

Navigating the Developmental Disability Waivers: A Guide for Individuals, Families and Support Partners



Department of Behavioral Health and Developmental Services
Division of Developmental Services

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Introduction: A Guide for Individuals, Families and Support Partners

Following the redesign of Virginia’s Developmental Disability (DD) Waivers in 2016, individuals, and families requested to have information made available that would be easy to follow and understand. The 2017 update to the Navigating the Waivers workbook has been designed to do just that.

The purpose of this book is to guide individuals, families and support partners through Virginia’s Home and Community-Based Developmental Disability Waivers (otherwise known as the DD Waivers). While the DD Waivers have the most support options of any of the Virginia Waivers and offer opportunities for flexibility and creativity, the process for obtaining and utilizing the waivers can be challenging to navigate. We hope that you will use this guidebook to not only become familiar with the DD Waivers, but also to become empowered to be an even better advocate for yourself or someone you are supporting.

How to Use This Book

In this guidebook there are nine sections. The first section is the Table of Contents.

Section 2: Eligibility	In Sections 2-5 you will find these sections split into three parts:
In One Page	
The Basics	
The Details	In One Page; The Basics; and The Details.
Section 3: DD Waivers Waiting List.....	
In One Page	
The Basics	
The Details	

In One Page—This one page description is for individuals.

The Basics—This two paged Q&A is for families.

The Details—This section is for the individual, family member, or any other interested party who is looking for the regulations regarding the information in that section.

The remaining sections provide detailed information about the waiver services, general information about Virginia’s HCBS Waivers, a glossary and a list of resources.

By design the pages of this book can be printed and distributed as appropriate for the audience. For example, a Support Coordinator may print the In One Page and The Basics as well as the pages regarding the Family and Individual Supports Waiver to share with someone who just received a Family and Individual Supports Waiver slot, or a parent may choose to just read The Basics of Sections 2 & 3 to gain more knowledge on how to obtain one of the DD Waivers.

Note: The first time a word contained in the glossary is used in this book it will be in italics, so you know you can find out what it means.

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 the family. In a perfect world, the family is always available to provide needed support. In the life of a person with a *developmental disability* (DD), there may come a time when the family needs help providing support to their loved one. When that time arrives, *family members* need information regarding alternative supports.

If you are related to an individual with a developmental 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, group home staff, job coaches, *Support Coordinators* and others who will assist you in supporting your family member.

Whether you are starting your journey or continuing down the path, this will help guide you through the paid supports available to your family member through the Developmental Disability Waivers.



Section 1: Table of Contents	04
Section 2: Eligibility	06
In One Page	06
The Basics	07
The Details	09
Section 3: Developmental Disability (DD) Waivers Waiting List	12
In One Page	12
The Basics	13
The Details	15
Section 4: Developmental Disability (DD) Waivers	21
In One Page	21
The Basics	22
The Details	24
Section 5: Overview of Services	29
In One Page	29
The Basics	30
The Details	32
Section 6: Glossary	36
Section 7: DD Waivers Services and Support Options	39
Assistive Technology	41
Benefits Planning Services	41
CD/AD Companion	42
CD/ AD Personal Assistance Services	42
CD/ AD Respite	43
CD Services Facilitation	43
Center-Based Crisis Supports	43
Community-Based Crisis Supports	44
Community Coaching	44

Community Engagement	45
Community Guide	45
Crisis Support Service	46
Electronic Home-Based Services	46
Environmental Modifications	47
Group Home Residential	47
Group Day Services	48
Group Supported Employment	48
Independent Living Supports	49
Individual and Family/Caregiver Training	49
Individual Supported Employment	50
In-Home Support Services	50
Non-Medical Transport	51
Personal Emergency Response System (PERS)	51
Private Duty Nursing	52
Shared Living	52
Skilled Nursing	53
Sponsored Residential	53
Supported Living	54
Transition Services	54
Therapeutic Consultation	55
Workplace Assistance	55
Section 8: History and General Information	56
A Brief History of Virginia’s Developmental Disability Waivers	56
General Information about Virginia’s Medicaid Waivers ...	57
Section 9: Additional Resources	58
Who Do I Contact When	58
DBHDS and Other Web Resources	60

What is a Waiver ?

When you receive and accept a waiver you are choosing to have people support you in your home and in your community instead of in a nursing home or other institution.

Can anyone have a Waiver?

No. Not everyone is eligible for one of the *Developmental Disability* Waivers. To find out if you are eligible for one of these Waivers, the first step is to contact your local *Community Services Board (CSB)* or *Behavioral Health Authority (BHA)*. When you call, you will ask what steps to take to start the process for determining eligibility for the DD Waiver.

To Be Eligible for One of the Developmental Disability Waivers You Must Meet:



Diagnostic Eligibility:

This means having a disability that affects your ability to live and work independently. The CSB/BHA will request a copy of any tests and/or professional evaluations you have had that list diagnoses and identify support needs. It is a good idea to have this information prior to going to meet with the CSB/BHA to determine eligibility for the DD Waiver waitlist.



Functional Eligibility

This means needing the same support as someone who is living in an *Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)*. This is determined by an assessment called the *VIDES** completed by a support coordinator at the CSB/BHA. There are different versions of this assessment for different age groups.

VIDES—Virginia Individual Developmental Disabilities Eligibility Survey



Medicaid Financial Eligibility

This means assuring you do not make too much money to receive Medicaid. This will be determined by the *Department of Social Services (DSS)*.



