



**DD CM Transition Questions  
29 August 2016**

**Single Point of Entry**

**Question 1:** Child Development Centers were paid to complete screenings for DD individuals. Will CSBs be paid an administrative fee to complete the screenings?

Yes. As of July 1, CSBs will bill for screenings for individuals with development disabilities who originally were screened for eligibility by the Child Development Centers. CSBs will be paid for the screenings at either the state rate or the NOVA rate as set by DMAS. When a screening is completed, please **fax the screening to 804-225-3390** for processing. The CSB will not need to send an invoice as the screening itself acts as an invoice. Screeners need to note on the form if the individual lives in a community/county which has the enhanced NOVA rate. Noting on the form, NOVA and county/community covered as listed by DMAS. For questions or concerns please contact the **DD Waiver Helpline 804-663-7290**. See Question #23.

**Question 2:** DMAS was moving to ensure CSBs will have the provider class type placed on their NPIs in the MMIS so they will be able to bill DD TCM as of July 1. Can you advise if this has been completed?

No. CSBs cannot currently bill. DMAS has updated the MMIS system to allow all CSBs to bill and is also in the process of sending guidance to the enrollment contractor that will assist them in understanding that CSBs will be submitting applications for DD CM and that the DBHDS License for ID case management meets the requirement to be a DD case management provider. CSBs will be allowed to back bill for services provided from July 1, 2016.

**Question 3:** In the information DBHDS sent out to CSBs related to completing DD screenings, one form-DMAS Long Term Care Service Authorization Form DMAS-96, states that pre-admission screening information is to be completed only by Level I, Level II, or ALF screeners and requires a Level 1 physician signature. What are the Level 1, Level II, or ALF screener requirements and would a psychiatrist meet the definition of a Level 1 physician?

**DMAS- Level 1, Level II, or ALF screener requirements-**

A psychiatrist meets the definition of a Level 1 physician.

There is no requirement for a Level II screening for waivers. The Level II screenings would not apply for individuals requesting Waiver services as these individuals would not be receiving services in a nursing facility, they would be screened for DD waiver. The Level II only applies to nursing facility admissions as it relates to PASRR. (PASRR is the tool used to determine if someone has mental illness/intellectual/developmental disabilities or a related condition (such as cerebral palsy, etc.) and if a nursing facility is the appropriate placement for them based upon the identified diagnosis. This is a federal requirement).

**Question 4:** With the approval of the Waiver amendments, will this change State Plan ID Case Management and State Plan DD Case Management services?

The IDD System HCBS Waiver amendments are separate from State Plan ID and DD case management services. These two services are covered under the Medicaid State Plan as separate services from the Waivers. In addition, ID Case Management is considered a separate, billable service from DD Case Management in the Medicaid State Plan. ID Case Management State Plan services as defined in the State Plan will not change. However, a State Plan amendment for DD Case Management services will be submitted to include the CSB as the single point of entry, additional licensing and quality measures, and data reporting requirements.

**Question 5:** Some CSB contracts for DD case management include a definition of DD which is inclusive of ID. Does this mean that the CSB DD RFP provider selected will also be a choice for ID CM?

ID Targeted Case Management regulations are not changing. The CSB RFP is for DD case management (excluding ID).

**Question 6:** If the ID CM State Plan is not changing, would ID case managers still need a degree?

The VACSB agreed to meet the DD case management requirement for a degree.

**Question 7:** Some DD providers are deciding to close effective July 1, 2016 and CSB may not be able to pick up all individuals currently receiving case management before the provider's proposed close date.

**Individuals currently receiving DD Case Management from a private provider:**

All individuals currently on the IFDDS Waiver or who are on the waiting list for the IFDDS Waiver will experience changes due to the transition of support coordination/case management to the CSB system.

To adapt to the new single point of entry approach, CSBs will become the responsible entity for support coordination/case management services for all qualifying eligible individuals with a developmental disability. Individuals entering the system will default to the CSB support coordinator/case manager. Continuity of support coordination/case management is important to DMAS, DBHDS, and the CSBs. Therefore, the following transition approach will be taken:

- **Individuals currently enrolled in the IFDDS Waiver or on the IFDDS waiting list and actively receiving DD case management prior to July 1, 2016:** The individual/family may choose to remain with their current private provider, as long as the private provider contracts with the CSB, and meets and maintains the necessary provider qualifications. **In preparation for this systems change, private providers should have already made contact with the relevant CSBs to discuss contracting or other information related to the individuals being served.** All private providers must have a contract or be in the process of contracting with the CSB for support coordination/case management no later than Sept 30, 2016. The CSB and private provider with whom they are contracting will establish dates by which the transition shall take place for each individual and will be established on a case-by-case basis. The transition of all individuals currently receiving case management should occur no later than December 31, 2016.
  - For example, a DD provider may serve 15 individuals (3 Waiver, 12 Waitlist). The CSB may have been able to transition all 15 individuals by August 1<sup>st</sup>.
  - In another scenario, the CSB works with a provider who serves 100 individuals (35 Waiver, 65 Waitlist). However, the CSB (even though a contract is in place) may not be able to transition all individuals at one time and can set a time line with the contracted DD provider to systematically transition the individuals by Oct 31, 2016 (as long as all individuals are transitioned on or before Dec 31, 2016). The DD provider would continue to bill DMAS directly for individuals who have not transitioned and these individuals would not be included under the CSB license until the transition is complete.
- **Individuals with DD entering the system on or after July 1, 2016:** All individuals entering the system will default to the CSB support coordinator/case manager. The Commonwealth assures that the provision of support coordination/case management services shall not restrict an individual's free choice of providers in violation of § 1902(a)(23) of the Act. The following process has been implemented:
  1. To provide choice to individuals enrolled in these waivers, CSB/BHAs shall contract with private support coordination/case management entities to provide DD support coordination/case management, except if there are no qualified providers in that CSB/BHA's catchment area, then the CSB/BHA shall provide services. CSBs shall be the only licensed entity to provide support coordination/case management.
  2. Individuals who are eligible for the ID, DD and DS, or their successor waivers shall have free choice of the providers of support coordination/case management services within the parameters described as follows:
 

For those individuals that receive ID case management services:

    1. The CSB which serves the individual will be the provider of support coordination/case management services.
    2. The CSB shall provide a choice of support coordinator/case managers within the CSB

3. If the individual or family decides that no choice is desired in that CSB, the CSB shall afford a choice of another CSB with whom the responsible CSB has a memorandum of agreement.

For those individuals that receive DD (excluding ID) case management services:

1. The CSB which serves the individual will be the provider of support coordination/case management services.

2. The CSB must provide a choice of support coordinator/case managers within the CSB

3. If the individual or family decides that no choice is desired in that CSB, the CSB shall afford a choice of another CSB with whom the responsible CSB has a memorandum of agreement.

4. If the individual or family decides not to choose the responsible CSB or the CSB with whom there is a memorandum of agreement, then they will be given a choice of a private provider with whom the CSB has a contract for support coordination/case management.

5. At any time, an individual may choose to make a request to change their support coordinator/case manager.

To meet this requirement, CSB(s) have issued Request for Proposals (RFP) to select and contract with one or more private provider(s) to provide support coordination/case management services. Interested private providers will need to respond to the RFP to be considered. The private provider(s) selected must meet minimum, standard qualifications, including those that are CSB specified requirements. Private providers are responsible for contacting their local CSB regarding the procurement process.

CSBs have agreed to have an RFP in place with one or more private providers by 9/30/2016. Existing private providers may bill DMAS for support coordination/case management services until the CSB negotiates a transition date for each individual on their caseload. Once the CSB RFP process has been completed, the RFP provider(s) will be the only provider(s) eligible to receive referrals for new individuals entering the system. Providers with contracts can continue to serve the individuals on their current caseload as long as they continue to meet CSB contract requirements and the current individuals continue to choose them as a provider.

Private providers contracting with the CSB shall operate under the CSB's Medicaid provider participation agreement and under the CSB's DBHDS Case Management Services license. Current Medicaid provider participation agreements for private provider support coordination/case management will remain in effect until all individuals have been transitioned to the CSB, but no later than December 31, 2016. The CSB will establish dates with the private provider by which the transition of the provider to the CSB and transition of all individuals served shall take place. On a case by case basis, for individuals whose private provider does not enter into a contract with the CSB, the CSB will work with the individual and private provider to transition support coordination/case management services to the CSB, or another qualified provider that has a contract with the CSB to ensure that there is no lapse in services. All private providers not entering a contract or unable to meet CSB minimum requirements must begin transition of all individuals currently served no later than Sept 30, 2016 to ensure all individuals are transitioned no later than December 31, 2016. The CSB and private providers will establish dates by which the transitions shall take place with the

private provider. The private provider will continue to bill under their existing Medicaid participation agreement until the contract with the CSB has been completed and/or transition of each individual is completed.

