companion services are sometimes explained by what they’re **not**. They are not medically-oriented services. They do not include the “up close and personal” tasks of “activities of daily living.” They do not include training.



They do involve non-medical care, socialization and support with things like banking, shopping, meal preparation, housekeeping tasks, using the

community, recreational opportunities and volunteering in the community. Companion services may be provided in the individual's home or other community settings.

Helping the individual get out into his/her community, experience what it has to offer and be a part of it and make new friends are major responsibilities of Companions.

"My companion takes me to the opera and hiking in the mountains!"

- Ben K.

### **What types of agencies provide these services?**

Like Personal Assistance and Respite, home health agencies and DMHMRSAS-licensed Residential services providers can provide Companion services. Also, since some individuals would rather be accompanied in the community by a single companion than with a group of individuals receiving Day Support services (see next section), this service is commonly used by those who need alternatives to typical day services. Thus, DMHMRSAS-licensed Day Support providers can be providers as well.

### **What are the restrictions?**

#### Age

Companion services are only available to adults (18 years and older).

#### Daily Amount

Companion services are limited to no more than eight hours per day.

## Other Support Options for a Meaningful Day

We all want to feel successful and be productive. Children attend school, adults work or volunteer and even retirees keep busy with activities of their choice. The MR Waiver offers several different options for day activities for individuals with mental retardation to select depending on their interests and desires.

### Help with Working: Supported Employment

Because most people with mental retardation need more on-the-job training time and some need more intense on-going supervision than the average person, Supported Employment is a valuable service. It may be designed to support:

- one person at one job site (individual competitive model),
- a group of people at a single jobsite who work alongside people without disabilities (enclave, benchwork or entrepreneurial model),
- a group of people who travel together to several jobsites (work crew).



In each of these models the individuals work alongside and hopefully form relationships with persons without disabilities. In the individual competitive model, they are paid by the employer, usually at minimum wage or above. In the other models, they may be paid at or above minimum wage or piece rate or have a special wage certificate for the employer to pay below minimum wage.

In the individual competitive model, the job coach (trainer) gradually fades his/her presence until the individual is able to maintain the job him/herself with ongoing support from the job coach.

In the two group models, on-going training and continuous supervision is provided by a staff person of the Supported Employment agency.

The MR Waiver funds Supported Employment of all types. It will pay for:

- assessing the individual's needs and developing the plan,

- job development (i.e., scouring the community for available jobs) to achieve an appropriate job match for the individual and potential employer,
- on-the-job training in work and work-related skills required to perform the job,
- ongoing evaluation, supervision and monitoring of the individual's performance on the job,
- ongoing support services necessary to assure job retention,
- training in work-related skills such as the effective use of community resources, break/lunch areas and transportation/mobility training,
- staff transportation between the individual's home and workplace when other forms of transportation are unavailable or inaccessible.

### **What types of agencies provide these services?**

In all cases, the Supported Employment provider must have an agreement with the Department of Rehabilitation Services (DRS) to provide supported employment services.

### **What are the restrictions?**

#### *No other funding available*

Because DRS is responsible for vocational services in Virginia and local school systems are responsible for the education and transition to adulthood of students in special education up to age 22, Medicaid will only pay if DRS or the local school system will not fund these services for the individual.

### **Getting the Basics to Prepare for Working: Prevocational Services**

Some individuals might prefer developing their work-related skills before focusing on learning a paid community job. For these, Prevocational services are an option.

### **What are prevocational services?**

Prevocational services are aimed at preparing an individual for paid or unpaid employment, but are not oriented to teaching actual job tasks. They are aimed at a more generalized result and are typically provided to individuals who may not have yet been offered the opportunity to work and who are not expected to join the regular work force within a year.

MR Waiver will pay for Prevocational services that provide the following:

- *training and support* to prepare the individual for employment, particularly in areas such as

- attention to work,
- motor skills,
- accepting supervision,
- steady attendance,
- task completion,
- problem solving, and
- safety;



- *assistance* with personal care;
- *supervision* to ensure the individual’s health and safety; and
- staff transportation of the individual between service sites.

### **Who provides these services?**

Providers of these services must either have a DMHMRSAS Day Support license or have a vendor agreement with DRS. They may be offered in “center-based” or community settings.

### **What are the restrictions?**

#### *No other funding available*

Because DRS is responsible for vocational services in Virginia and local school systems are responsible for the education and transition to adulthood of students in special education up to age 22, Medicaid will only pay if DRS or the local school system will not fund these services for the individual.

#### *Wage limitations*

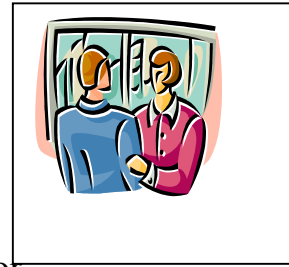
Individuals may earn wages from the provider for work done while expanding their job-related skills; however, only those whose compensation is less than 50% of minimum wage are eligible for this service. Those earning more may want to explore Supported Employment.