And you must be willing to accept services within 30 days

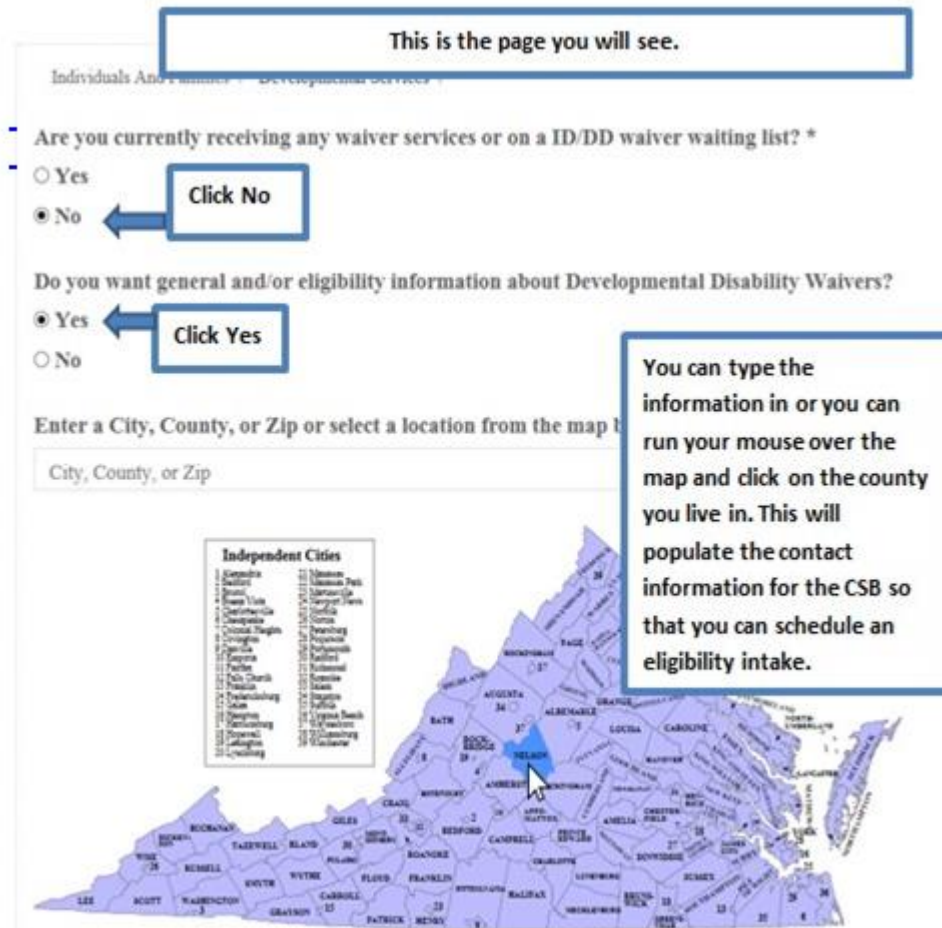
This means knowing what services you would like and being open to receiving them as soon as all of the paperwork is in place.

*** Important ***

- * Not everyone who requests a DD waiver will be found eligible.
- * Everyone found eligible is added to a waitlist.
- * A committee that decides who receives the waiver picks the person who has the greatest need for the DD Waiver services.
- * Some people wait for many years before they receive one of the Developmental Disability (DD) Waivers.

Q: My child has a developmental disability. How can I find out if he/she is eligible for one of the Developmental Disability Waivers?

A: Start by locating the Community Services Board (CSB) or Behavioral Health Authority (BHA) in the city/county where you reside. You can do this by going to <http://www.mylifemycommunityvirginia.org/map>. Contact the CSB/BHA and ask what steps you need to take to start the process for determining eligibility for the DD Waiver.



Q: Isn't everyone with a Developmental Disability eligible for one of the Developmental Disability Waivers?

A: No. To receive a Developmental Disability Waiver, criteria must be met for diagnostic eligibility and functional eligibility. Financial eligibility will be determined by the Department of Social Services (DSS) once a *slot* has been allocated.

Q: My child has an IEP. Would that mean he/she would be eligible for one of the Developmental Disability Waivers?

A: Not necessarily. The criteria that needs to be met for a child to receive an Individualized Education Plan (IEP) is not the same as the criteria that needs to be met for a someone to receive a DD Waiver. For example, a child can receive an IEP for a specific learning disability, emotional disability or other health impairment; however, these alone may not meet Virginia's definition of Developmental Disability under VA Code 35.7-100 (see glossary). There are also functional and financial components that must be met before someone can be considered for one of the DD Waivers. Remember, the intent of these services is to enable people who meet criteria for institutional care to live successfully in the community.

Q: What is functional eligibility?

A: Functional eligibility is determined by an assessment called the VIDES (Virginia Individual Developmental Disabilities Eligibility Survey) which is completed by a *Support Coordinator*. There are three versions of the VIDES: Infant, Child and Adult. This eligibility tool determines whether the person meets Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) level of care. Categories assessed included Health Status, Communication, Task Learning, Personal Care, Behavior, Mobility, Community Living Skills and Self Direction.

Q: How is financial eligibility determined?

A: An Eligibility Worker from the local Department of Social Services determines an *individual's* financial eligibility following the Medicaid eligibility rules used for people who are receiving long term care. These are different and often allow people to qualify for Medicaid who may not qualify under the traditional Medicaid eligibility rules.

Q: At the conclusion of my intake appointment I was told my *family member* was not eligible to receive a DD Waiver. Do I have the option to appeal this decision?

A: There are two options. The first option would be to talk to the intake worker to determine the reason for the denial. It may be that they just need additional documentation, evaluations, etc., and you could support that by helping to schedule those appointments or obtain the needed information. The second option is to appeal the decision. You should have been presented information about appeal rights following the denial. You have the right to appeal and would do so by following the steps listed on the document.

INTRODUCTION TO SUPPORT COORDINATION

Q: Is there a difference between a Case Manager and a Support Coordinator?

A: No. These terms are interchangeable; however, Support Coordinator is the term most frequently used in regulations and in most of the material and guidance developed by CSBs and DBHDS.

Q: How do we find a Support Coordinator?

A: Start by locating the CSB in the city/county where you reside. You can do this by going to <http://www.mylifemycommunityvirginia.org/map>. You can also find the phone number by looking in the city or county government section of the phone book. When you call, ask to speak to someone about initiating support coordination or case management services.

Q: Can I request a Support Coordinator for my family member if he/she is on the waiting list or if we are not interested in receiving waiver services?

A: Under Medicaid, there is the option for support coordination that is not connected to waiver services. If your family member has or is eligible for Medicaid, talk to the CSB about whether he/she meets the criteria for support coordination (case management) services under the State Plan Option.

Q: What can I expect from my Support Coordinator?

A: Initially, the Support Coordinator will gather information such as historical information about your family member, past services used and how effective they were, public benefits currently being received (such as Medicaid, *Supplemental Security Income (SSI)*, *Social Security Disability Income (SSDI)*, and others) and your family member's hopes, dreams and vision of a good life. The Support Coordinator assists with accessing needed medical, psychiatric, social, educational, vocational, residential, and other supports (including *Early and Periodic Screening, Diagnosis and Treatment (EPSDT)* services for those under 21) which are essential for living in the community and in developing his/her desired lifestyle. Annually the Support Coordinator will complete assessments (as required), obtain releases to receive and exchange information and will complete an Individual Supports Plan to assure what is important to and important for your loved one is being pursued.

Determining Eligibility

An individual is eligible for services from one of the Developmental Disability (DD) Waivers based on three factors:

Diagnostic Eligibility: A psychological or other evaluation that affirms that the individual meets the diagnostic criteria for developmental disability as defined in § 37.2-100 of the Code of Virginia.

§ 37.2-100 Definitions:

"Developmental disability" means a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness; (ii) is manifested before the individual reaches 22 years of age; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

Functional Eligibility: All individuals requesting/receiving any of the three Developmental Disability (DD) Waivers services must meet the required level-of-care determination through the VIDES (Virginia Individual Developmental Disabilities Eligibility Survey) appropriate to the individual according to his/her age. This assessment is completed when DD Waiver services are first requested and annually after enrollment into one of the DD Waivers.

