Navigating the Intellectual Disability Waiver: A Workbook for Families

Department of Behavioral Health and Developmental Services
Division of Developmental Services

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Fifth Edition

Acknowledgments

This workbook is the result of a collaborative effort by a team of writers and reviewers representing the Department of Behavioral Health and Developmental Services (DBHDS), Division of Developmental Services (DDS), the Community Services Board (CSB) system and the parent-advocate community. The goal of this workbook is to facilitate a clearer understanding of the Intellectual Disability Waiver among family members of individuals receiving or interested in receiving ID Waiver services and to promote enhanced dialogue between them and the Support Coordinators who share its contents. This is the fifth edition.

Requests for copies of this workbook in a larger font should be addressed to DDS at 804-371-0619.

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 intellectual disability, 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 intellectual disability, 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 or 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, Support Coordinators and others who will assist you in supporting your family member.

The purpose of this booklet is to guide you through the paid supports available to your family member through Virginia's Home and Community-Based Intellectual Disability Waiver (otherwise known as the ID Waiver). The ID 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. We hope that you will use this booklet to not only become familiar with the ID Waiver, 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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CHAPTER 1: GLOSSARY

- **Assistive Technology**: Specialized medical equipment, supplies, devices, controls and appliances, which enable individuals to increase their abilities to perform activities of daily living (ADLs), or perceive, control, or communicate within the environment in which they live. This service also includes items necessary for life support, ancillary services, and equipment necessary to the proper functioning of such items.

- **Authorized Representative (AR):** A person named by the director of a DBHDS-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 behavioral health and developmental 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.

- **Support Coordinator (SC):** 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 (CRC):** Regionally-based Division of Developmental Services staff responsible for providing training and technical assistance to Support Coordinators and ID Waiver service providers.

- **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 behavioral health and developmental 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.

- **Crisis Stabilization**: Direct intervention (and may include one-to-one supervision) for someone with intellectual disability 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**: Skill-building and supports for the acquisition, retention, or improvement of self-help, socialization, community integration and adaptive skills. Day Support provides opportunities for peer interactions, community integration and enhancement of social networks. Supports may be provided to ensure an individual's health and safety. 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 Behavioral Health and Developmental Services (DBHDS):** The state agency that conducts many of the day-to-day functions of ID 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 ID Waiver services).

- **Department for Aging and Rehabilitative Services (DARS):** The state agency responsible for assisting people with disability to assume a place in the workforce.

- **Enhanced Case Management:** In certain situations, more frequent Support Coordinator visits, at least every other visit being in an individual's home, are required by Virginia's Settlement Agreement with the Department of Justice.

- **Environmental Modifications:** Physical adaptations to an individual's home or vehicle, and in some cases, a workplace, when the modification exceeds the reasonable accommodation requirements of the Americans with Disabilities Act (ADA), which provide direct medical or remedial benefit to the individual. Environmental modifications are typically permanently installed fixtures or modifications that change a site's structure.

- **Enrollment:** The process by which an eligible individual is formally assigned an available ID Waiver slot. It is accomplished by the Support Coordinator sending certain completed forms to the Division of Developmental Services. Once the forms are reviewed and signed by a DDS 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 intellectual disability.

- **Family Resource Consultant (FRC):** Division of Developmental Services staff responsible for helping families learn about the opportunities that community service providers can offer to their family members and linking individuals and families with Family and Peer Mentors.

- **Intermediate Care Facility for Individuals with Intellectual Disabilities** (ICF-IID): 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 ID Waiver.

- **Individual:** This usually refers to the person with intellectual disability.

- **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 ID Waiver to determine if an individual meets the level of care required in an ICF-IID, thereby meeting one of the criteria for eligibility for the ID Waiver. It is completed by the Support Coordinator every year a person is receiving services through the ID Waiver.

- **Division of Developmental Services (DDS):** The division of the Department of Behavioral Health and Developmental Services that has the day-to-day responsibilities for the ID Waiver services, including preauthorization of services, data management and technical assistance and training to providers.