### **Developing Skills to be More Successful in the Community: Day Support**

Some individuals’ lives will be most enhanced by developing their personal, social and adaptive skills during the day and/or doing non-paid activities in the community, including volunteer work. These needs can be met through Day Support services.

Day Support services allow peer interactions and an opportunity for community and social integration through:

- *training* in skills such as
  - gross/fine motor
  - communication
  - personal care
  - use of community resources & safety
  - appropriate social interaction & behavior
  - problem solving;



- *assistance* with personal care and use of community resources;
- *supervision* to ensure health and safety;
- staff coverage for transportation of the individual between service sites.

### **Where are Day Support services provided?**

They typically take place in non-residential settings. Some providers have a central location at which services are provided, though individuals also take frequent trips into the community to broaden their experiences and practice their skills. Other providers are community-based, meaning that individuals do not generally spend time at a central location, but are usually busy out in the community.

### **Who can provide Day Support services?**

Providers must have a DMHMRSAS Day Support license.

# Consumer-Directed Services: The Individual Is the Employer

Some of the MR Waiver's newest services enable individuals to be directly responsible for screening, hiring, employing and firing support staff. Instead of going to an agency that is responsible for finding staff, that may or may not be compatible with the individual, Consumer-Directed (CD) services afford the individual an extra measure of control over employment decisions, with Medicaid still paying the employee's salary and some other related costs.

## Which services can be “consumer-directed?”

- Personal Assistance
- Respite
- Companion

For each of these services, the rules are basically the same as for the comparable “agency-directed” service (described in the “Support Options in the Home” section).

**My daughter can certainly tell me who she wants in our home to help her, but I don't think she could act as anyone's employer. Can she still get Consumer-Directed services?**

Yes! If she's over 18 but unable to assume the responsibilities of employer, a family member or other caregiver can act as employer. If your son or daughter is under 18 years of age, a legal guardian **must** act as employer on his/her behalf.

**Can my relative or a family member acting as the employer, hire anyone?**

As long as the person meets certain qualifications, he/she may be employed.

A CD employee must:

- be 18 years or older,
- be able to deliver the supports in the ISP and comply with DMAS requirements,
- have basic math, reading and writing skills,
- have a valid Social Security Number,
- agree to a criminal records check,
- be willing to attend training as needed,
- annual tuberculosis screenings

This type of service works well for those who live quite a distance from most agency providers, have tried and been dissatisfied with several agencies or would really like to hire a particular person to provide support. Even certain relatives, neighbors, or family friends who know the individual well may become CD employees.

**May we use a combination of agency and consumer-directed services?**

Yes! For example, your family member may get both agency-directed and consumer-directed Respite, if that combination best meets his/her needs. Refer to Diagram 2 for more information.

**I've heard that family members and parents could be paid to provide services to their family member with mental retardation. Is this correct?**

Yes! Sometimes, a relative is the best person to support an individual with mental retardation and the CD services model enables this to happen. The only restrictions are that Medicaid payment will not be made to:

- parents of individuals who are minors,
- individual's spouses, or
- other family members/caregivers living under the same roof as the individual being served, unless it is clearly explained in writing why no one else is available to provide the service.

*Note:* if you become a CD employee for your family member (or in some other way a "paid caregiver"), you are no longer eligible for Respite services under the MR Waiver.

**This all sounds good, but I've never been a "boss" before. How do I go about hiring, supervising and even firing someone?**

Fortunately, there's help. In addition to the CSB case manager, who can answer some of your questions and help link you to this service, Consumer-Directed services come with an additional helper – the Services Facilitator (SF). This is a Waiver-funded person who will help you determine which CD service(s) best suit the individual's/family's needs. He or she will assist you and your family member in writing a simple ISP. Then he/she will work with the case manager to get the services authorized. If you don't already have someone in mind to be the employee, the SF will walk whoever is going to be the employer through the steps of the advertising process. The SF will also train the employer to screen, hire,

supervise and even fire employees, if necessary. The SF will make sure that DMAS’s requirements are met and will be there on an ongoing basis as a resource related to the CD services. There is also a helpful booklet, called the “Employee Management Manual,” that the Services Facilitator will give you to guide you in the role of employer. Another helpful, free resource is the “Consumer Directed Services in the MR Waiver” workbook, distributed by the Partnership for People with Disabilities. Information on ordering this is in *Appendix B*.



# Other MR Waiver Services to Support Your Family Member in the Community

## Skilled Nursing



Some individuals on the MR Waiver have ongoing, serious medical needs (e.g., suctioning, catheterization, tube feeding, etc.) in addition to their cognitive disability. For these individuals, the services of a Registered Nurse or Licensed Practical Nurse may be ordered by a doctor and funded through MR Waiver. These nursing services may be delivered in the individual's home or another community setting. Nurse consultation, in which the nurse gives staff and/or family members training in how best to meet the individual's medical needs, is also available through this service.