12VAC30-120-520

B. The following four criteria shall apply to all individuals who seek these waiver services:

1. The need for these waiver services shall arise from an individual having a diagnosed condition of DD as defined in §37.2-100 of the Code of Virginia. Individuals qualifying for these waivers' services shall have a demonstrated need for the covered services due to significant functional limitations in major life activities;
2. Individuals qualifying for these waivers' services shall meet the ICF/IID level-of-care criteria as set out in 12 VAC 30-120-530 et seq.;
3. The services that are delivered shall be consistent with the Individual Support Plan, service limits and requirements, and provider requirements of each service; and
4. Services shall be recommended by the support coordinator/case manager based on his documentation of the need for each specific service and as reflected in a current SIS assessment or for children younger than five years of age, an alternative industry assessment instrument approved by DBHDS, such as the Early Learning Assessment Profile.

Financial Eligibility: An Eligibility Worker from the local Department of Social Services determines an individual's financial eligibility for Medicaid. Some individuals who would not ordinarily qualify financially for Medicaid may be eligible by receipt of Waiver services.

12VAC30-120-520

A. Individuals receiving services under the Family and Individual Supports (FIS) Waiver (12 VAC 30-120-700 et seq.), Community Living (CL) Waiver (12 VAC30-120-1000 et seq.), and Building Independence (BI) Waiver (12 VAC 30-120-1500 et seq.), shall meet the following Medicaid eligibility requirements. The Commonwealth shall apply the financial eligibility criteria contained in the State Plan for the categorically needy. The Commonwealth covers the optional categorically needy groups under 42 CFR 435.211, 42 CFR 435.217, and 42 CFR 435.230.

- 1. The income level used for 42 CFR 435.211, 42 CFR 435.217 and 42 CFR 435.230 shall be 300% of the current Supplemental Security Income (SSI) payment standard for one person.*
- 2. Under these waivers, the coverage groups authorized under § 1902(a)(10)(A)(ii)(VI) of the Social Security Act shall be considered as if they were institutionalized for the purpose of applying institutional deeming rules. All individuals under the waivers shall meet the financial and nonfinancial Medicaid eligibility criteria and meet the institutional level-of-care criteria for an ICF/IID. The deeming rules shall be applied to waiver eligible individuals as if the individuals were residing in an ICF/IID or would require that level of care.*

Screening—CSB/BHA as Single Point of Entry

The CSB/BHA serves as the single point of entry for an individual, family member, or representative requesting support coordination and/or DD Waiver services. Individuals seeking waiver services for persons with any developmental disability will have diagnostic and functional eligibility confirmed by their local CSB and, as appropriate, be placed on the single statewide waiting list. Waiver wait lists will be maintained by the local CSB for all individuals under their jurisdiction, including those served by private CM agencies.

During the intake, the support coordinator will be completing the following:

VIDES Diagnostic determination Financial eligibility information Release of information form

12VAC30-120-520

C. Assessment and enrollment.

- 1. Home and community-based waiver services shall be considered only for individuals eligible for admission to an ICF/IID due to their diagnoses of DD. For the support coordinator/case manager to make a recommendation for these waivers' services, the services shall be determined to be an appropriate service alternative to delay or avoid placement in an ICF/IID, or to promote exiting from an ICF/IID or other institutional placement provided that a viable discharge plan has been developed.*
- 2. The support coordinator/case manager shall confirm diagnostic and functional eligibility for individuals with input from the individual and the individual's family/caregiver, as appropriate, and service/support providers involved in the individual's support prior to DMAS assuming payment responsibility of home*

and community-based waiver services. This shall be accomplished through the completion of the following:

- a. *The required level-of-care determination through the Virginia Intellectual Developmental Disabilities Eligibility Survey (VIDES) appropriate to the individual according to his age, completed no more than six months prior to waiver enrollment and*
- b. *A psychological or other evaluation of the individual that affirms that the individual meets the diagnostic criteria for developmental disability as defined in § 37.2-100 of the Code of Virginia.*

About 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 a developmental disability might report to the CSB's Director of Developmental 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 a DD Waiver service, it is required for all DD Waiver recipients and paid for by Medicaid.

12VAC30-50-455. Support coordination/case management for individuals with developmental disabilities (DD).

A. Target Group. Individuals who have a developmental disability as defined in state law (§ 37.2-100 of the Code of Virginia) shall be eligible for support coordination/case management.

1. *An individual receiving DD support coordination/case management shall mean an individual for whom there is an Individual Support Plan (ISP) in effect which requires monthly direct- or in-person contact, communication or activity with the individual and family/caregiver, as appropriate, service providers, and other authorized representatives including at least one face-to-face contact between the individual and the support coordinator/case manager every 90-days. Billing shall be submitted for an individual only for months in which direct or in-person contact, activity or communications occur and the support coordinator's/case manager's records document the billed activity. Service providers shall be required to refund payments made by Medicaid if they fail to maintain adequate documentation to support billed activities.*
2. *Individuals who have developmental disabilities as defined in state law but who are on the DD waiting list for waiver services may receive support coordination/case management services.*



Everyone who meets eligibility (diagnostic, functional and financial) will be added to the DD Waiver Statewide Waiting List.

Everyone on the Waiting List will receive a Priority Status.

Statewide Waiver Wait List



**Priority
One Status**

**Priority
Two Status**

**Priority
Three Status**

- The Priority Status is based on how much and how quickly someone is in need of help.
 - Waiver slots are only assigned to people who have a Priority One Status.
 - Only the people who have a Priority One Status will have their information shared with members of the committee who choose the people to receive a Waiver Slot.
 - This process is to make sure the people who are in the most need are able to access waivers first.
 - If something changes in your life and your need for a Waiver slot becomes more urgent, let your Support Coordinator know as soon as possible.
 - Once you are assigned a slot, you will be offered one of the Developmental Disability (DD) Waivers.*
- *Information about the Developmental Disability Waivers found on page 21.*
- If you accept that Waiver slot, your Support Coordinator will describe all of the services available to you under that Waiver and your Support Coordinator will start linking you with those services. Within 30 days, you should be receiving supports from at least one of the Waiver services.

Q: My family member was found eligible. What happens next?

A: The next three steps are choosing the agency you would like for case management, adding your family member's name to the waitlist and completing a priority checklist. The priority checklist is done to determine how urgent the need is for waiver services. For some people, they need services now. For some people, they could use them now but will need them in a couple years. This helps to make that determination.

Q: One of the forms I was asked to sign was about making a choice between institutional care and Waiver services. Why am I asked about making a choice between the two?

A: Having a Medicaid Waiver means waiving the right your family member has to receive institutional care and choosing instead to receive the same care in your home and in the community. Medicaid regulations specify that once an *individual* has been determined eligible for DD Waiver services by the CSB, he/she must be offered a choice between institutional and Waiver services.