- **Patient Pay**: A cash amount, determined by the local Department of Social Services, that some individuals owe each month toward the cost of their own ID 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, personal hygiene skills, dressing, transferring, etc.), instrumental activities of daily living (e.g., support with housekeeping activities, preparation of meals, shopping, etc.), community access, support with medication and other medical needs, and, with the exception of Companion Services, monitoring health status and physical condition. These services may be provided in home and community settings to enable an individual to maintain the health status and functional skills necessary to live in the community or participate in community activities. Consumer-Directed Services offer the individual/family the option of hiring workers directly, rather than using traditional agency staff.

- **Person-Centered Individual Support Plan (PC-ISP):** The document that addresses needs and desires in all life areas of individuals who receive ID Waiver services. It includes providers' Plans for Supports, as indicated by the individual's health care and support needs and is based on person-centered thinking and practices.

- **Person –Centered Planning:** A planning process that focuses on the needs and preferences of the individual (not the system or service availability) and empowers and supports individuals in defining the direction for their own lives. Person-centered planning promotes self-determination, community inclusion and typical lives. It builds on the individual's strengths, personality and interests. It helps him or 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 or 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 or she experiences a richer, more satisfying life.

- **Personal Emergency Response Systems** (PERS): An electronic device that enables certain individuals to secure help in an emergency. PERS electronically monitors individual safety in the home and provides access to emergency crisis intervention for medical or environmental emergencies through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation and via the individual's home telephone line. When appropriate, PERS may also include medication-monitoring devices.

- **Provider:** An agency or individual that has the necessary credentials to deliver services to individuals under the ID Waiver, including an agreement with the Department of Medical Assistance Services (DMAS).

- **Prevocational Services**: Services aimed at preparing an individual for paid employment or volunteer work, but which are not job task oriented. They are aimed at a more generalized result. Prevocational services are provided to individuals who are not expected to join the regular work force without supports or participate in a transitional sheltered workshop program within a year (excluding supported employment programs).

- **Residential Support Services**: Supports provided in an individual's home, community, or in a licensed or approved residence such as an apartment, family home, group home, or sponsored residential home. These supports should enable the individual to improve or maintain his or her health/medical status, live at home and use the community, improve abilities and acquire new home living or community skills, and demonstrate safe and appropriate behavior for his or her community.

- **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.

- **Services Facilitation (SF):** A service that assists the individual and family members in arranging for, directing, and managing services provided through the consumer-directed model. Individuals choosing the CD model of service delivery may receive supports from a Services Facilitator (SF) who meets the required knowledge, skills and abilities necessary for this service, is self-employed or hired by an agency. Services Facilitators provide required

training and support to individuals and family members to hire, train and dismiss employees who provide supports to the individual in his or her own home and community.

- **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.

- **Social Security Disability Income (SSDI):** A cash benefit awarded through Social Security that may come to a person with a disability whose Social Security tax-paying parent has died.

- **Supplemental Security Income (SSI):** 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**: Job skills training in settings in which persons without disability are typically employed. This service is for individuals with intellectual disability for whom competitive employment at or above the minimum wage is unlikely without on-going supports and who, because of their disability, need ongoing post-employment support to perform in a work setting. Supported Employment defined as intermittent support, usually provided one-on-one by a job coach to an individual in a supported employment position who, during most of the time on the job site, performs independently. Group supported employment is defined as continuous support provided by staff to eight or fewer individuals with disability in an enclave, work crew, entrepreneurial model or benchwork model.

- **Supports Intensity Scale (SIS):** An assessment instrument that assesses strengths, needs and wishes and the level of supports that an individual needs. The SIS reflects a positive way of thinking about an assessment, focusing on the support needs for the individual to be **s**uccessful**,** not on his or her deficits. The SIS is completed by the team, including the person, his or her family and significant others, the Support Coordinator, and other providers, at least every three years for adults (every 2 years for children under 16) or sooner if needed.

- **Therapeutic Consultation**: Expertise, training, and technical assistance in the individual's home or community, in certain specialty areas to assist family members, caregivers, and other service providers in supporting the individual to facilitate implementation of the individual's desired outcomes as identified in the Individual Support Plan. The specialty areas are: Psychology, Behavior, Speech and Language Pathology, Occupational Therapy, Physical Therapy, Therapeutic Recreation and Rehabilitation Engineering.