## Personal Emergency Response System (PERS)

If an individual lives alone or is alone for certain periods of the day, but doesn't need actual presence of staff, a Waiver service that might be helpful is the Personal Emergency Response System (PERS). This is a device connected to a call center that is staffed 24 hours/day - 7 days/week. The device can call for help whenever the individual indicates that it's needed. Those getting PERS may also be eligible for a device that automatically dispenses medication, so that the individual always gets the right amount right on time.



## Therapeutic Consultation

Sometimes family members or staff who support an individual require the assistance of an expert in a particular field to figure out how best to support the individual in the community. Therapeutic Consultation is an MR Waiver service that pays the experts to assess the individual, develop a plan to address the individual's needs and then teach the family, direct support staff, case managers or other caregivers how to carry out that plan on an ongoing basis to facilitate an improved quality of life and enable the individual the best chance for success.

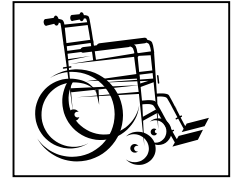
Therapeutic Consultation can be obtained in the following disciplines:

- Psychology
- Behavior
- Speech & Language
- Physical Therapy
- Occupational Therapy
- Therapeutic Recreation
- Rehabilitation Engineering

For all but Behavior Consultation, the individual must be receiving another MR Waiver service along with the Therapeutic Consultation.

### **Assistive Technology**

There are numerous devices, equipment and computer software that can increase an individual's ability to be independent in daily living skills, mobility, communication and community life. MR Waiver will pay for needed Assistive Technology recommended by a specialist of the appropriate discipline up to a limit of \$5000 per the individual's CSP year.



#### **Are there any restrictions?**

The individual must be receiving another MR Waiver service in addition to Assistive Technology.

Costs cannot be carried over from year to year.

### **Environmental Modifications**

This is a service that particularly benefits those persons with mental retardation who also have physical challenges and need structures built or adjusted to accommodate wheelchairs or other such devices. Doorways may be widened, bathrooms modified, stair lifts installed and wheelchair lifts added to vehicles, just to name a few of the possibilities. This service also has a limit of \$5000 per the individual's CSP year.

#### **Are there any restrictions?**

The square footage of a dwelling may not be increased and the modification/installation may not be of general utility to the household, but must be specific to the needs of the individual.

The individual must be receiving another MR Waiver service in addition to Environmental Modifications.

Costs of one project cannot be carried over from year to year.

### **Crisis Stabilization**

In spite of the presence of a support plan and the best of intentions, some individuals on the MR Waiver still experience periods of serious psychiatric or behavioral crisis. Crisis Stabilization is a time-limited service designed to temporarily increase the level of supports to the individual at his time of need to prevent hospitalization or loss of community services. It can be approved in 15-day increments, up to a maximum of 60 days per CSP year.

#### **How is it determined that someone is “in crisis?”**

It must be assessed by a “qualified mental retardation professional” (someone with the required education and experience) that the individual is at risk of at least one of the following:

- Psychiatric hospitalization
- Emergency ICF-MR placement
- Immediate threat of loss of community service
- Causing harm to self or others

Then plans are drawn up for psychiatric assessment/stabilization, medication management, behavior assessment and supports, training to family members/caregivers in techniques designed to maintain the individual in the community. Extra staff supervision to ensure the safety of the individual and others during the crisis period is also available.

## Who Can I Call if I Have More Questions?

If there are questions you have about the MR Waiver, your first point of contact should always be your family member's CSB case manager. You can work with the case manager to find appropriate supports within the MR Waiver and the community.

If your case manager can't answer your question, he/she will most likely contact the DMHMRSAS Office of Mental Retardation Services' Community Resource Consultant for his/her region of the state. These regionally-located staff provide regular training and technical assistance to case managers and MR Waiver service providers. If you feel the need to contact your regional Community Resource Consultant directly, a list is provided for you in *Appendix B*.



Please consider helping us to make this workbook and training better by completing the evaluation on the last page.

*"Act as if what you do makes a difference. It does."*

*- William James*

# Questions and Notes

**What questions do I still have about the MR Waiver in general?**

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**What questions do I still have about home-based services?**

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**What questions do I still have about day services?**

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**What questions do I still have about consumer-directed services?**

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**What questions do I still have about the other MR Waiver services?**

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**What do I want to ask my case manager specific to my family member?**

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## **Appendix A: Forms**

Appendix A:1      Level of Functioning Survey

Appendix A:2      Plan of Care Summary

# Appendix A:1

## Level of Functioning Survey

### Instructions for Completing MR Community Medicaid Waiver Level of Functioning Survey

For determining level of care eligibility for Mental Retardation Community Waiver services, consider the individual's functioning in community environments. Complete the attached survey presuming the needed services and supports are not in place for the individual. Please note that, for items in "Health Status" section, needed care or supervision may be provided by caregivers other than a licensed nurse.

#### **DEFINITIONS:**

**"No Assistance"** means no help is needed.

**"Prompting/Structuring"** means prior to the functioning, some verbal direction and/or some rearrangement of the environment is needed.

**"Supervision"** means that a helper must be present during the functioning and provide only verbal direction, gestural prompts, and/or guidance.