Q: Does my family member have to go into an institution to apply?

A: No. Your family member does not have to go into an institution or agree to apply to an institution to receive Waiver services. To be eligible for Waiver services, you must demonstrate through a screening process that he/she needs the level of support that people receive in an institution.

Q: What is this waiting list and how long will my family member be on it?

A: The need for the DD Waiver is greater than the number of slots the state has to distribute, so everyone who requests DD Waiver services is added to the waitlist. Because DD Waiver slots are distributed based on urgency of need and the number of waiver slots are made available based on Virginia's budget, there is no way to answer that question.

Q: What is the Priority Checklist?

A: The Priority Checklist is used to determine an individual's urgency of need. Everyone on the DD Waiver waiting list is assigned to a Priority 1, Priority 2 or Priority 3 status. More information about the Priority Checklist can be found on pages 16-17.

Q: Why are some children given Priority 1 status at age 18 and some at age 22?

A: A child may be put on Priority 1 Status once he/she is no longer eligible for Individuals with Disabilities Education Act (IDEA) services. If that child graduated with a standard diploma at 18, he/she is no longer eligible; however, if he/she chose to discontinue attending school at age 18 but is still entitled to IDEA services until 22, he/she cannot be placed on Priority One status until he/she turn 22.

Q: Who assigns the priority?

A: The priority status is initially assigned by the person at the CSB responsible for completing the intake, determining eligibility and adding your family member to the waitlist. The priority screening should be reviewed anytime there is a change in circumstance to assure it accurately reflects the support needs of your family member.

Q: Can my family member receive one of the DD Waivers if he/she was assigned a priority two or three?

A: For the Community Living waiver and Family and Individual Supports waiver, only when every person in the state who is assigned a Priority One status receives a waiver slot. For the Building Independence waiver, an individual assigned to Priority Two or Three may receive a slot if no one in a lower priority category has requested independent living.

Q: What is a slot?

A: A slot is a term referring to an opening of Waiver services available to a single individual.

Q: Who determines who gets a Waiver?

A: When a waiver slot becomes available, a group of independent community volunteers, who make up the *Waiver Slot Assignment Committee (WSAC)*, convene to review the individuals with the most urgent needs. The support coordinators will send documentation to the committee stating the reasons why the need is so urgent for each of the people being reviewed and how having access to the DD Waiver will enhance their lives. The committee reviews the information and makes the determination as to who will be assigned the slots. Page 18 provides additional information.

Q: How do slots become vacant?

A: Slots become vacant when an individual who was previously receiving DD Waiver services moves out of state, passes away, moves into a nursing facility or institution, no longer meets eligibility, or chooses to no longer utilize the supports provided under the DD Waiver.

Q: Are there any other ways to get a slot?

A: If funded by the General Assembly, there will be emergency slots available.

Individuals who are eligible for waiver services may currently be on the Priority 1, 2, or 3 waiting lists or may be newly known as needing supports resulting from an emergent situation. The individual must meet one of the following criteria:

- Child Protective Services has substantiated abuse/neglect against the primary caregiver and has removed the individual from the home.
- Adult Protective Services has found that the individual needs and accepts protective services.
- Adult Protective Services has not found abuse/neglect, but corroborating information from other sources (agencies) indicates that there is an inherent risk present and there are no other caregivers available to provide support services to the individual.
- Death of primary caregiver or lack of alternative caregiver, coupled with the individual's inability to care for him/herself and danger to self or others without supports.

Q: Are there any supports available while waiting for a waiver?

A: Yes. Depending on the needs of your loved one, there are other Medicaid options, such as Commonwealth Coordinated Care Plus (CCC Plus Waiver) (http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx) available. While on the waitlist, your family member may be eligible for support coordination services. When he/she was added to the waitlist, your family member was offered a choice of support coordination agencies. Contact the chosen agency if your loved one has an active service need. In addition, individuals on the waitlist can apply through DBHDS for the Individual and Family Support Funding Program once each year. Details regarding this yearly option can be obtained online by searching for "IFSP" at dbhds.virginia.gov.

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

A: 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 annually 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 of application, but will be when they are approved for the DD Waiver. If you feel that your family member needs Support Coordination services and he/she is not currently Medicaid-eligible, the CSB may provide the services on a sliding fee scale.

Adding someone to the DD Waiver Waiting List

12VAC30-120-580

- A. *There shall be a single, statewide waiting list, called the DD waiting list, for the DD Waivers. This waiting list shall be created and maintained by DBHDS.*

If eligibility is determined, additional information will be obtained including:

1) Documentation of individual choice between institutional care and community based services (DMAS-459C)

12VAC30-120-520

- C.3. *The individual who has been found to be eligible for these services shall be given, by the support coordinator/case manager, his choice of either institutional placement or receipt of home and community based waiver services.*

2) Choice of Support Coordination Provider

12VAC30-50-455

- F. *The State 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.*
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/BHAs shall be the only licensed entities permitted to provide DD support coordination/case management.*
 2. *Individuals who are eligible for the BI, CL, and FIS waivers shall have free choice of the providers of support coordination/case management services within the parameters described above and as follows:*
 - a. *For those individuals that receive ID case management services:*
 - (1) *The CSB that serves the individual will be the provider of support coordination/case management.*
 - (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.*
 - (4) *At any time, an individual may make a request to change their support coordinator/case manager.*
 - b. *For those individuals that receive DD case management services:*
 - (1) *The CSB that serves the individual will be the provider of support coordination/case management.*

- (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.*
- (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 responsible CSB has a contract for support coordination/case management.*
- (5) *At any time, an individual may make a request to change their support coordinator/case manager.*

3. Individuals who are eligible for the BI, CL, and FIS waivers shall have free choice of the providers of other medical care under the plan.

4. When the required support coordination/case management services are contracted out to a private entity, the CSB/BHA shall remain the responsible provider and only the CSB/BHA may bill DMAS for Medicaid reimbursement.

