

## ID Waiver **Consumer-Directed SERVICES FACILITATION Steps**

#	<b>Enrolling and Implementing Services</b>	Completed
1	<p>Determine if qualified/have resources (KSA's [knowledge/skills/abilities], administrative resources, transportation, etc.) needed for an ID Waiver Consumer Directed (CD) Services Facilitator (SF). Can be an individual or an agency.</p> <p><b>Go to:</b></p> <p><a href="https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/">https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/</a></p> <p><b>Select:</b></p> <p>Provider Services &gt; Provider Manuals &gt; Mental Retardation/Intellectual Disability Waiver [from drop down] &gt; Chapter II</p>	
2	<p>Review the DBHDS Waiver Provider Modules 1-4; 12, 14, and 15, located at: <a href="http://www.dbhds.virginia.gov/ODS-Training.htm#Modules">http://www.dbhds.virginia.gov/ODS-Training.htm#Modules</a></p>	
3	<p>If one meets ID Waiver CD-SF requirements, and not already enrolled with DMAS as a provider of these services under the DD or CD-PAS Waivers, obtain and complete a <i>Consumer-Directed Service Facilitator/Coordinator Participation Agreement</i> by contacting:</p> <p>Virginia Medicaid Provider Enrollment Services (PES) (8am-5pm, Mon-Fri):            PO Box 26803            Richmond, Virginia 23261-6803            804-270-5105 or 1-888-829-5373 (in state toll-free), fax – 804-270-7027</p> <p>Or electronically by clicking “Consumer Directed Service Coordination” at: <a href="https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderEnrollment">https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderEnrollment</a></p>	
4	<p>Receive an approved Provider Participation Agreement Number from Provider Enrollment</p>	
5	<p>Complete criminal history record checks (and VDSS Child Protective Services searches if working with minor children), w/in 15 days of employment for both SFs employed by an agency, as well as independent SF providers. Maintain personnel documentation to confirm criminal history checks and verification that SFs meet KSAs (work history, relevant education, etc. Refer to Chapter II of the ID Community Services Manual for KSA information.</p>	
6	<p>Complete the Survey Monkey provider survey at the following location: <a href="https://www.surveymonkey.com/s/YZKFJC8">https://www.surveymonkey.com/s/YZKFJC8</a>. Provide information relevant to your service and skip questions that do not apply. Be certain to select “other” and type “Services Facilitation” in the description of services offered.</p>	
7	<p>Inform Dept of Behavioral Health and Developmental Services, Community Resource Consultant (CRC) of Provider # and contact information. Refer to contact list for designated geographic areas: <a href="http://www.dbhds.virginia.gov/ODS-Contacts.htm#community">http://www.dbhds.virginia.gov/ODS-Contacts.htm#community</a></p> <p>Obtain from CRC: (1) list of state-wide Community Services Boards (CSBs) Intellectual Disabilities Directors and, (2) blank copy of “Open For Business” letter.</p>	
8	<p>Send written communication (refer to Points to Cover - “Open for Business” letter) to the designated CRC and to any CSBs within the geographical areas for which SF services are intended to be provided. <i>(Note: letter is sent to the IDD of the CSB, with request to share with ID Waiver Support Coordinators [SCs]).</i></p> <p>Follow-up with CSB to assure that information was received by the CSB Support Coordinators and that SF contact information was added to the CSB choice of provider list.</p>	
9	<p>If/when contacted by the CSB Support Coordinator (SC) re: individual/family/caregiver's selection as SF, confirm with SC that individual is currently enrolled in the ID Waiver.</p>	