**"Some Direct Assistance"** means that a helper must be present and provide some physical guidance/support (with or without verbal direction).

**"Total Care"** means that a helper must perform all or nearly all of the functions.

**"Rarely"** means that the behavior occurs quarterly or less.

**"Sometimes"** means that a behavior occurs once a month or less.

**"Often"** means that a behavior occurs 2-3 times a month.

**"Regularly"** means that a behavior occurs weekly or more.

## MR COMMUNITY MEDICAID WAIVER LEVEL OF FUNCTIONING SURVEY SUMMARY SHEET

Consumer's Name: \_\_\_\_\_

NOTE: *The individual must meet the indicated dependency level in 2 or more of the following categories to justify need for services in a Medicaid-certified facility for persons with mental retardation or to meet level of care eligibility requirement for the Mental Retardation Community Waiver.*

Date:		Date:		Date:		
MET	NOT MET	MET	NOT MET	MET	NOT MET	See qualifying option in each category below:
						Category 1: Health Status Two or more questions answered with a 4 or Question "j" answered yes.
						Category 2: Communication Three or more questions answered with a 3 or 4
						Category 3: Task Learning Skills Three or more questions answered with a 3 or 4
						Category 4: Personal/Self Care Question "a" answered with a 4 or 5 or Question "b" answered with a 4 or 5 or Question "c" and "d" answered with a 4 or 5
						Category 5: Mobility Any one question answered with 4 or 5
						Category 6: Behavior Any one question answered with a 3 or 4
						Category 7: Community Living Skills Any two of questions "b", "e", or "g" answered with a 4 or 5 or Three or more questions answered with a 4 or 5

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_  
Title/Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_  
Title/Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_  
Title/Affiliation: \_\_\_\_\_

# LEVEL OF FUNCTIONING SURVEY

Consumer's Name: \_\_\_\_\_

## 1. HEALTH STATUS

How often is nursing care or nursing supervision by a licensed nurse required for the following? (See instructions, as it may also be provided by caregivers.)

*Please put appropriate number in the box under year of assessment.*

(Key: 1= Rarely, 2=Sometimes, 3=Often, and 4=Regularly)

	Date:	Date:	Date:
a.) Medication administration and/or evaluation for effectiveness of a medication regimen			
b.) Direct services: i.e., care for lesions, dressings, treatments, (other than shampoos, foot powder, etc.)			
c.) Seizure Control			
d.) Teaching diagnosed disease control and care, including diabetes			
e.) Management of care of diagnosed circulatory or respiratory problems			
f.) Motor disabilities which interfere with all activities of Daily Living - Bathing, Dressing, Mobility, Toileting, etc.			
g.) Observation for choking/aspiration while eating, drinking			
h.) Supervision of use of adaptive equipment, i.e., special spoon, braces, etc.			
i.) Observation for nutritional problems (i.e., undernourishment, swallowing difficulties, obesity)			
j.) Is age 55 or older, has a diagnosis of a chronic disease and has been in an institution 20 years or more			

Notes/Comments:

Consumer's Name: \_\_\_\_\_

2. COMMUNICATION

How often does this person:

*Please put appropriate number in the box under the year of assessment.*

( Key: 1=regularly, 2=often, 3=sometimes, 4=rarely)

Verbal Non-Verbal	Date:	Date:	Date:
a.) Indicate wants by pointing, vocal noises, or signs?			
b.) Use simple words, phrases, short sentences?			
c.) Ask for at least 10 things using appropriate names?			
d.) Understand simple words, phrases or instructions containing prepositions: i.e., "on", "in", "behind"?			
e.) Speak in an easily understood manner?			
f.) Identify self, place or residence, and significant others?			

Notes/Comments:

Consumer's Name: \_\_\_\_\_

### 3. TASK LEARNING SKILLS

How often does this person perform the following activities?

*Please put the appropriate number in the box under the year of assessment.*

( Key: 1=regularly, 2=often, 3=sometimes, 4=rarely )

	Date:	Date:	Date:
a.) Pay attention to purposeful activities for 5 minutes?			
b.) Stay with a 3-step task for more than 15 minutes?			
c.) Tell time to the hour and understand time intervals?			
d.) Count more than 10 objects?			
e.) Do simple addition, subtraction?			
f.) Write or print 10 words?			
g.) Discriminate shapes, sizes or colors?			
h.) Name people or objects when describing pictures?			
i.) Discriminate between "one", "many", "lot"?			

Notes/Comments:

Consumer's Name: \_\_\_\_\_

4. PERSONAL/SELF-CARE

With what type of assistance can this person currently:

*Please put appropriate number in the box under year of assessment*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Care)

	Date:	Date:	Date:
a.) Perform toileting functions i.e., maintain bladder and bowel continence, clean self, etc.?			
b.) Perform eating/feeding functions: i.e., drink liquids and eat with spoon or fork, etc.?			
c.) Perform bathing function: i.e., bathe, run bath, dry self, etc.?			
d.) Dress self completely, i.e., including fastening and putting on clothes?			