3) Priority Checklist and Critical Needs Summary

12VAC30-120-580

B. Criteria. In order to be assigned to one of the categories below, the individual shall meet one of these criteria, as appropriate:

1. Priority One shall be assigned to individuals determined to meet one the following criteria and require a waiver service within one year:

- a. An immediate jeopardy exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limit the ability of the primary caregiver or caregivers to care for the individual; there are no other unpaid caregivers available to provide supports.*
- b. There is immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following conditions:*
 - (1) The individual's behavior or behaviors, presenting a risk to himself or others, cannot be effectively managed by the primary caregiver or unpaid provider even with support coordinator/case manager-arranged generic or specialized supports; or*
 - (2) There are physical care needs or medical needs that cannot be managed by the primary caregiver even with support coordinator/case manager-arranged generic or specialized supports;*
- c. The individual lives in an institutional setting and has a viable discharge plan; OR*
- d. The individual is a young adult who is no longer eligible for IDEA services and is transitioning to independent living. After individuals attain 27 years of age, this criterion shall no longer apply.*

2. *Priority Two shall be assigned to individuals who meet one of the following criteria and a waiver service will be needed in one to five years:*
 - a. *The health and safety of the individual is likely to be in future jeopardy due to*
 - i. *The unpaid primary caregiver or caregivers having a declining chronic or long-term physical or psychiatric condition or conditions that significantly limit his ability to care for the individual;*
 - ii. *There are no other unpaid caregivers available to provide supports; and*
 - iii. *The individual's skills are declining as a result of lack of supports;*
 - b. *The individual is at risk of losing employment supports;*
 - c. *The individual is at risk of losing current housing due to a lack of adequate supports and services; or*
 - d. *The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.*
3. *Priority Three shall be assigned to individuals who meet one of the following criteria and will need a waiver slot in five years or longer as long as the current supports and services remain*
 - a. *The individual is receiving a service through another funding source that meets current needs;*
 - b. *The individual is not currently receiving a service but is likely to need a service in five or more years; or*
 - c. *The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.*

4) Demographic information necessary for adding to the Waiver Waitlist & Appeal Rights

12VAC30-120-520

C.5.a Once the individual's name has been placed on the DD waivers waiting list, the support coordinator/case manager shall notify the individual in writing within 10 business days of his placement on the DD waiting list and his assigned prioritization level, and offer appeal rights.

- CSBs maintain waitlists in three Priority categories for all of the individuals in their jurisdiction, including those people supported by private support coordination agencies.
- As DD Waiver slots become available, they are allocated to CSBs based on a formula that includes (1) the number of people living in the CSB's catchment area, (2) the number of people receiving Medicaid services in the CSB's catchment area, and (3) the number of people in the Priority 1 category on that CSB's portion of the statewide waitlist.
- All individuals who meet the Priority 1 criteria in the FIS and CL Waivers must be served before anyone from Priorities 2 and 3 lists can be served. In the BI Waiver, individuals at Priorities 2 and 3 can receive a slot if no one at Priority 1 chooses independent living.

Waiver Slot Assignment Committee and Slot Allocation

- In order to receive Developmental Disability Waiver services, an individual must meet eligibility requirements and a “slot” must be available. Currently the number of slots is limited by the availability of funding for DD Waiver services. Funds are managed at the state level and the appropriation of additional funds to increase the number of slots is dependent upon General Assembly action.
- Each CSB has a designated number of slots. If an assigned slot becomes vacant (e.g., the waiver recipient moves out of state, passes away, moves into an nursing facility or institution, no longer meets eligibility, or chooses to no longer utilize the supports provided under the DD Waiver), the CSB must use it in a timely manner to provide DD Waiver services to another eligible individual following the process described below.
- When the CSB has slots available for assignment, they contact the Waiver Slot Assignment Committee facilitator who calls a meeting.
- The DD Waiver separates the eligibility determining entity (CSB SCs) from the entity who determines slot assignment. Waiver Slot Assignment Committees (WSACs) are impartial bodies of trained volunteers for each locality/region responsible for assigning waiver slots according to urgency of need. WSACs are comprised of community members who are not affiliated with a CSB or a private *provider* and have some knowledge and/or experience with persons with DD or the service system.
- DBHDS staff (Regional Support Specialists) will work with CSBs to form WSACs by reviewing applications and appointing members with diverse personal and professional backgrounds, varied knowledge and expertise, and no conflict of interest. A DBHDS-trained facilitator will support each committee.

Nominated members may be:

- Family members of an individual currently receiving services
- Graduate students studying a human services field (e.g., psychology, social work, or special education)
- University professors of a human services field
- Member/staff member/board member of an advocacy agency that does not provide any direct services (e.g., Center for Independent Living, local Arc, autism advocacy agency)
- Current special education teachers/transition coordinators
- Nurses/physicians
- Retired or former (for over one year) CSB, private provider, or Health and Human Services state employees
- Clergy members
- Especially recommended is that at least one member of each committee have experience with individuals with a developmental disability other than ID

Nominated members may not be any person with a direct or indirect interest in the outcome of the proceedings:

- Current CSB employees or board members
- Current employees, owners, or board members of any agency providing waiver services, unless serving on a WSAC in an area in which the provider does not provide services
- Family members of individuals seeking waiver services

Responsibilities of WSAC Members:

- Participate in DBHDS training
- Review information presented regarding nominees for vacant slots
- Hold confidential all information reviewed
- Prior to each committee meeting, WSAC facilitators will confirm that none of the members present knows or believes they might know any of the individuals to be reviewed. If any member knows or believes they might know an individual to be reviewed, they will abstain from decision-making for that slot or slots.
- The individuals who are in Priority 1 category have a Critical Needs Summary form completed by the Support Coordinator. The Critical Needs Summary considers support needs, preferences, risks, and challenges in the person's life, which converts to a score. The individuals with the highest scores on their Critical Needs Summaries are reviewed by the WSAC for the area in which the slot is available. The WSAC 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). Instead, they review information prepared by the Support Coordinators of the individuals to be considered for the slot(s) and determine who has the most urgent need. That individual will be recommended for the available waiver slot.
- After the WSAC slot assignment determination, the CSB proceeds with waiver enrollment.
- Once the individual has been enrolled, the individual selects providers for needed services. The Support Coordinator coordinates the development of a Person-Centered Individual Support Plan (PC ISP) with the individual, family or other caregivers and the service providers within 30 days of enrollment.

Emergency Access to DD Waiver Slots

12VAC30-120-580 E.

- 1. Subject to available funding and a finding of eligibility under 12VAC30-120-530, individuals shall meet at least one of the emergency criteria of this subdivision to be eligible for immediate access to waiver services without consideration to the length of time they have been waiting to access services. The criteria shall be one of the following:*
 - a. Child Protective Services has substantiated abuse/neglect against the primary caregiver and has removed the individual from the home; or for adults where*
 - 1) Adult Protective Services has found that the individual needs and accepts protective services, or*
 - 2) Abuse/neglect has not been founded, but corroborating information from other sources (agencies) indicate that there is an inherent risk present and there are no other caregivers available to provide support services to the individual.*
 - b. Death of primary caregiver or lack of alternative caregiver coupled with the individual's inability to care for himself and danger to self or others without supports.*

2. *Requests for emergency slots shall be forwarded by the CSB/BHA to DBHDS.*
 - a. *Emergency slots may be assigned by DBHDS to individuals until the total number of available emergency slots statewide reaches ten percent of the emergency slots funded for a given fiscal year, or a minimum of three slots. At that point, the next non-emergency waiver slot that becomes available at the CSB in receipt of an emergency slot shall be reassigned to the emergency slot pool in order to ensure emergency slots remain to be assigned to future emergencies within the Commonwealth's fiscal year.*
 - b. *Emergency slots shall also be set aside for those individuals not previously identified but newly known as needing supports resulting from an emergent situation.*

Reserve Slots

12VAC30-120-580 F.

