

Virginia Department of Medical Assistance Services
Intellectual Disability Waiver
Fact Sheet 2012

Initiative	Home- and community-based (1915 (c)) waiver the purpose of which is to provide support in the community rather than in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
Targeted Population	Individuals up to 6 years of age who are at developmental risk and individuals age 6 and older who have Intellectual Disability (ID). All individuals must: (1) Meet the ICF/IID level of care criteria (i.e., meet at least two out of seven categories of the Level of Functioning Survey in order to qualify); (2) Require waiver services within 30 days; and (3) Be determined that community-based services under the waiver are the critical services that enable the individual to delay or avoid placement in an ICF/IID or promote exiting from either an ICF/IID or other institutional placement.
Program Administration	Program is administered by the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS).
Eligibility Rules	The individual must be eligible for Medicaid and meet screening criteria; the income limit is 300% of the SSI payment limit for one person. The individual must meet criteria for ICF/IID; and must have ID or be under age 6 at developmental risk.
Services Available	<ul style="list-style-type: none">• Adult Companion Services – Agency-Directed and Consumer-Directed• Assistive Technology• Congregate Residential Support• Crisis Stabilization• Crisis Supervision• Day Support – Regular and High Intensity• Environmental Modifications• In-Home Residential Support• Medication Monitoring (can only be received in conjunction with PERS)• Personal Emergency Response System (PERS) – (Installation and Monthly Monitoring)• Personal Assistance – Agency-Directed and Consumer-Directed• Prevocational Services – Regular and High Intensity• Respite Services – Agency-Directed and Consumer-Directed (480 hours max/year)• Services Facilitation• Skilled Nursing – RN and LPN• Supported Employment – Group and Individual• Therapeutic Consultation• Transition Services
Service Authorization	An individual or the individual’s representative is screened at the local Community Services Board (CSB). DBHDS performs enrollment and service authorization for this waiver.
Waiting List	A waiting list exists for the ID Waiver. The waiting list is maintained as follows: All CSBs/Behavioral Health Authorities (BHAs) are responsible for maintaining their own waiting list for the ID Waiver. The waiting list maintained by the CSB/BHA consists of three categories: urgent, non-urgent, and a planning list. DBHDS maintains the Statewide

Waiting List to include the CSBs' urgent and nonurgent lists. Those in the urgent category are provided priority. Only after all individuals who meet the urgent criteria have been served will individuals in the non-urgent category be served

If a slot becomes vacant or when a new slot is allocated, the CSB/BHA is responsible for assigning the slot to an individual in the urgent category, based on the needs of the individual at the time a slot becomes available and using criteria implemented statewide.

Slots are available for individuals transferring directly from institutions (including Money Follows the Person slots), in addition to the allocated community slots. These individuals do not follow the waiting list process described above.

Urgent Criteria The urgent category is assigned when the individual is determined to be at significant risk. The urgent category may be assigned only when the individual or legal guardian would accept the requested service if it were offered.

Satisfaction of one or more of the following criteria shall create a presumption that the individual is at significant risk and indicate that the individual should be placed on the Urgent Need of Waiver Services Waiting List:

- Both primary caregivers are 55 years of age or older, 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 Intellectual Disability;
- There is a clear risk of abuse, neglect, or exploitation;
- The primary caregiver has a chronic or long term physical or psychiatric condition or conditions which significantly limit his or her ability 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); or
- The individual with ID lives with the primary caregiver and there is a risk to the health or safety of the individual, primary caregiver, or other individual living in the home due to either of the following conditions:
 1. The individual's behavior or behaviors present a risk to himself or others which cannot be effectively managed by the primary caregiver even with generic or specialized support arranged or provided by the CSB/BHA; or
 2. There are physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the primary caregiver even with generic or specialized supports arranged or provided the CSB/BHA.

Definitions
(12VAC30-120-1000)

"Assistive technology" means specialized medical equipment and supplies including those devices, controls, or appliances, specified in the Individual Support Plan but not available under the State Plan for Medical Assistance, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live, or that are necessary to the proper functioning of the specialized equipment.

"Case management" means the assessing and planning of services; linking the individual to services and supports identified in the Individual Support Plan; assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources;

coordinating services and service planning with other agencies and providers involved with the individual; enhancing community integration; making collateral contacts to promote the implementation of the Individual Support Plan and community integration; monitoring to assess ongoing progress and ensuring services are delivered; and education and counseling that guides the individual and develops a supportive relationship that promotes the Individual Support Plan.