Notes/Comments:

Consumer's Name: \_\_\_\_\_

5. MOBILITY

With what type of assistance can this person currently:

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Care)

Ambulatory Non-Ambulatory	Date:	Date:	Date:
a.) Move ( walking, wheeling) around environment?			
b.) Rise from lying down to sitting positions, sit without support?			
c.) Turn and position in bed, roll over?			

Notes/Comments:

Consumer's Name: \_\_\_\_\_

6. BEHAVIOR

How often does this person:

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=Rarely, 2=Sometimes, 3=Often, 4=Regularly)

	Date:	Date:	Date:
a.) Engage in self-destructive behavior?			
b.) Threaten or do physical violence to others?			
c.) Throw things or damage property, have temper outbursts?			
d.) Respond to others in a socially unacceptable manner—(without undue anger, frustration or hostility)?			

Notes/Comments:

Consumer's Name: \_\_\_\_\_

### 7. COMMUNITY LIVING SKILLS

With what type of assistance would this person currently be able to:

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Care)

	Date:	Date:	Date:
a.) Prepare simple foods requiring no mixing or cooking?			
b.) Take care of personal belongings, room (excluding vacuuming, ironing, clothes washing/drying, wet mopping)?			
c.) Add coins of various denominations up to one dollar?			
d.) Use telephone to call home, doctor, fire, police?			
e.) Recognize survival signs/words: i.e., stop, go, traffic lights, police, men, women, restrooms, danger, etc.?			
f.) Refrain from exhibiting unacceptable sexual behavior in public?			
g.) Go around cottage, ward, building, without running away, wandering off, or becoming lost?			
h.) Make minor purchases, i.e., candy, soft drinks, etc.?			

Notes/Comments:

## Appendix A:2 PLAN OF CARE SUMMARY

<i>Check type of</i>	<input type="checkbox"/> <b>MR WAIVER</b>	<input type="checkbox"/> <b>DAY SUPPORT WAIVER</b>	
Individual's Name: <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	CSP Start Date: <input style="width: 100px;" type="text"/>
<small>FIRST</small>	<small>LAST</small>	<small>M.I.</small>	
Medicaid Number: <input style="width: 150px;" type="text"/>	Date of last medical exam: <input style="width: 100px;" type="text"/>	CSP End Date: <input style="width: 100px;" type="text"/>	
CSB: <input style="width: 150px;" type="text"/>	Case Manager: <input style="width: 150px;" type="text"/>	Phone: <input style="width: 100px;" type="text"/>	

**Primary goals of the individual:**

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**Living Arrangements** (while in the MR Waiver)

*Check any that apply:*

- Lives with parents/relatives
- Lives alone in own home/apartment
- DSS-Approved Child Foster Care Home
- DSS-Approved Adult Foster Care Home
- Sponsored Residential (Family Training) Home
- DSS-Licensed Asst Living Facility-Not waiver provider
- Group Home (2-4 persons)
- Group Home (5-7 persons)
- Group Home (8 or more)
- Lives in apt/own home with others
- Children's Group Home

**ICF/MR Level of Functioning**  Date completed

*Check the following categories in which dependency level is met (must be met in 2 or more within 6 months of start date)*

- |                                                  |                                                     |
|--------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> 1. Health Status        | <input type="checkbox"/> 5. Mobility                |
| <input type="checkbox"/> 2. Communication        | <input type="checkbox"/> 6. Behavior                |
| <input type="checkbox"/> 3. Task Learning Skills | <input type="checkbox"/> 7. Community Living Skills |
| <input type="checkbox"/> 4. Personal/Self Care   |                                                     |

Date Social Assessment Completed: \_\_\_\_\_

If SIS used, Support Needs Index:

**List the full range of services/supports that this individual receives/will receive:**

Service Type	Services/Supports	Provider Name	Amt / Frequency	Start Date
<b>Case Management</b>				
<b>Residential Support</b>	In-Home		Periodic Supp=	
	Congregate		Periodic Supp=	
If more than one provider, enter 2nd here →				
<b>Day Support [MR or DS Waiver]</b>	Regular Intensity, Center-Based			
	Regular Intensity, Community-Based			
	High Intensity, Center-Based			
	High Intensity, Community-Based			
If more than one provider, enter 2nd here →				
<b>Prevocational [MR or DS Waiver]</b>	Regular Intensity, Center-Based			
	Regular Intensity, Community-Based			
	High Intensity, Center-Based			
	High Intensity, Community-Based			
If more than one provider, enter 2nd here →				
<b>Supported Employment</b>	Individual Placement			
	Group			
If more than one provider enter 2nd here →				

Individual's Name:  LAST  FIRST  M.I. Medicaid #:

Service Type	Services/Supports	Provider Name	Amt / Frequency	Start Date
Personal Assistance	Agency Directed			
			Periodic Supp=	
	Consumer Directed			
			Periodic Supp=	
Skilled Nursing If more than one provider enter 2nd here →	LPN			
	RN			
Respite If more than one provider enter 2nd here →	In-Home			
	Out-of-Home			
	Residential			
	Center-Based			
	Consumer Directed			
Companion	Agency Directed			
	Consumer Directed			
Therapeutic Consultation	Behavioral			
	Psychological			
	Physical			
	Speech			
	Occupational			
	Recreational			
	Rehabilitation Engineering			
Crisis Stabilization	Clinical / Behavioral Intervention			
	Crisis Supervision			
Environmental Modification				
Assistive Technology				
PERS (Personal Emergency Response System)	PERS			
	PERS and Medication Monitoring			
<b>NON-WAIVER SERVICES</b>				
School				
Medical				
Mental Health				
OT/PT/SP Therapy				
Other				

ATTACH ADDITIONAL PAGES IF FURTHER EXPLANATION IS NEEDED.

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual/Guardian Signature

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

## **Appendix B**

Appendix B:1      Contact information for Community Resource Consultants

Appendix B:2      Resources

## Appendix B:1

### Office of Mental Retardation

C. Lee Price, Director

#### Community Resource Unit

Gail Rheinheimer, Manager

PHONE: (540) 981-0697 FAX: (540) 857-6109

#### Technical Assistance

Community Resource Consultants

Assigned Community Service Board Areas

Wanda Earp	VACANT	Eric Williams	David Meadows
<p>Executive Plaza, Ste. 307 510 Cumberland Street Bristol, VA 24201</p> <p>(276) 669-7762 (276) 669-3306 (Fax) <a href="mailto:wanda.earp@co.dmhmrsvirginia.gov">wanda.earp@co.dmhmrsvirginia.gov</a></p>	<p>Until position is filled, the following CSBs can call or email questions to Wanda Earp.</p> <p>Please fax <i>Retain or Reassign Slot</i> requests to David Meadows.</p>	<p>Catawba Hospital 5525 Catawba Hospital Drive Catawba, Virginia 24070</p> <p>(540) 375-4248 (540) 375-4224(fax) <a href="mailto:Eric.Williams@co.dmhmrsvirginia.gov">Eric.Williams@co.dmhmrsvirginia.gov</a></p>	<p>DMHMRSAS Central Office P.O. Box 1797 Richmond, VA 23218-1797</p> <p>(804) 786-5813 (804) 692-0077 (fax) <a href="mailto:david.meadows@co.dmhmrsvirginia.gov">david.meadows@co.dmhmrsvirginia.gov</a></p>
<p>Alleghany Highlands Blue Ridge Cumberland Mt. Dickenson Highlands Mount Rogers New River Valley Piedmont Planning District 1 Rockbridge</p>	<p>Chesapeake Colonial District 19 Eastern Shore Hampton-Newport News Middle Peninsula-Northern Neck Norfolk Portsmouth Virginia Beach Western Tidewater</p>	<p>Central Virginia Crossroads Danville-Pittsylvania Goochland-Powhatan Harrisonburg-Rockingham Northwestern Rappahannock-Rapidan Region 10 Southside Valley</p>	<p>Alexandria Arlington Chesterfield Fairfax-Falls Church Hanover Henrico Loudoun Prince William Rappahannock Area Richmond</p>

## Appendix B:2 Resources

### Day Support Waiver Facts - 2005

#### 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 reside in an institution in order to receive Medicaid funding for services. In this way, Medicaid funds certain community-based alternatives to institutional care.
- *Virginia applied for the Day Support Waiver in early 2005, with services for 300 individuals to commence in July of that year. \**
- The state agency that administers the DS Waiver in Virginia is the Department of Medical Assistance Services (DMAS). Day-to-day DS Waiver operations are managed by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). Locally, DS Waiver services for individuals are coordinated by 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 DS 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 DS 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 deemed eligible for DS Waiver services based on three factors:

- **Diagnostic Eligibility:** Individuals must have a psychological evaluation completed by a licensed professional that states a diagnosis of mental retardation and reflects the individual's current level of functioning.
- **Functional Eligibility:** All individuals receiving DS Waiver services must meet the ICF-MR (Intermediate Care Facility [for persons with] – Mental Retardation) 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 DS Waiver services.

Medicaid regulations specify that, once an individual has been determined eligible by the CSB/BHA 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 DS Waiver recipient is assigned a slot. The Centers for Medicare and Medicaid Services (CMS) asks each state to determine a number of unduplicated recipients they expect to serve in order to determine the state's slot allocation.*

### How Day Support Waiver Slots Are Distributed and Assigned

- *Every CSB/BHA that had individuals named on the urgent or non-urgent waiting list as of March 2005, received 1 slot from the initial 300 DS Waiver slots. This slot will remain the CSB's/BHA's "assigned slot" to be offered by the Office of Mental Retardation Services (OMRS), when vacated, to the next individual on the Statewide Waiting List from that CSB, as determined by OMRS.*
- *The remaining slots from the initial 300 were assigned to individuals on the Statewide Waiting List based date services needed, as reported by the CSB/BHA. When these slots are vacated, they must be returned to OMRS for assignment to the next person on the Statewide Waiting List.*
- *In the event that a CSB's/BHA's assigned slot is held by an individual that moves out of the catchment area, then another individual currently occupying a DS Waiver slot in that CSB/BHA would be designated as the holder of the assigned slot. If there are no other DS Waiver slots held by residents in that CSB/BHA area, then the next available Day Support slot will go to the next person on the Statewide Waiting List from that CSB/BHA and that slot would then become the CSB/BHA designated slot.*
- *As funding becomes available for additional slots in the future, OMRS will assign them to individuals on the Statewide Waiting List according to date services needed.*

## **Waiting List Information**

There are 3 classifications of waiting lists.