1. *Reserve slots may be used for transitioning an individual who, due to documented changes in his support needs, requires a move from the DD waiver in which he is presently enrolled into another of the DD waivers to access necessary services.*
 - a. *An individual who needs to transition between the DD waivers shall not be placed on the DD waiting list.*
 - b. *A documented change in an individual's assessed needs, which requires a service or services that is or are not available in the DD waiver in which the individual is presently enrolled, shall exist for an individual to be considered for a reserve slot.*
 - c. *CSBs shall document and notify DBHDS in writing when an individual meets the criteria in subsection b within three business days of knowledge of need. The assignment of reserve slots shall be managed by DBHDS which will maintain a chronological list of individuals in need of a reserve slot in the event that the reserve slot supply is exhausted.*
2. *The waiver slot belonging to the individual who vacates one of the DD waivers to utilize the reserve slot to enroll in another DD waiver shall be assigned to an individual on that CSB's/BHA's part of the statewide waiting list by DBHDS, after review and recommendations from the local Waiver Slot Assignment Committee.*

Virginia Has Three Waivers for People with Developmental Disabilities

Building Independence Waiver

This waiver is for adults 18 years and older who are able to live independently.

People with this waiver usually own, lease, or control their own living arrangements and supports are complemented by non-waiver-funded rent subsidies.

They don't need supports all the time.

Family and Individual Supports Waiver

This waiver is available to both children and adults.

People with this waiver may live with their family, friends, or in their own homes.

Some people may need supports with some medical and/or behavioral needs.

Community Living Waiver

This waiver is available to both children and adults.

People with this waiver usually require supports in their homes all the time.

Some people may need to live in these homes with staff to receive supports with complex medical and/or behavioral needs.

All of the DD Waiver Services are described starting on page 28.

Once you have been offered one of the three DD Waivers:

- You will talk with your Support Coordinator about the services available to you and decide whether you are going to accept the waiver.
- If you decide to accept the Waiver, you will meet with your Support Coordinator and review each of the waiver services to determine what support services you need.
- Once you have decided which services are best for you, you and your support coordinator will develop a plan for how to connect you to those services.
- Your financial eligibility will be determined by the Department of Social Services.
- You will be scheduled for an assessment called the *Supports Intensity Scale® (SIS®)*.

Q: Can I turn down the waiver I was offered and wait for another one if I don't think it will meet my family member's needs?

A: Yes. You can decline to accept the waiver offered if it was a Building Independence (BI) Waiver or a Family & Individual Support (FIS) Waiver and your family member will continue to remain on the DD Waiver waitlist. If you decline the Community Living (CL) Waiver, your family member will be removed from the DD Waiver waitlist.

Q: We are having trouble finding a provider we like. Will we lose the waiver if services do not start in 30 days after we accepted the waiver?

A: If there is a delay in initiating services, your Support Coordinator will submit documentation to DBHDS stating the reason for the delay and request that the slot be held. This is not an indefinite solution, since slots may only be held on a temporary basis.

Q: If something changes down the road and my family member's needs change, is there the opportunity to move between waivers later on?

A: Yes. There are reserve slots that will allow movement between waivers, but they are limited in number. The forms to request a change in waiver are completed by the Support Coordinator and submitted to DBHDS.

Q: What is the SIS® and what does it determine?

A: The SIS® is a standardized assessment tool, specifically designed to measure the pattern and intensity of supports needed by individuals to be successful in areas of life, similar to their non-disabled peers in the community.

Q: Is the SIS® optional?

A: No. The SIS® is required for all individuals who receive DD Waiver services. Adult SIS® assessments are currently required every 3 years. The Child SIS® assessments are required every 2 years. A SIS® assessment may also be completed when there is a change in someone's supports needs lasting greater than 6 months.

Q: Now that my family member has a waiver, can I be his/her paid caregiver?

A: Federal requirements prohibit parents of minor children (those under 18) and spouses from providing Medicaid services to their loved ones. Some waiver services (i.e., residential support, personal assistance, respite, and companion services) specify that payment may not be made for services rendered by family members who live under the same roof as the individual receiving services unless there is objective written documentation as to why there are no other providers available to provide the supports. Family members who are reimbursed to provide these services shall meet the same applicable standards and policies as providers who are unrelated to the individual. Examples of situations meeting the criteria of no other providers available might include situations in which:

- Individuals are living in a remote area unserved or underserved by other providers; or
- Other providers have been unsuccessful at appropriately supporting the individual.








In these cases, the Support Coordinator shall review and document that service delivery by the family member best meets the individual's preferences and support needs, that the family member is qualified and able to provide the supports, and that the individual's choice of providers has been honored. Concerns that these intents will not or have not been fulfilled must be discussed with DBHDS staff.

Q: I keep hearing about levels and tiers. What are these?

A: The redesigned DD Waiver funding mechanism is built upon the SIS® and additional supplemental questions to determine the extent of supports needs. Supports needs have been characterized into seven levels from this information and verified by examining documentation such as the ISP for those with significant needs. The SIS® is intended to be utilized with Person Centered Planning for the individual. The rate structure was developed based on a statewide study completed by Burns and Associates. A tiered reimbursement schedule has been developed for certain services to allow for a fair and more equitable reimbursement structure for the entire state.

Q: When will I know my family member’s level and tier?

A: Not long after the SIS® assessment is completed your Support Coordinator will have access to those numbers. Contact your Support Coordinator to find out.

Reimbursement Tier 1		Mild Support Needs Individuals have some need for support, including little to no support need for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance.
Reimbursement Tier 2		Moderate Support Needs Individuals have modest or moderate support needs, but little to no need for medical and behavioral supports. They need more support than those in Level 1, but may have minimal needs in some life areas.
Reimbursement Tier 3		Mild/Moderate Support Needs with Some Behavioral Support Needs Individuals have little to moderate support needs as in Levels 1 and 2. They also have an increased, but not significant, support needed due to behavioral challenges.
		Moderate to High Support Needs Individuals have moderate to high need for support. They may have behavioral support needs that are not significant but range from none to above average.
Reimbursement Tier 4		Maximum Support Needs Individuals have high to maximum personal care and/or medical support needs. They may have behavioral support needs that are not significant but range from none to above average.
		Intensive Medical Support Needs Individuals have intensive need for medical support but also may have similar support needs to individuals in Level 5. They may have some need for support due to behavior that is not significant.
		Intensive Behavioral Support Needs Individuals have intensive behavioral challenges, regardless of their support needs to complete daily activities or for medical conditions. These adults typically need significantly enhanced supports due to behavior.