- **Transition Services**: Purchase of services and essential goods for anyone who is being discharged from an ICF-IID/NH/Long-stay Hospital, receiving a Money Follows the Person (MFP) slot or currently receiving ID Waiver services and moving into a private residence (includes a family member's home, one's own apt or home, adult foster care, or sponsored residential). Examples of allowable services/goods: security deposits, household furnishings,

utility deposits, pest extermination, move-in cleaning service, moving expenses, proof of identity documents, delivery of appliances.

CHAPTER 2: INTRODUCTION TO THE ID 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.

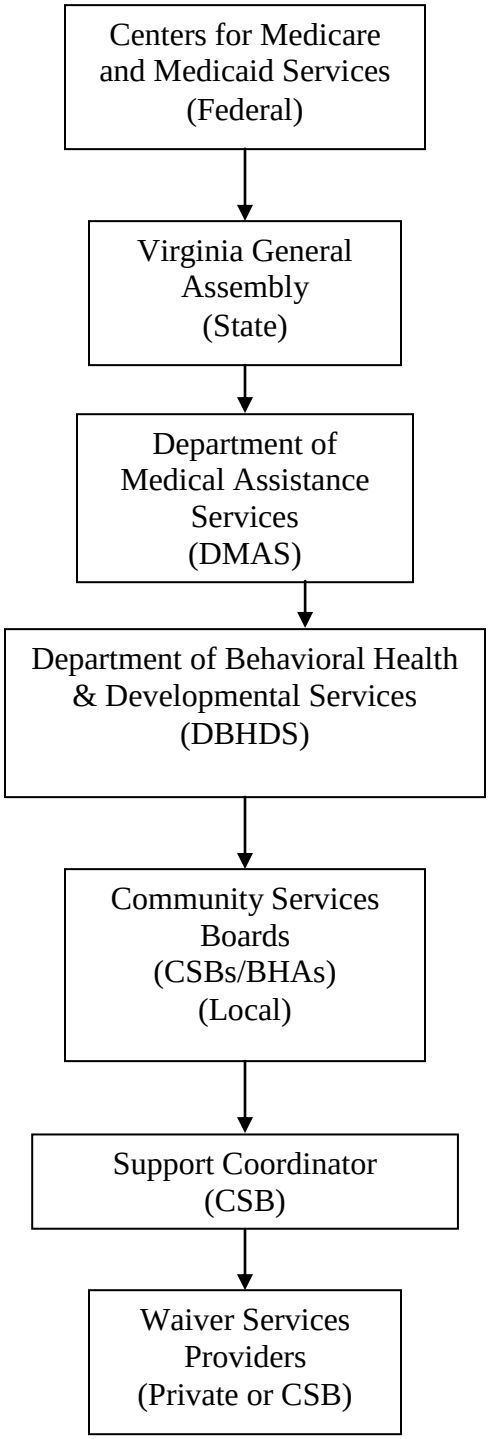
There are a number of different Waivers in Virginia. Each is targeted to a different group of people in need of services in the community instead of an institution.

A Brief History of Virginia's ID Waiver

Virginia first applied for a Home and Community-Based Waiver for persons with intellectual disability in 1990, with services beginning in early 1991. That year 130 people received services through what is now known as the ID Waiver. The 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 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. Currently Virginia's ID Waiver provides eighteen different services and supports over 8000 individuals.

The state agency that administers the ID Waiver in Virginia is the Department of Medical Assistance Services (DMAS). Day-to-day ID Waiver operations are managed by the Department of Behavioral Health and Developmental Services (DBHDS). Locally, ID Waiver services are coordinated by Support Coordinators 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 ID Waiver?

An individual is deemed eligible for ID 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 / intellectual disability;
  - For individuals under age six, either a psychological or standardized developmental evaluation that states that the child has a diagnosis of mental retardation / intellectual disability or is at developmental risk.

- ***Functional Eligibility***: All individuals receiving ID Waiver services must meet the ICF-IID 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.

- ***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 ID Waiver.

In order to receive ID 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 ID Waiver recipient. The number of slots is limited by the availability of Medicaid funding for ID 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.