**By January 1, 2017, all Medicaid DD support coordination/case management billing will be generated through the CSB.**

**Question 8:** Are plans of care for individuals with DD developed and sent to DBHDS for approval (like the DD CMs do now)?

Yes. CSBs have received information from DBHDS on what needs to be completed for screenings and submitted to DBHDS. If you have further questions or concerns please contact the **DD Waiver Helpline 804-663-7290** and leave a message and a DD Waiver Analyst will return your call within 24 hours. **The DD Waiver FAX number is 804-225-3390.** Please refer to the Medicaid memos for May 17, 24, 31, June 21, 22, & 23 for more information on waiver redesign and implementation.

**Question 9:** Should an individual with DD placed on the waitlist be assigned a case manager (like it is now) even if they have no identified “special service need”?

Yes.

**Question 10:** Are CSBs using the VIDES and priority screening tools beginning July 1 or Sept 1?

DBHDS DDS staff have advised that they should be using **both** the LOF and VIDES for people newly screened for a while, since they must have the LOF under the current waivers and will need the VIDES with the amended ones. It will be only the VIDES come 9/1/2016.

**Question 11:** Would CSBs need to send an invoice for DD screenings? Will CSBs enter individuals on the waitlist into IDOLS/WAMS the same as ID Waiver starting 7/1 and up to 9/1/16 & beyond?

The CSB will not need to send an invoice as the screening itself acts as an invoice. CSB’s will forward screening packets to the DBHDS DD Waiver Unit beginning 7/1/16.

DBHDS will enter individuals with DD on the waitlist until 8/31/2016. Beginning 9/1/2016, the CSB will enter all individuals on the waitlist.

**Question 12:** Are there letters generated by DMAS or DBHDS that go to the individual/families giving them the right to appeal when the individual is put on the wait list in July?

The CSB should generate the appeal letter.

**Question 13:** Do they get to appeal their Priority determination?

New individuals do not. Individuals can appeal being placed on the Wait List.

**Question 14:** Currently individuals under age 6 with DD diagnosis are not eligible to be placed on the DD Wait list. In some children up to age 6 with a developmental risk are eligible to be placed on the ID waitlist. Can the child with a DD diagnosis screened prior to CMS approval of the amendments be placed on the waitlist?

Children screened can be placed on the ID waitlist up to age six if eligible. If not eligible, they cannot be placed on either waitlist. However, the CSB can maintain the assessment until 9/1/2016 and place the child on the wait list at that time.

**Question 15:** After 9/1/2016, will CSBs doing screenings for the waitlist need to determine if an individual has an intellectual disability diagnosis?

See answer to Question #23.

A diagnosis of ID must be documented in order to bill for ID TCM. Since the amended waivers serve individuals with all forms of DD, it is not necessary to “rule out” ID for an individual with a documented “non-ID” developmental disability (such as CP or spinal bifida only). Therefore, these individuals should not require a psychological evaluation. Ensure that individuals for whom DD CM will be billed meet the State Code definition of Developmental Disability.

**Question 16:** Will individuals currently on the DD Waiver Waitlist be merged with the ID waitlist and keep the CM services they have or must they access CSB services prior to having (or keeping) private CM?

See Question #7.

**Question 17:** When will the DD Waiver case management rate increase go into effect?

**There will be no change to the existing rate for support coordination/case management for individuals with an intellectual disability.**

There will be a rate increase for DD support coordination/case management services. The rate will be adjusted from \$175.40 to \$242.73 per month effective July 1, 2016 (see Table 1). The CSB, as the single point of entry for case management services, will bill DMAS for the full amount and will negotiate reimbursement to contracted private providers. This rate was calculated using the same methodology used to develop new rates for the services in the revised waivers. Support coordination/case management rates are separate from the service rates as part of the DD Waiver System redesign.

Table 1

	Proc. Code	Rate as of 7/1/2016	Unit
DD Support Coordination/Case Management	T2023	\$242.73	Month

**Question 18:** What is the choice process for anyone not currently being served in either ID or DD Case Management?

The CSBs will operate a streamlined support coordination/case management service delivery system for all individuals with DD. Individuals currently receiving ID support coordination/case management will continue to receive support coordination/case management services through the CSBs. See question # 7 for additional details on the process.

**Question 19:** What is the DMAS requirement for DD Case Management Providers related to keeping their records when they are deciding to no longer provide services?