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

The CSB/BHA submits information to DMHMRSAS 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 quarterly by the CSB/BHA. Additions and deletions to the urgent and non-urgent categories will be made at this time and modifications forwarded to DMHMRSAS 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 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 mental retardation;
- 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 mental retardation;
- 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.

## **3. NON-URGENT**

### Criteria

- Meets diagnostic (i.e., has mental retardation) 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.

### DS Waiver Services Available in Virginia

*The following services are available to individuals meeting the specific service criteria who have been assigned a DS Waiver slot:*

- **Day support:** *training, assistance and specialized supervision to enable the individual to acquire, retain or improve his/her self-help, social and adaptive skills. These services typically take place away from the home in which the individual resides and may be located in a "center" or in community locations.*
- **Prevocational services:** *training and assistance to prepare an individual for paid or unpaid employment. These services are not job task-oriented. These are for individuals who need to learn skills fundamental to employment such as accepting supervision, getting along with co-workers, using a time clock, etc.*

*Both of the above services may be provided by agencies licensed by DMHMRSAS to provide Day Support. In addition, Prevocational services may be provided by agencies that have vendor agreements with the Department of Rehabilitative Services to provide extended employment services, long-term employment support services, or supported employment services.*

### Accessing DS Waiver Services

- Individual, family or representative requests services from the local CSB/BHA.
- The 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 an ICF/MR Level of Functioning Survey (LOF).
- *Once the individual is determined eligible (including financial eligibility through the Department of Social Services), the case manager informs the individual and family of the*

*full array of Mental Retardation and Day Support Waiver services and documents the individual's choice of Waiver or institutional care.*

- *If the individual selects MR or DS Waiver, the case manager submits required enrollment information to the DMHMRSAS Office of Mental Retardation Services (OMRS). 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 OMRS, the 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.*
- *When an individual's name is selected for the next available DS Waiver slot, OMRS sends a form to the CSB/BHA to be relayed to the individual, offering him or her the slot and requesting a response in 5 days. Those individuals/families needing time to consider may have up to 30 days to make a decision whether to accept or decline the DS Waiver slot.*
- *Once the individual accepts the slot and is enrolled, the individual selects providers for needed services. The case manager coordinates the development of a Consumer Service Plan (CSP) with the individual, family or other caregivers and the service providers within 30 days of enrollment. The CSP includes all the Individual Service Plans (ISPs) developed by this team and describes the services that will be rendered.*
- *Prior to the start of services, the case manager forwards appropriate documentation to OMRS staff for review and authorization of the requested DS Waiver services.*
- *Once approved, OMRS 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.*
- *Individuals may receive DS Waiver services and remain on the waiting list for the MR Waiver. They may also decline DS Waiver services and remain on the waiting list for MR Waiver.*

*\*All italicized text represents areas of distinction from the MR Waiver. Non-italicized text represents areas of similarity*

## Mental Retardation Waiver / Day Support Waiver Comparison

Element	Mental Retardation Waiver	Day Support Waiver
Diagnosis	Mental Retardation <i>or</i> Developmental Risk (for those under 6 years)	Mental Retardation ( <i>regardless of age</i> )
Functional eligibility	LOF completed annually	LOF completed annually
Financial eligibility	DSS determined "300% rule"	DSS determined "300% rule"
Access to the Waiver	Via CSB case management	Via CSB case management
Choice between facility and waiver	Recipient Choice form (6/2005 revision)	Recipient choice form (6/2005 revision)
Choice of providers	VA HCB Waiver Choice of Providers form (5/05 revision)	VA HCB Waiver Choice of Providers form (5/05 revision)
Waiting List	<p>Statewide Urgent and Non-urgent Lists CSB Planning list</p> <p>All individuals in the state who meet urgent criteria must be served first.</p>	<p>Statewide Urgent and Non-urgent Lists CSB Planning List</p> <p>Individuals on both the Urgent and Non-urgent Lists are selected in the order date services first needed, regardless of urgency.</p>
Slot distribution	When existing slot vacated or new slots assigned, CSB determines individual from urgent waiting list in most need of services at that point and assigns slot.	<p>(1) Each CSB has one "assigned slot." When that slot becomes vacant, OMRS informs the CSB of the next person from that CSB on the Statewide Waiting list (urgent + non-urgent) in order of date service first needed. The slot must be offered to that person and subsequent persons from that CSB in order of date service first needed (per OMRS).</p> <p>(2) All other existing but vacated or new slots will be assigned by</p>