How are slots distributed and assigned?

Each CSB has a designated number of slots. If an assigned slot becomes vacant, (e.g., the ID Waiver recipient moves to another state, refuses services or dies), the CSB must use it in a timely manner to provide ID 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 ID 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. If a CSB does not have any individuals who meet the urgent criteria on their Waiting List (see below for discussion of "urgent criteria"), they 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 DBHDS evaluate the distribution of services to all eligible persons.

For individuals living in Training Centers, a waiver slot can be obtained for discharge and transition to living in the community. In some cases, a person leaving a Training Center or Nursing Home may qualify for additional funding through the Money Follows the Person grant. This additional funding is available to people moving into a qualified residence such as an individual or family home, a Sponsored Residential Home, or a group home with four or fewer people.

What is this "waiting list?"

Based on the criteria below, CSB Support Coordinators assess whether applicants may be included on one of the three waiting lists: the urgent, non-urgent or planning list. DBHDS 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 Support Coordinator and any changes are forwarded to DBHDS for updating the Statewide Waiting List.

1. Urgent

The individual:

- has a diagnosis of mental retardation / intellectual disability,
- meets the ICF-IID 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 ID;
- 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 ID;
- The individual is aging out of a publicly funded residential placement or otherwise becoming homeless (exclusive of children who are graduating from high school);
- 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:

2. Non-urgent

The individual meets the following criteria:

- has a diagnosis of mental retardation / intellectual disability 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 ID Waiver, but is placed on either of the above waiting lists or moved from one list to another, the Support Coordinator 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 ID Waiver services in the future.

While my family member is on the ID Waiver Statewide Waiting List do I have to pay for Support Coordination services?

It is not required that an individual on the waiting list receive Support Coordination services, however the Support Coordinator 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 ID Waiver. If you feel that your family member needs Support Coordination services and he or she is not currently Medicaid-eligible, the CSB may provide the services on a sliding fee scale.

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

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

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

Which services can my family member have?

Access to ID Waiver services is based on demonstrated need. You should provide the Support Coordinator with enough information about your family member's situation to help the Support Coordinator determine and explain to others what services are needed and why. A menu of services can be created to meet the individual's needs.

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 ID 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 Support Coordinator should inform you if this is owed.

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

CHAPTER 3: INTRODUCTION TO SUPPORT COORDINATION

Support Coordination Services Structure

Support Coordinators either work directly for a CSB or contract with one.

Support Coordinators usually work in a Support Coordination division or group within the CSB. Some of these Support Coordination groups report to a Disability Services Director (e.g., Support Coordination for persons with intellectual disability might report to the CSB's Director of Intellectual Disability services), while some operate as a separate division with Support Coordination for each different disability group reporting to a single supervisor (e.g. Community Services Director).

Although Support Coordination is not technically an ID Waiver service, it is required for all ID Waiver recipients and paid for by Medicaid.

How do we find a Support Coordinator?

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/Intellectual Disability." Ask to speak to either a Support Coordinator 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 DBHDS website (www.DBHDS.virginia.gov).

What is the role of the Support Coordinator?

The CSB is the single point of entry for the ID Waiver. This means that individuals desiring ID Waiver must request services through a Support Coordinator. The Support Coordinator should find out what types of services your relative needs and offer and document his or her choice of Waiver or institutional care. The Support Coordinator 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)
- your family member's hopes and dreams and their vision of a good life

The Support Coordinator 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 or 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 ID 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, only if you are his or her legal guardian, either because he or 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 or her authorized representative (AR). An AR is a person designated by a provider agency to give consent when a qualified professional has found your family member to be unable to sufficiently weigh risks and benefits of his or 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 or her supports be funded through the ID Waiver, the Support Coordinator will need to complete the Level of Functioning Survey (LOF), which was explained in the previous section, to help determine eligibility. 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 ID Waiver services actually start. Then it is completed every year an individual receives ID Waiver to funding to assure continued eligibility. You should expect to assist the Support Coordinator 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 Support Coordinator must also confirm that your family member is diagnostically eligible for ID Waiver (i.e., has a diagnosis of mental retardation / intellectual disability) by obtaining a psychological evaluation that reflects his or her current abilities.