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10	Begin an individual's record (follow the ID Community Services Manual re: documentation): <a href="https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual">https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual</a>	
11	Obtain from SC a copy of a <i>Consent to Exchange Information</i> Form with individual's consent to exchange information between SC and SF and file in individual's record or SF can obtain own release of information.	
12	If individual is newly enrolled or currently receiving services under the ID Waiver and has a patient-pay that a CD provider must collect, assure that the SC designates this in writing and provides copy to the SF.	
13	<p>a) <b>ASAP</b> the SF should contact the individual in order to complete the "Fiscal Agent Services Request Form" and fax it to the Fiscal Agent, Public Partnerships, LLC (PPL) at (toll-free) 866-709-3319.</p> <p>b) When PPL receives a completed "Fiscal Agent Services Request Form," they will send a Welcome Packet to the individual that includes an <b>Employer Information Packet</b> to be completed by the individual/employer-of-record and returned by mail to PPL (see #22):</p> <p style="text-align: center;">Public Partnerships, LLC, Fiscal Agent Services P.O. Box 662, Richmond, VA 23218-0662</p> <p>This can also be downloaded from <a href="http://www.publicpartnerships.com">http://www.publicpartnerships.com</a> [User ID: vaclient; Password:pcgva67] or requested by phone by calling toll-free 1-866-259-3009.</p> <p><b>IMPORTANT:</b> Delay in either of these two steps will lead to a delay in PPL's ability to request the required tax ID number from the IRS, which will delay processing of employee timesheets.</p>	
14	<p>Complete an Initial Comprehensive Home Visit to determine needed CD services and needs of individual to be addressed on the individual's plan for supports. (See Step #18 for details).</p> <p>Ensure that the individual/family/caregiver comprehends the obligation to pay the patient-pay (if any) to the CD employee, if the CD employee will be the designated collector of patient-pay.</p> <p>Provide a copy of the most recent <u>CD Waiver Services EMPLOYER MANUAL</u> to the individual or family or caregiver during the Initial Comprehensive Visit for review prior to the employer training.</p> <p>Obtain copy from: <a href="http://dmasva.dmas.virginia.gov/Content_atchs/ltc/ltc-wvr_mf2.pdf">http://dmasva.dmas.virginia.gov/Content_atchs/ltc/ltc-wvr_mf2.pdf</a></p>	
15	If the CD Services Facilitator is not a RN, the CD Services Facilitator must contact the primary health care provider to inform him/her that services are being provided and to request consultation as needed.	
16	Gather information from the individual/family/caregiver during the completion of the Initial Comprehensive Home Visit that enables the development of a plan for supports (detailed in Step #18).	
17	Maintain copies of forms and other documentation of Initial Comprehensive Home Visit (including date/time/location) in individual's record.	
18	Obtain the individual's existing person-centered Individual Supports Plan (PC ISP), Parts I, II, III and IV, from the SC. Part III includes a list of outcomes shared by those supporting the individual currently.	

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	<p>If the existing Part III does not contain outcomes that would relate to supports provided by a particular CD service, the SC will be able to work with you and the individual/family to arrive at outcomes that are meaningful and measurable for the CD plan for supports.</p> <p>Using the results of the Initial Comprehensive Visit and existing Person-Centered Individual Supports Plan (PC ISP), complete CD Plan for Supports (one per service). Recommended format for the CD plan(s) is the Part V Plan for Supports (PFS) available here: <a href="http://www.dbhds.virginia.gov/ODS-PersonCenteredPractices.htm">http://www.dbhds.virginia.gov/ODS-PersonCenteredPractices.htm</a> See "VA. Individual Support Plan (ISP) Parts I-V Blank – Part V: Plan for Supports BLANK."</p> <p>If the DMAS 97 A/B Agency or Consumer Directed Provider Plan of Care is used (<a href="https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/">https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/</a> <i>Select Provider Services and the Provider Forms Search and enter 97 in the name search field</i>) instead of the recommended Part V, Plan for Supports, the Personal Preferences Tool should be used to meet person-centered waiver requirements - available online at <a href="http://www.dbhds.virginia.gov/ODS-PersonCenteredPractices.htm">http://www.dbhds.virginia.gov/ODS-PersonCenteredPractices.htm</a></p> <p>Include date of initial SF Visit on the CD Plan for Supports.</p>	
19	<p>Complete the associated Individual Services Authorization Request (ISAR) – one per service. List start date of SF (date of initial visit) along with start date for CD Services</p>	
20	<p>To initiate the preauthorization process, forward to Support Coordinator, copies of</p> <ul style="list-style-type: none"> <li>a) the summary of the Initial Comprehensive Home Visit;</li> <li>b) CD plan for supports (PC ISP, Part V Plan for Supports or DMAS 97AB) (one per service)</li> <li>c) CD ISAR(s) – (contains a start date for the SF)</li> </ul> <p>SF does not have a separate plan for support or Individual Services Authorization Request (ISAR), but SF cannot be paid until CD ISAR is authorized by Dept of Behavioral Health and Developmental Services (DBHDS) through IDOLS and entered into the VaMMIS (DMAS computer system). SF will receive a notice of this computer entry.</p>	
21	<p>Upon receipt, review computerized DMAS Preauthorization Notice for correct start date, provider number, etc. Forward any needed corrections to the CSB Support Coordinator</p>	
22	<p>Obtain from SC a copy of the DMAS 225 and fax a copy to PPL (toll-free 1-866-709-3319), to enable the Fiscal Agent to process the CD employees' timesheets.</p> <p>If the individual has a patient pay obligation, obtain from the SC the written notification (letter/memo) that identifies the collector of the patient pay (<i>as explained in the ID Community Services Manual, Chapter IV</i>). <a href="https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual">https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual</a> Include this written notification with the DMAS 225 that is faxed to PPL.</p> <p><b>IMPORTANT!!</b></p>	