		<p>OMRS to individuals from the statewide waiting list in order of the date services first needed.</p> <p>OMRS sends a form to the CSB/BHA to be relayed to the next individual on the waiting list, offering him or her the slot and requesting a response in 5 days. Those individuals/families needing time to consider may have up to 30 days to make a decision whether to accept or decline the DS Waiver slot.</p>
Enrollment	<p>Enrollment Request form (5/2005 revision) MRW Level of Care Eligibility Form DMAS 122</p>	<p>Enrollment Request form (5/2005 revision) DSW Level of Care Eligibility Form DMAS 122</p>
Coordination of the Consumer Service Plan	Case management function	Case management function
Preauthorization prior to starting services	<p>Send to OMRS Preauthorization Consultants:</p> <ul style="list-style-type: none"> <li>▪ Social Assessment</li> <li>▪ Plan of Care Summary form (5/05 revision)</li> <li>▪ MR Waiver ISARs</li> </ul>	<p>Send to OMRS Preauthorization Consultants</p> <ul style="list-style-type: none"> <li>▪ Social Assessment</li> <li>▪ Plan of Care Summary form (5/05 revision)</li> <li>▪ DS Waiver ISARs (5/05 versions)</li> </ul>
Annual reauthorization	<p>Required for selected services</p> <p>Annual submission of updated Plan of Care Summary form (completed by case manager) to OMRS required</p>	<p>Reauthorization needed for changes only to provider, type, intensity and/or units of service</p> <p>Annual submission of updated Plan of Care Summary form (completed by case manager) to OMRS required</p>
Patient Pay	Determined by DSS via the DMAS-122	Determined by DSS via the DMAS-122

Element	Mental Retardation Waiver	Day Support Waiver
Services	Residential Agency-Directed Personal Assistance Agency-Directed Respite Agency-Directed Companion Consumer Directed Personal Assistance Consumer-Directed Respite Consumer-Directed Companion Day Support Prevocational Supported Employment Assistive Technology Environmental Modifications	Day Support Prevocational  <i>(All service parameters identical to comparable MR Waiver services)</i>
Services (continued)	PERS Therapeutic Consultation Crisis Stabilization Skilled Nursing	
Provider Qualifications	Required license or certification for service being provided, per Chapter II of the MR Community Services Manual  Provider Participation Agreement with DMAS	<i>Same as MR Waiver:</i>  Required license or certification for service being provided, per Chapter II of the MR Community Services Manual. Specifically:  <b>Day Support:</b> DMHRMSAS Day Support license <b>Prevocational:</b> DMHMRSAS Day Support license or vendor agreement with Dept. of Rehabilitative Services  Provider Participation Agreement with DMAS (existing agreement for provision of DS or PV services under the MR Waiver will suffice for DS Waiver)

<b>Element</b>	<b>Mental Retardation Waiver</b>	<b>Day Support Waiver</b>
Staff Training (cont'd)	<i>MR Staff Orientation Workbook</i> & test is currently the recommended training vehicle (will most likely be required by the final regulations in late 2005)	providing any services under this Waiver
Case Management Face-to-Face in the home	Face-to-face contact in a variety of settings is recommended.  Annual face-to-face contact with the individual in his/her home will most likely be required by the final regulations in late 2005	Case manager is required to have at least one face-to-face contact with the individual in his/her home per year.
Utilization Review	DMAS	DMAS

# “Navigating the MR Waiver” Evaluation

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Optional*

Please check one:

- parent or guardian of a person with mental retardation
- other family member of a person with mental retardation [relationship: \_\_\_\_\_]
- private provider staff
- case manager
- other [Please explain: \_\_\_\_\_]

Please circle the appropriate number:

- |                                                                                                                                                                                                                                                                                              | <b>Disagree</b> | <b>Unsure</b> | <b>Somewhat Agree</b> | <b>Agree</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|-----------------------|--------------|
| 1. The information is helpful.                                                                                                                                                                                                                                                               | 1               | 2             | 3                     | 4            |
| 2. The information is organized.                                                                                                                                                                                                                                                             | 1               | 2             | 3                     | 4            |
| 3. The information is clear.                                                                                                                                                                                                                                                                 | 1               | 2             | 3                     | 4            |
| 4. The information was reviewed:<br><input type="checkbox"/> one-to-one with a case manager<br><input type="checkbox"/> in a small group of family members and case manager(s)<br><input type="checkbox"/> in a large group<br><input type="checkbox"/> by self-study (no case manager help) |                 |               |                       |              |
| 6. What did you like best about the workbook/training?                                                                                                                                                                                                                                       |                 |               |                       |              |
| 7. What didn't you like about the workbook/training?                                                                                                                                                                                                                                         |                 |               |                       |              |
| 8. What are your suggestions for improving the workbook and/or training?                                                                                                                                                                                                                     |                 |               |                       |              |

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