In addition, at the beginning of services and at least every three years for adults (every two years for children under 16) thereafter, you and your family member will be requested 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 Supports Intensity Scale (SIS) that the Support Coordinator completes with the team that summarizes the strengths and needs of the individual in major life areas such as home & community living, lifelong learning, employment, social activities, and health and safety. The SIS 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 ID 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 ID 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 Support Coordinator informs the individual and family of the full array of ID Waiver services and the individual/family selects providers for needed services. [See Diagram 2]

Choice is an essential element of the ID Waiver.

It is important for you and your family member 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 ID Waiver services started, the Support Coordinator must request from DDS that the slot be retained for your family member. Your family member/you should receive a copy of this form.

A worksheet for keeping notes about providers that you and your family member consider is located on page 23.

Diagram 2: How do I help my loved one choose a provider?

Review the provider list that is shared by the CSB Support Coordinator (SC).
CSBs can assist you with locating providers operating in their vicinity. Some have providers' brochures and informational flyers available for you to review. Some will accompany or help you arrange a visit to several providers.
You and your family member may choose a provider in parts of the state other than your own, particularly if he or she is willing to move. Support Coordinators can obtain information about providers in other areas through DBHDS and DMAS.

Some questions to ask the SC:
1) Who are the providers in this area?
2) Are there other providers in other communities who specialize in. . . ?
3) What type of service provider will my relative need?
4) Which providers have successfully supported individuals with my family's cultural, spiritual, language and lifestyle considerations?
5) Are there issues to consider related to providers' location in a rural vs. urban setting?
6) Are there family members who have agreed to be contacted about their experiences?

Select some providers to contact and visit. Learn as much about their operation as you can before making a decision. Providers all have different approaches.

Some questions to ask the provider:
1) How long have you been in business?
2) Is your license in good standing?
3) What other fees do you charge?
4) What are your policies on family visitation?
5) What is your philosophy of providing services to persons with intellectual disability?
6) When will we hear back from you?
7) Can you provide references/names of current families who will talk to us?

Complete the "Virginia Home and Community Based Waiver Choice of Providers" form, indicating your and your family member's preference.

Service Providers Worksheet

Name of provider contacted/visited: _____

Type of provider: _____

Notes on contact/visit; impressions:

_____

_____

_____

_____

_____

_____

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 Person Centered Individual Support Plan?

Within 30 days of enrolling and after ID Waiver services and providers have been chosen, the Support Coordinator must coordinate the development of a written plan for delivering supports, called the Person Centered Individual Support Plan (PC-ISP). The PC-ISP is the individual's complete plan of services and supports, and includes the SIS, a list of the individual's desired outcomes and vision for a good life, and providers' Plans for Supports (PFS). PFSs are developed by each service provider and include input from the person and the Support Coordinator. The PFSs should address the individual's needs and preferences, desired outcomes, and activities necessary to meet those outcomes, as well as instructions and schedules in that particular provider's service area.

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

How does the team help my family member set desired outcomes?

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

Personal Profile: A GOOD LIFE

A Good Life: *What does a good life look like to me?*

_____
_____
_____

Talents, Strengths and Contributions: *What are my gifts and talents? What do people who know and care about me say about my strengths? How do I contribute to friends, family and my community?*

_____
_____
_____

What's working? ***Things I would like to stay the same***	**What's not working?** ***Things I would like to see changed***
Work and Alternates to Work ***(Days, Evenings and Weekends)***	
Community and Interests ***(Neighborhood , Inclusion in community, Safety in my community, Things I enjoy/hobbies)***	
Relationships ***(Family and friends, Being understood by others, Qualities of those who support me, Culture, Traditions, Spirituality, Religion)***	

Home ***(Home, Routines, Independence, Privacy, Safety at home)***	
Money ***(Money and finances, Personal control)***	
Transportation and Travel	
Health and Safety ***(Foods, Cooking, Meals and supplements, Exercise and movement, Medications and wellness, Overall wellness)***	

How often is a PC-ISP done?