"Companion services" means nonmedical care, support, and socialization, provided to an adult (age 18 and over). The provision of companion services does not entail routine hands-on care. It is provided in accordance with a therapeutic goal in the consumer service plan and is not purely diversional in nature.

"Consumer-directed model" means services for which the individual and the individual's employer of record, as appropriate, is responsible for hiring, training, supervising, and firing of the person or persons who render the direct support or services reimbursed by DMAS.

"Crisis stabilization" means direct intervention to individuals with Intellectual Disability who are experiencing serious psychiatric or behavioral challenges that jeopardize their current community living situation, by providing temporary intensive services and supports that avert emergency psychiatric hospitalization or institutional placement or prevent other out-of-home placement. This service shall be designed to stabilize the individual and strengthen the current living situation so the individual can be supported in the community during and beyond the crisis period.

"Day support" means services that promote skill building and provide supports (assistance) and safety supports for the acquisition, retention, or improvement of self-help, socialization, and adaptive skills, which typically take place outside the home in which the individual resides. Day support services shall focus on enabling the individual to attain or maintain his highest potential level of functioning.

"Environmental modifications" means physical adaptations to a primary place of residence, primary vehicle or work site (when the work site modification exceeds reasonable accommodation requirements of the Americans with Disabilities Act) that are necessary to ensure the individual's health and safety or enable functioning with greater independence when the adaptation is not being used to bring a substandard dwelling up to minimum habitation standards. Such EM shall be of direct medical or remedial benefit to the individual.

"Personal assistance services" means assistance with activities of daily living, instrumental activities of daily living, access to the community, self-administration of medication, or other medical needs, and the monitoring of health status and physical condition.

"Personal emergency response system (PERS)" is an electronic device and monitoring service that enables certain individuals at high risk of institutionalization to secure help in an emergency. PERS services are limited to those individuals who live alone or are alone for significant parts of the day and who have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

"Prevocational services" means services aimed at preparing an individual enrolled in the waiver for paid or unpaid employment. The services do not include activities that are specifically job-task oriented but focus on concepts such as accepting supervision,

attendance at work, task completion, problem solving and safety. Compensation for the individual, if provided, shall be less than 50% of the minimum wage.

"Residential support services" means support provided in the individual's home by a DBHDS-licensed residential provider or a VDSS-approved provider of adult foster care services. This service is one in which skill-building, supports, and safety supports are routinely provided to enable individuals to maintain or improve their health, to develop skills in daily living and safety use community resources, to be included in the community and home, to develop relationships, and to participate as citizens in the community.

"Respite services" means services provided to individuals who are unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those unpaid persons normally providing the care.

"Skilled nursing services" means both skilled and hands-on care, as rendered by either a licensed RN or LPN, of either a supportive or health-related nature and may include, but shall not be limited to, all skilled nursing care as ordered by the attending physician and documented on the Plan for Supports, assistance with ADLs, administration of medications or other medical needs, and monitoring of the health status and physical condition of the individual enrolled in the waiver.

"Supported employment" means paid supports provided in work in settings in which persons without disabilities are typically employed. Paid supports include skill-building supports related to paid employment, ongoing or intermittent routine supports, and safety supports to enable an individual with ID to maintain paid employment.

"Therapeutic consultation" means covered services designed to assist the individual and the individual's family/caregiver, as appropriate, with assessments, plan design, and teaching for the purpose of assisting the individual enrolled in the waiver.

"Transition services" means set-up expenses for individuals who are transitioning from an institution or licensed or certified provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his own living expenses. [12VAC30-120-2010](#) provides the service description, criteria, service units and limitations, and provider requirements for this service.

Quality Management Review	DMAS conducts quality management reviews of the services provided and interviews individuals for all providers providing services in this waiver to ensure the health and safety of all individuals. Level of Functioning reviews are performed at least annually by the CSB support coordinator/case manager.
Reimbursement Rates	Reimbursement rates can be found on the DMAS website at http://www.dmas.virginia.gov/Content_atchs/ltc/ltc-mr_rts.pdf .
Number of People Served (SFY2011)	8,343
Total Waiver Expenditures (SFY2011)	\$542,128,233*

**Average Cost
Per Individual
(SFY2011)** \$64,941 (includes Waiver and acute care costs)

**Regulatory
Basis** 12VAC30-120-1000 et seq.

**Program
Contacts** Dawn Traver, Community Resource Manager of DBHDS at (757) 253-4316 or by email at dawn.traver@dbhds.virginia.gov. Information can also be found on the DMAS website at www.dmas.virginia.gov or the DBHDS website at <http://www.dbhds.virginia.gov/ODS-MRWaiver.htm>.