Supports Intensity Scale®

12VAC30-120-540. SIS® requirements; Virginia Supplemental Questions, and supports packages.

A. The Supports Intensity Scale (SIS®) requirements.

1. The Supports Intensity Scale ® (SIS®) is an assessment tool that evaluates the practical supports required by individuals to live successfully in their communities. The SIS® shall be used to assess individuals' patterns and intensity of needed supports across life activities, such as home living activities, community living activities, lifelong learning, employment, health and safety, social activities, as well as protection and advocacy and medical and behavioral support needs. It shall be used with the Virginia supplemental questions to determine individual support levels.

2. The SIS® shall be administered and analyzed by qualified, trained interviewers designated by DBHDS.

3. The SIS® also assesses what is important to and important for individuals who are enrolled in a waiver.

B. The Virginia Supplemental Questions (VSQ) shall identify individuals who have unique needs falling outside of the needs captured by the SIS® instrument. It shall also be administered and analyzed by the same qualified, trained interviewers designated by DBHDS.

C. Establishment of service mix packages. (RESERVED)

Tiers of Reimbursement

12VAC30-120-570. Tiers of reimbursement.

A. Waiver services shall be reimbursed on a prospective, fee-for-service basis. There shall be no designated formal schedule for annual cost of living or other adjustments and any adjustments to provider rates shall be subject to available funding and approval by the General Assembly.

B. There shall be up to four tiers of reimbursement for some services. The approved reimbursement tier for an individual shall be based on resultant scores of the SIS ® and Virginia Supplemental Questions. DBHDS shall verify the scores and levels of the individuals, as appropriate.

C. Levels of supports. The following seven levels of supports shall be applied by DMAS or its designee in the FIS, CL and BI waivers: (i) Level 1 means low support needs; (ii) Level 2 means low to moderate support needs; (iii) Level 3 means moderate support needs plus some behavior challenges; (iv) Level 4 means moderate to high support needs; (v) Level 5 means maximum support needs; (vi) Level 6 means significant support needs due to medical challenges; and (vii) Level 7 means significant support needs due to behavioral challenges.

D. Tiers of reimbursement. There shall be four as follows:

1. Tier 1 shall be used for individuals having Level 1 support needs.

2. Tier 2 shall be used for individuals having Level 2 support needs.

3. Tier 3 shall be used for individuals having either: (i) Level 3 support needs, or (ii) Level 4 support needs.

4. Tier 4 shall be used for individuals having: (i) Level 5 support needs; (ii) Level 6 support needs, or; (iii) Level 7 support needs.

Waiver approval process: Authorizing and Accessing Services

12VAC30-120-520. Financial eligibility standards for individuals in the FIS, CL and BI Waivers; criteria for services; assessment and enrollment.

D. Waiver approval process: authorizing and accessing services.

1. *The support coordinator/case manager shall electronically submit enrollment information to DBHDS to confirm level-of-care eligibility once he has determined (i) an individual meets the functional criteria for these waiver services, (ii) that a slot is available, and (iii) the individual has chosen waiver services.*
2. *Once the individual has been notified of an available waiver slot by the CSB/BHA, the support coordinator/case manager shall submit a DMAS-225 along with a computer-generated confirmation of level-of-care eligibility to the local department of social services to determine financial eligibility for Medicaid and for the waiver program and any patient pay responsibilities.*
3. *After the support coordinator/case manager has received written notification of Medicaid eligibility from the local departments of social services, the support coordinator/case manager shall inform the individual, submit information to DMAS or its designee to enroll the individual in the waiver, and permit the development of the Individual Support Plan.*
 - a. *The individual and the individual's family/caregiver, as appropriate, shall meet with the support coordinator/case manager within 30 calendar days of the waiver enrollment date to discuss the individual's needs and existing supports, obtain a medical examination (which shall have been completed no earlier than 12 months prior to the initiation of waiver services), begin to develop the Personal Profile, and schedule the completion of the SIS®.*
 - b. *The support coordinator/case manager shall provide the individual with choice of needed services available in the assigned waiver, alternative settings, and providers. Once the service providers are chosen, a planning meeting shall be arranged by the support coordinator/case manager to develop the Individual Support Plan based on the individual's assessed needs and the preferences of the individual and the individual's family/caregiver's, as appropriate.*
 - c. *Persons invited by the support coordinator/case manager to participate in the person-centered planning meeting shall include the individual, service providers, and others as desired by the individual. During the person-centered planning meeting, the services to be rendered to individuals, the frequency of services, the type of service provider or providers, and a description of the services to be offered are identified and included in the ISP. The individual enrolled in the waiver, or the family/caregiver as appropriate, and support coordinator/case manager shall sign the ISP.*
4. *The individual, family/caregiver or support coordinator/case manager shall contact chosen service providers so that services can be initiated within 30 calendar days of receipt of confirmation of waiver enrollment. (Enrollment occurs once the support coordinator/case manager submits the DMAS-225 form and the computer-generated confirmation of level of care eligibility to the local department of social services.) If the services are not initiated by the provider within 30 days, the support coordinator/case manager shall notify the local department of social services so that re-evaluation of the individual's financial eligibility can be made.*

5. *In the case of an individual being referred back to a local department of social services for a re-determination of eligibility and in order to retain the designated slot, the support coordinator/case manager shall electronically submit information to DBHDS requesting retention of the designated slot pending the initiation of services. A copy of the request shall be provided to the individual and the individual's family/caregiver, as appropriate. DBHDS shall have the authority to approve the slot-retention request in 30-day extensions, up to a maximum of four consecutive extensions or deny such request to retain the waiver slot for the individual. DBHDS shall provide an electronic response to the support coordinator/case manager indicating denial or approval of the slot extension request. DBHDS shall submit this response to the support coordinator/case manager within ten working days of the receipt of the request for extension. The support coordinator/case manager shall notify the individual in writing of any denial of the slot extension request and the individual's right to appeal.*
6. *The service providers, in conjunction with the individual and the individual's family/caregiver, as appropriate, and the support coordinator/case manager shall develop a Plan for Supports for each service. Each service provider shall submit a copy of his plan to the support coordinator/case manager. The Plan for Supports from each service provider shall be incorporated into the ISP, along with the steps for risk mitigation as indicated by the risk assessment. The support coordinator/case manager shall review and ensure the provider-specific Plan for Supports meet the established service criteria for the identified needs prior to electronically submitting these along with the results of the comprehensive assessment and a recommendation for the final determination of the need for ICF/IID level of care to DMAS or its designee for service authorization. DMAS or its designee shall, within 10 working days of receiving all supporting documentation, review and approve, suspend for more information, or deny the individual service requests. DMAS or its designee shall communicate electronically to the support coordinator/case manager whether the recommended services have been approved and the amounts and types of services authorized or if any services have been denied. Only waiver services authorized on the ISP by the state-designated agency or its designee according to DMAS policies shall be reimbursed by DMAS.*
7. *When the support coordinator/case manager obtains the DMAS-225 form from a local department of social services, the support coordinator/case manager shall designate and inform in writing a service provider to be the collector of patient pay, when applicable. The designated provider shall monitor monthly the DMAS-designated system for changes in patient pay obligations and adjust billing, as appropriate, with the change documented in the record in accordance with DMAS policy. When the designated collector of patient pay is the consumer-directed personal or respite assistant or companion, the support coordinator/case manager shall forward a copy of the DMAS-225 form to the employer of record along with the support coordinator's/case manager's provider designation. In such cases, the support coordinator/case manager shall be required to perform the monthly monitoring of the patient pay system and shall notify the EOR of all changes.*
8. *DMAS shall not pay for any home and community-based waiver services delivered prior to the authorization date approved by DMAS or its designee if service authorization is required.*