Person Centered Individual Support Plans are updated by the Support Coordinator and providers annually. Expect to meet at least once a year to review how things are going, what has changed and whether your family member's outcomes 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 PC-ISP, if you are his or her guardian or authorized representative (or if he or she signs a release of information).

What Else Does a Support Coordinator Do?

Preauthorization
Prior to the start of services, the Support Coordinator works with the state Division of Developmental Services staff to ensure that the ID Waiver services in the PC-ISP are preauthorized for Medicaid billing. While it might delay the start of services a bit, each ID 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 or her that services have been authorized. Services should begin no longer than 60 days from the date the Support Coordinator receives word back from DBHDS that your family member is enrolled in the Waiver.

What if there are problems with services getting started?

Occasionally there are barriers to ID 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.
- ODS preauthorization staff may ask for additional information that supports the need or benefit of a particular service.

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

More ways a Support Coordinator helps. . .

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

An individual's PC-ISP is developed 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. Plans should be modified when significant changes in a person's life or health status indicate the need for a new plan.

Face-to-face visits to ensure satisfaction
The Support Coordinator should check with your family member periodically (and occasionally with you too) to ensure that he or she is satisfied and things are going well. Expect these face to face contacts to occur in the various places where services are provided, including the home, at least every 90 days, although some situations may require Enhanced Case Management. This requires that the Support Coordinator meet with the individual every 30 days, and that at least every other month the meeting takes place in the individual's home.

On-going monitoring/review of services
The Support Coordinator 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 PC-ISP. This is typically done through phone calls and/or a person-centered review process. Family members are encouraged to check-in with providers and the Support Coordinator periodically as well.

Helping to change service providers
If you or your family member becomes dissatisfied with a service provider, the Support Coordinator 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. The Support Coordinator can help you with finding a new provider.

Changing Support Coordinators
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 Support Coordinator, make this known to the current Support Coordinator's supervisor.

Although your family member will typically receive Support Coordination from the CSB in your locality, you may request Support Coordination 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 Support Coordinator sends a letter offering the right to appeal the denial of immediate access to ID Waiver services. Other times when an individual has the right to appeal are when services are denied, suspended, reduced, or terminated, or when requests are not acted upon promptly. Information about the appeal process is contained in a DMAS document entitled "About Your

Appeal Rights" which the Support Coordinator should review with each individual during the intake process. You do not need a letter from the Support Coordinator in order to appeal a decision made by the CSB, ODS or DMAS.

A record of Support Coordination information for my family member:

Agency name: _____

Support Coordinator name: _____

Phone number: _____

E-mail: _____

Best days/times to call: _____

Other contact names and numbers at the CSB:

_____

_____

_____

_____

_____

CHAPTER 4: SUPPORT OPTIONS IN THE HOME

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

Skill 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 ID Waiver will fund through this service are:

- *Skill-building* (teaching new skills) in areas including personal care activities (such as bathing, grooming, dressing, eating, etc.), 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 *safety supports*.

- *Supporting* (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 ID Waiver Residential services are provided by agencies that are licensed by DBHDS. 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 intellectual disability (a "Qualified Intellectual Disability Professional or QIDP") to supervise staff and oversee assessments and PC-ISPs

- submit to inspections of the physical site

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

ID Waiver Residential Support services are provided in the following settings by DBHDS-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 two individuals with disability 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 ID 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 Support Coordinator.

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

While the ID 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 providing skill-building or regular or safety supports. 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 or she be there during scheduled service times, unless you call the provider ahead of time.

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

The following three ID 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 ID Waiver service is Personal Assistance. This service is designed for individuals who need support with activities of daily living:

- bathing
- dressing
- grooming
- using the restroom
- transferring, etc.

Staff providing this service may also support 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.

Who can provide Personal Assistance?

Providers of Personal Assistance in family homes are either home health types of agencies, licensed by the Department of Health whose staff have a nursing background, or DBHDS-licensed Residential Services providers.

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

While Residential Support provides support to individuals in many of the same areas as Personal Assistance, it also has a skill-building component. On the other hand, Personal Assistance is for

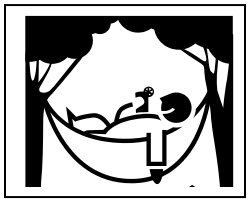
individuals for whom skill-building in the above skills is not the priority or whose skill-building needs are being met elsewhere.