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#	<b>Enrolling and Implementing Services</b>	Completed
23	<p>(confirm DMAS Waiver Rates prior to billing)</p> <p>Bill DMAS for Initial Comprehensive Home Visit, Code # H2000, using CMS-1500 form  <b>Rate</b> = \$232.81- Northern Virginia; \$179.34 - Rest of State.</p> <p>Initial Comprehensive Home Visit can be billed ONLY ONCE per individual receiving CD services. If the SF changes and a new assessment is required, the new SF will submit a revised CD ISAR and bill for a Reassessment Visit (at a lower rate).</p> <p>Mail bill to:  DMAS, Practitioner, P.O. Box 27444, Richmond, VA 23219</p>	
24	<p>Within 7 days of receiving authorization for services, provide Employee Management Training to the individual/family/caregiver, using the CD Waiver Services EMPLOYER MANUAL (<a href="http://dmasva.dmas.virginia.gov/Content_atchs/ltc/ltc-wvr_mf2.pdf">http://dmasva.dmas.virginia.gov/Content_atchs/ltc/ltc-wvr_mf2.pdf</a>).</p> <p>No CD employee can be employed prior to the individual/family receiving this training.</p> <p>(This can be completed during the Initial Comprehensive Visit or at another meeting with the individual).</p>	
25	<p>Document the completion of the Employee Management Training (for the individual/family/caregiver) and file in the individual's record.</p>	
26	<p>If needed, assist the individual/family/caregiver with advertising, interviewing and hiring employees.</p> <p>Prior to, or at least upon employment (no later than 3 days after hiring employee), assist, as needed, the individual/employer and prospective employee in completing the original, signed employment paperwork in the <b>Employment Packet</b>. This is included with the Welcome Packet (see #13 above) that the individual/employer receives from PPL and includes PPL-required forms.</p> <p>The employer should keep a copy of the packet paperwork and mail the originals to PPL:</p> <p style="text-align: center;">Public Partnerships, LLC, Fiscal Agent Services  P.O. Box 662, Richmond, VA 23218-0662</p> <p><b>IMPORTANT:</b> It is best if the <b>Employment Packet</b> is mailed to PPL along with the required forms in the <b>Employer Information Packet</b>, so that PPL can match employer and employees.</p> <p>For questions related to completion of either the Employer Information or Employment Packets, call PPL toll-free at 1-866-259-3009.</p>	
27	<p>One of the items in the Employment Packet is the <b>“Criminal History Record Name Search Request”</b> form. The prospective employee must complete the identifying information at the top and have his/her signature notarized before this form is sent to PPL. If the individual receiving CD services is a minor (under age 18), a Virginia Department of Social Services/Child Protective Services Registry check form will also need to be completed by the prospective employee and his/her signature notarized before sending to PPL.</p> <p>PPL will submit the Criminal History Record Name Search Request form to the Virginia State Police and the CPS Registry check form to the Virginia Department of Social Services.</p>	