Individual and Family Developmental Disabilities Support Waiver Services Manual  
Chapter 2, page 6:

“In general, such records must be retained for a period of not less than six years from the date of service or as provided by applicable state laws, whichever period is longer. However, if an audit is initiated within the required retention period, the records must be retained until the audit is completed and every exception resolved. Records of minors shall be kept for at least 6 years after such minor has reached the age of 18 years. (Refer to the section titled “Maintaining Records” in Chapter IV.)”

The “Maintaining Records” section in Chapter 4 begins on page 108 and states:

**MAINTAINING RECORDS**  
Business and Professional Records

Providers must maintain and retain business and professional records sufficient to document fully and accurately the nature, scope, and details of the business. An example of documents in this area is Human Resources (HR) documentation. **These policies apply even if the agency discontinues operation. DMAS shall be notified in writing of the storage location and procedures for obtaining records for review should the need arise.** The location, agent, or trustee shall be within the Commonwealth of Virginia; and

1. Such records must be retained for at least six years from the last date of service or as provided by applicable state laws, whichever period is longer. If an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception is resolved; and

2. Records of minors shall be kept for at least six years after such minor has reached the age of 18 years.

#### Individual Records

1. The Case Manager must maintain for each DD Waiver individual the following documentation for review by DMAS staff for a period not less than five years from the individual's last date of services.

- a) The comprehensive assessment and all POCs;
- b) All supporting documentation from any provider;
- c) The most recently completed DMAS-225 form, which is to be updated annually by the local DSS/DFS office;
- d) All supporting documentation related to any change in the POC; and
- e) All related communication with the providers, individual, consultants, DBHDS, DMAS, DSS, DARS, Service Authorization Contractor, or other related parties.

2. The individual service providers must maintain the following documentation for review by DMAS staff for a period not less than five years from the individual's last date of service for adults and records of minors shall be kept for at least six years after such minor has reached the age of 18 years:

- a) All supporting documentation (including DMAS-225);
- b) An attendance log which documents the date services were rendered and the amount and type of services;
- c) Appropriate progress notes reflecting the individual's status and, as appropriate, progress or lack of progress toward the goals on the supporting documentation; and
- d) Any documentation to support that services provided are appropriate and necessary to maintain the individual in the home and in the community.

**Question 20:** Will the CM/SC have to do double entry of the ISPs September 1<sup>st</sup>?

No. The ISPs will be uploaded to WaMS via attachment beginning September 1<sup>st</sup>. DBHDS has agreed to extend this process to eliminate double entry. The ISP will at a future date have to be entered in the WaMS system. There is a Workgroup reviewing this.

**Question 21:** Will all the completed VIDES have to be entered into WaMS September 1<sup>st</sup>?

No. Only the VIDES that are completed after September 1<sup>st</sup> have to be entered into WaMS. As annual VIDES are completed, they will need to be entered into WaMS.

**Question 22:** Who appoints the Authorized Representative for DD contracted case management providers working under the license of the CSB? The CSB Executive Director or the Private Provider Executive Director?

The responsible licensed provider must ensure that the AR process is complete, in this case, the CSB.



**Question 23:** Could the CSB open a referral for 90 day ID case management to evaluate individuals for ID case management and placement on the waiting list. Then upon receiving the psychological, if it indicates a DD diagnosis – bill for the DD screening?”

The purpose of screening is to determine an individual’s eligibility for services and to complete the LOF/VIDES to determine eligibility for Waiver services. **The CSB would need to determine which screening process is most appropriate as both screening processes would be duplicative.**

In the DD case management system, a screening is completed to determine eligibility **prior** to initiation of case management. In the ID case management system, the CSB bills for **ID TCM** to complete screening/eligibility process.

- DD screening can be initiated for individuals with a DD diagnosis clearly not associated with ID (i.e., CP or spinal bifida) and/or for individuals for whom the diagnosis is unclear. **Upon completion of the screening the CSB will make the determination if the individual is eligible for Waiver services and which case management service the individual is eligible to receive. The CSB cannot bill for both the screening and case management in the same month.**
- If an individual presents for screening and has a diagnosis likely associated with intellectual disability or has a diagnosis of intellectual disability, the CSB should initiate ID TCM to determine eligibility. **Upon completion of the screening/eligibility process, the CSB will make the determination if the individual is eligible for Waiver services and which case management service the individual is eligible to receive. No DD screening is required or completed.**

Additional information will be forthcoming through Questions and Answers, which will be posted on the DBHDS website: [www.dbhds.virginia.gov](http://www.dbhds.virginia.gov).