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 ID 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 or 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 ID Waiver.

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

- bathing
- dressing
- transferring
- using the restroom
- grooming

Staff providing this service may also support 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 who are licensed by the Department of Health, or DBHDS-licensed Residential services providers.

What are the restrictions?

The main limitation is the number of hours per state fiscal year (July 1-June 30): 480. 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.

480 hours =
20 24-hour days,
or 60 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 better 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 skill building.

They do involve non-medical care, 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 or 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 licensed by the Department of Health and DBHDS-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, DBHDS-licensed Day Support providers can be providers as well.

What are the restrictions?

Companion services are only available to adults (18 years and older), and are limited to no more than eight hours per day.

CHAPTER 5: 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 ID Waiver offers several different options for day activities for individuals with intellectual disability to select depending on their interests and desires.

Help with Working: Supported Employment

In an effort to better support people with disabilities through community-based integrated employment, Virginia's Employment First Initiative requires that service providers offer the option of helping and individual into an employment status *first* before offering other services. Virginia has long led the way by engaging individuals with disabilities in employment-related activities and providing effective, person-centered services. Employment First is the next and very essential step in our history of helping people with disabilities reach their fullest potential through improved employment opportunities.

Because some people with intellectual disability 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 disability (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 or her presence until the individual is able to maintain the job him or herself with ongoing support from the job coach.

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

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

- assessing the individual's needs and developing the plan,
- job development (i.e., searching 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 for Aging and Rehabilitative Services (DARS) to provide Supported Employment services under the ID Waiver.

What are the restrictions?

No other funding available
Because DARS 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 DARS 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 designed to prepare 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.

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

- 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
  - safety

- Support with personal care

- Safety Supports to ensure the individual's health and safety

- Staff transportation of the individual between service sites

Who provides these services?

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

What are the restrictions?

No other funding available
Because DARS 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 DARS 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:

- Support in areas such as
  - gross/fine motor skills
  - communication skills
  - personal care
  - use of community resources and safety
  - appropriate social interaction and behavior
  - problem solving

- Support with personal care and use of community resources
- Safety supports 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 DBHDS Day Support license.

CHAPTER 6: CONSUMER DIRECTED SERVICES: THE INDIVIDUAL IS THE EMPLOYER

Some of the ID 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 who 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 supports provided 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 is 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 or she may be employed.

A CD employee must:

- be 18 years or older,
- be able to deliver the supports in the PC-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,
- have 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 or her needs.

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

Sometimes, a relative is the best person to support an individual with intellectual disability and the CD services model enables this to happen. However, 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. The Support Coordinator can assist you in writing this explanation.***

Note: If you become a CD employee for your family member (or in some other way a "paid caregiver"), you cannot serve as the Employer of Record, and you are no longer eligible for Respite services under the ID 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 Support Coordinator, 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 person who is paid by Medicaid to 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 or she will work with the Support Coordinator 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 by submitting all the pre-employment paperwork including requests for background checks. The SF will be there on an ongoing basis as a resource related to the CD services. The Services Facilitator will also give you a helpful booklet called the "Employee Management Manual," and provide training on the role of employer. Another helpful, free resource is the "Consumer Directed Services in the ID Waiver" workbook, distributed by the Partnership for People with Disabilities (www.partnership.vcu.edu).

CHAPTER 7: OTHER ID WAIVER SERVICES TO SUPPORT YOUR FAMILY MEMBER IN THE COMMUNITY

Skilled Nursing

Some individuals who receive supports through the ID Waiver have ongoing, serious medical needs (e.g., suctioning, catheterization, tube feeding, etc.). For these individuals, the services of a Registered Nurse or Licensed Practical Nurse may be ordered by a doctor and funded through the ID 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, the Personal Emergency Response System (PERS) is a Waiver service that might be helpful. 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 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 ID 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, Support Coordinators or other caregivers how to carry out that plan on an ongoing basis to facilitate an improved quality of life and provide the individual the best chance for success.