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	<p>A. PPL will inform the individual/family/caregiver of results of these checks.</p> <p>B. PPL will document in the individual's record that results were provided.</p> <p>C. If CD employee has been convicted of a "barrier" crime, continued Medicaid reimbursement is prohibited following results of the background check. Employer must terminate but time sheets must be submitted to PPL up to the date of separation.</p> <p>D. If CD employee has been convicted of a "non-barrier" crime and continued employment is desired, assist individual/employer in completing the disclaimer form, "Individual/Employer Acceptance of Responsibility for Employment" and mail this to PPL.</p> <p>E. File a copy of this form in the individual's record.</p>	
28	<p>(confirm DMAS Waiver Rates prior to billing)</p> <p>Bill DMAS for Employee Management Training, Code # S5109, using CMS-1500 form.</p> <p><b>Rate</b> = \$231.70 - Northern Virginia; \$178.23 - Rest of State</p>	
29	<p>Confirm with individual/family/caregiver that upon employment the employee understands that he/she must receive TB screening (annually). Maintain documentation of this screening in the individual's record. It is recommended that this be done prior to hire or scheduled prior to employment.</p> <p>Reimbursement for TB screening is available under Management Training. (See Step #28 for reimbursement.)</p>	
30	<p>If needed, assist the individual/employer, to set up a system for submitting and maintaining time sheets:</p> <ol style="list-style-type: none"> <li>(1) Electronic time sheets an option as of 10/10. Access via the following site: <a href="https://fms.publicpartnerships.com/ppportal/?vadmas">https://fms.publicpartnerships.com/ppportal/?vadmas</a></li> <li>(2) Faxed time sheets are sent toll-free to PPL at 1-888-564-1532 (this number is for faxing time sheets only)</li> <li>(3) Mailed time sheets are sent to: Public Partnerships, LLC, Fiscal Agent Services, P.O. Box 662, Richmond, VA 23218; and</li> <li>(4) Individual/family maintains a copy of the time sheet for each pay period that is reviewed by the SF during visits.</li> </ol>	
31	<p>OPTIONAL: Maintain a registry of willing Assistants and Companions (within the local service area) to share with individuals/families/caregivers, if needed.</p>	
32	<p>Be available by telephone to individual/family/caregiver.</p>	
33	<p>If requested/needed at any juncture, provide <b>Management Training</b> to employee and/or individual/family/caregiver. This training can cover a review of the <u>CD Waiver Services Employer Management Manual</u> content, particular skills training that the employee may need to best support the individual, employer-employee conflict resolution, and other activities to facilitate or improve the services to the individual.</p>	
34	<p>Document and file in the individual's record each time Management Training occurs or reimbursement is obtained for TB tests or RN Consultation.</p>	

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#	<b>Enrolling and Implementing Services</b>	Completed
35	<p>(confirm DMAS Waiver Rates prior to billing)</p> <p>Bill DMAS for Management Training, Code # S5116, using CMS-1500 form.</p> <p>Rate = \$28.96/HR – Northern Virginia; \$22.28/HR- Rest of State</p> <p><b>Also, included within this reimbursement code can be: RN Consultation or TB screenings for assistants/companions. Costs are totaled and billed in hourly increments.</b></p> <p>Limited to: 4 hours/6 months (or total reimbursement of \$115.84 every 6 months in Northern Virginia; \$89.12 every 6 mos. rest of state)</p>	
36	<p>Complete <b>On-site Routine Visits</b>, one each month for the first 60 days following CD services' preauthorization. Frequency thereafter determined by SF &amp; individual/family/caregiver, but at least one face-to-face meeting with the individual every 6 months.</p> <p>Document these contacts in the individual's record and bill under Routine Visits (see Step #38).</p> <p>These visits are to:</p> <ol style="list-style-type: none"> <li>a) assess appropriateness of CD Services;</li> <li>b) determine if any changes are needed;</li> <li>c) alert SC (and Child Protective Services/Adult Protective Services) to any health &amp; safety issues, if needed;</li> <li>d) review medical conditions (also noting any RN/primary health care provider consultation);</li> <li>e) review time sheets, and if discrepancies noted, discuss with individual/employer and PPL. If a pattern of discrepancies is noted, SF must meet with individual/family/caregiver and SC to determine if individual/family can manage CD services.</li> </ol>	
37	<p>Document these routine visits in a support log (<a href="http://www.dbhds.virginia.gov/ODS-PersonCenteredPractices.htm#support">http://www.dbhds.virginia.gov/ODS-PersonCenteredPractices.htm#support</a> ) or on the standardized DMAS-99B form and file in the individual's record, including all required information, as noted in the DMAS <u><i>ID Community Services Manual, Chapter IV.</i></u></p> <p><a href="https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual">https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual</a></p>	
38	<p>(confirm DMAS Waiver Rates prior to billing)</p> <p>Bill DMAS for Routine Visits, Code # 99509, using CMS-1500 form</p> <p>Rate = \$72.41/visit – Northern Virginia; \$55.70/visit- Rest of State</p>	
39	<p>Complete on-going monitoring to assure adequate service delivery. Take actions needed, including</p> <ol style="list-style-type: none"> <li>a) counseling or training individual re: responsibilities as an employer</li> <li>b) completing any needed changes to plan for support/ISAR and forwarding to the SC</li> <li>c) helping to hire new employees when needed, etc.</li> <li>d) counseling or training employees re: plan for supports implementation</li> </ol> <p>On-going monitoring does not require a visit and not all monitoring activities are billable (e.g., "b" above). If however a visit is required, it can be billed as a Routine Visit. See Step # 38 for billing details.</p>	
40	Contact SC to discuss services, as needed.	
41	Maintain documentation of all contacts and correspondence with the	