Therapeutic Consultation can be obtained in the following disciplines:

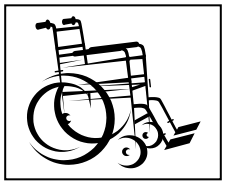
- Psychology
- Behavior
- Speech & Language
- Physical Therapy
- Occupational Therapy
- Therapeutic Recreation
- Rehabilitation Engineering

For all but Behavior Consultation, the individual must be receiving another ID 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. ID Waiver will pay for needed Assistive Technology recommended by a specialist of the appropriate discipline up to a limit of $5000 per calendar year.

Are there any restrictions?



The individual must be receiving another ID 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 intellectual disability 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 calendar 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. Environmental Modifications may not be used in a group home or other living arrangements owned or leased by a Waiver provider.

The individual must be receiving another ID 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 receiving supports through the ID 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 the 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 calendar year.

How is it determined that someone is "in crisis?"

It must be assessed by a "Qualified Intellectual Disability Professional - QIDP" (someone with the required education and experience) that the individual is at risk of at least one of the following:

- Psychiatric hospitalization

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

Then plans are developed for psychiatric assessment/stabilization, medication management, behavior assessment and supports, and 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.

CHAPTER 8: REGIONAL SUPPORT TEAMS

There are five Regional Support Teams (RSTs) in Virginia, one in each region of the state. RST members include a variety of professionals in the field of intellectual and developmental disabilities with expertise in complex medical and behavioral supports. Members come from state, local and private positions in the community. The RSTs were developed to provide recommendations in resolving barriers to the most integrated community settings consistent with an individual's needs and informed choice.

For individuals living in the community, referrals to the RST are required when individuals are having difficulty locating services in the community, when an individual and his or her family choose a group home with five or more individuals, when an individual and his or her family choose a nursing facility or ICF/IID, or when there is a pattern of an individual repeatedly being removed from his or her home. In these situations, the Support Coordinator makes the referral to the DBHDS Community Resource Consultant, who consults with the RST. The RST reviews options, considers individual needs, and may make recommendations for other supports and services. The RST has no authority to deny an individual and his or her family the opportunity to make choices; it is simply a resource to ensure that individuals are in the most integrated setting consistent with his or her informed choice.

CHAPTER 9: WHO CAN I CALL IF I HAVE MORE QUESTIONS?

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

If your Support Coordinator can't answer your question, he or she will most likely contact the DBHDS Division of Developmental Services' Community Resource Consultant for his or her region of the state. These regionally-located staff provide regular training and technical assistance to Support Coordinators and ID Waiver service providers.

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

- William James

Questions and Notes

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

_____

_____

_____

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

_____

_____

_____

What questions do I still have about day services?

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

What do I want to ask my Support Coordinator specific to my family member?

_____

_____

Other Resources

Virginia Department of Behavioral Health and Developmental Services
www.dbhds.virginia.gov
(804) 786-3921

Division of Developmental Services
www.dbhds.virginia.gov/ODS-default.htm
(804) 786-3921

Partnership for People with Disabilities
www.partnership.vcu.edu
(804) 828-3876 (Voice), (800) 828-1120 (TDD Relay)

American Association on Intellectual and Developmental Disabilities (AAIDD)
www.aamr.org
(202) 387-1968

The Arc of Virginia
www.arcofva.org/

Virginia Association of Community Service Boards
www.vacsb.org
(804) 330-3141

"Navigating the ID Waiver" Evaluation

Name: _____ Date: _____
Optional

Please check one:
____ parent or guardian of a person with intellectual disability
____ other family member of a person with intellectual disability [relationship:_____]
____ parent or guardian of a person with developmental disability
____ other family member of a person with developmental disability [relationship:_____]
____ private provider staff
____ Support Coordinator
____ other [Please explain: _____]

Please circle the appropriate number:

		Disagree	**Unsure**	**Somewhat Agree**	**Agree**
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:

____ one-to-one with a Support Coordinator
____ in a small group of family members and Support Coordinator(s)
____ in a large group
____ by self-study (no Support Coordinator 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?

Please mail or fax to:
Billie Anderson
Community Resource Unit
1220 Bank Street
P.O. Box 1797
Richmond, VA. 23218-1797
Fax # (804) 692-0077