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	individual/family/caregiver, case manager/support coordinator, physicians, DMAS, DBHDS, formal and informal service providers and all professionals concerning the individual.	
42	<p>At a minimum, complete Quarterly Reviews for <b>CD-PA</b> and <b>CD Companion</b> Services and forward to the SC, including the following information:</p> <ol style="list-style-type: none"> <li>a. Any plan for supports revisions;</li> <li>b. General status (including any medical issues &amp; any medication changes);</li> <li>c. Significant events;</li> <li>d. Satisfaction with service (individual/family/caregiver).</li> </ol> <p>Due date is determined by start date of the Person-Centered Individual Support Plan (PC ISP) and communicated to SF by SC. A 10-day grace period is allowed. Maintain a copy of the quarterly review in individual's record. Recommended format for quarterly reviews available here: <a href="http://www.dbhds.virginia.gov/ODS-PersonCenteredPractices.htm">http://www.dbhds.virginia.gov/ODS-PersonCenteredPractices.htm</a> See "Supporting Documentation - Person Centered Review."</p>	
43	Quarterly reviews do not require a face-to-face visit. Billing for written work and documentation is not allowed; however, if a visit is required, see Step # 38 for billing under Routine Visits.	
44	Complete review of <b>Respite Services</b> every 6 months OR when 240 CD Respite hours are used, whichever comes first. SF should be cognizant (per PFS) of approximate date 240 hours would be used and check with family during routine visits and other contacts. Forward copy to SC (no quarterly review required, but similar content addressed in this review), following the 6 months or when 240 hours are used. Maintain copy in individual's record.	
45	Respite Reviews do not require a visit. Billing for documentation is not allowed; however, if a visit is required, See Step # 39 for billing under Routine Visits.	
46	<p>Complete Annual Update Visit –</p> <ol style="list-style-type: none"> <li>a. Prior to end date of current ISP, meet with individual/family/caregiver re: current medical, functional and social supports, to evaluate any needed changes in the CD services.</li> <li>b. Provide this information to SC to jointly develop the annual PC ISP, along with the individual/family/caregiver;</li> <li>c. Complete new ISAR(s), if any changes in current authorized hours are needed and forward to SC.</li> <li>d. Document visit and file in individual's record</li> </ol>	
47	<p>(confirm DMAS Waiver Rates prior to billing)</p> <p>Bill DMAS for Annual Update Visit, as a "Reassessment Visit", Code # T1028, using CMS-1500 form</p> <p>Rate = \$116.97 per visit - Northern Virginia; \$89.12 per visit - Rest of State</p>	
48	Attend PC ISP meetings, if requested by the individual/family/caregiver. If SF is not attending, it is recommended that a CD employee attend to support the individual during the meeting and participate in outcome development.	
49	Confirm with individual/employer completion of annual TB screening for employees.	
50	<b>Dual Enrollment AD &amp; CD</b> – send annual patient pay updates by sending hard copies of the DMAS 225 to PPL, along with the SC written communication which shows the	

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	designated collector of Patient Pay.	
51	Submit ISARs to SC when any CD service ends or changes.	
52	When changing SFs, "leaving" SF completes an ISAR ("Change in SF") and forwards to SC. If "leaving" SF does NOT complete the needed ISAR, SC will submit ISAR to Preauthorization Consultant, noting reason for the change. "New" SF completes an ISAR ("Change in SF") and forwards to SC.	

Note: Rates listed in this document may not reflect any recent rate changes. Always check the DMAS website for up-to-date Waiver rates.