9. Waiver services shall be approved and authorized by the DMAS designee only if:
- a. The individual is Medicaid eligible as determined by the local department of social services;
 - b. The individual, including a child, has a diagnosis of DD, as defined by § 37.2-100 of the Code of Virginia, and would, in the absence of waiver services, require the level of care provided in an ICF/IID which would be reimbursed under the Plan;
 - c. The individual's ISP is cost effective and can be safely rendered in the community; and
 - d. The contents of the providers' Plan for Supports are consistent with the ISP requirements, limitation, units, and documentation requirements of each service.

Building Independence Waiver

Family and Individual Supports Waiver

Community Living Waiver

Each person who receives a waiver slot will be offered one of these three waivers depending on what kind of supports are needed **and** what waivers the CSB has available to give out.

Each waiver is a little bit different.

Regardless of your waiver, everyone has access to:

Employment & Day Services

Community Engagement

Community Coaching

Group Day Services

Group Supported Employment

Individual Supported Employment

Crisis Supports

Community-Based Crisis Supports

Crisis Support Services

Center-based Crisis

Residential Options

Shared Living

Additional Services

Assistive Technology

Benefits Planning Services+

Non-Medical Transport+

Environmental Modifications

Electronic Home-Based Services

Personal Emergency Response System (PERS)

Community Guide+

Transition Services

+Anticipated start date after 7/1/2018

The next 5 pages break down the services by waiver and describe the different services. There is more detailed information about the services starting on page 39.

With the **Building Independence Waiver**

you have access to:



Employment & Day Services

- Individual Supported Employment
- Group Supported Employment
- Community Engagement
- Community Coaching
- Group Day Services



Crisis & Medical Support Options

- Community-Based Crisis Supports
- Center-based Crisis Supports
- Crisis Support Services
- Personal Emergency Response System (PERS)

Residential Options

- Independent Living Supports
- Shared Living

Additional Options

- Assistive Technology
- Benefits Planning Services +
- Community Guide+
- Electronic Home-Based Services
- Environmental Modifications
- Non-Medical Transport+
- Transition Services



+Anticipated start date after 7/1/2018

With the **Family & Individual Support Waiver**

you have access to:

Medical & Behavioral Options

- Skilled Nursing
- Private Duty Nursing
- Therapeutic Consultation
- Personal Emergency Response System (PERS)



Employment & Day Services

- Individual Supported Employment
- Group Supported Employment
- Workplace Assistance Services
- Community Engagement
- Community Coaching
- Group Day Services



Residential Options

- Shared Living
- Supported Living
- In-home Supports



Self-Directed and Agency-Directed Options

- Consumer-Directed Services Facilitation*
- Personal Assistance Services
- Respite
- Companion

*For use with Self-directed only



Additional Options

- Assistive Technology
- Community Guide+
- Electronic Home-Based Services
- Environmental Modifications
- Individual and Family/Caregiver Training
- Non-Medical Transport+
- Benefits Planning Services +
- Transition Services

+Anticipated start date after 7/1/2018

Crisis Support Options

- Community-Based Crisis Supports
- Center-based Crisis Supports
- Crisis Support Services

With the **Community Living Waiver**

you have access to:

Employment & Day Services

- Individual Supported Employment
- Group Supported Employment
- Community Engagement
- Workplace Assistance Services
- Community Coaching
- Group Day Services



Crisis & Medical Support Options

- Community-Based Crisis Supports
- Center-based Crisis Supports
- Crisis Support Services

Medical & Behavioral Options

- Skilled Nursing
- Private Duty Nursing
- Therapeutic Consultation
- Personal Emergency Response System (PERS)



Residential Options

- Shared Living
- Supported Living
- In-home Supports
- Sponsored Residential
- Group Home Residential



Additional Options

- Environmental Modifications
- Assistive Technology
- Befits Planning Services +
- Electronic Home-Based Services
- Non-Medical Transport+
- Transition Services
- Community Guide+

+Anticipated start date after 7/1/2018

Self-Directed and Agency-Directed Options

- Consumer-Directed Services Facilitation*
- Personal Assistance Services
- Respite
- Companion

**For use with Self-directed only*

BI	FI	CL	Employment and Day Options
X	X	X	Individual Supported Employment is provided one-on-one by a job coach who offers training and support in a competitive job where persons without disabilities are employed.
X	X	X	Group Supported Employment is continuous employment-related support provided to a group of individuals working a competitive job where persons without disabilities are employed.
	X	X	Workplace Assistance is provided to someone who requires more than typical job coach services to maintain individual, competitive employment.
X	X	X	Community Engagement provides a wide variety of opportunities to build relationships and natural supports in the community, while utilizing the community as a learning environment. Occurs in the community.
X	X	X	Community Coaching is designed for individuals who need one-to-one support in order build a specific skill or skills to address barrier(s) that prevents that person from participating in Community Engagement. Occurs in the community.
X	X	X	Group Day includes skill-building and support to gain or retain social skills, self-help skills and other necessary skills to enhance independence and increase community integration. Can occur in a center and the community.
BI	FI	CL	Crisis Support Options
X	X	X	Center-based crisis supports provide long-term crisis prevention and stabilization in a residential setting (Crisis Therapeutic Home) through planned and emergency admissions.
X	X	X	Community-based crisis supports are provided in the individual's home and community setting. Crisis staff work directly with and assist the individual and his/her current support provider or family. These services provide temporary intensive supports to emergency psychiatric hospitalization, institutional placement or prevent other out-of-home placement.
X	X	X	Crisis support services provide intensive supports to stabilize the individual who may experience an episodic behavioral or psychiatric crisis in the community which has the potential to jeopardize his/her current community living situation.

BI	FI	CL	Additional Options
X	X	X	Assistive technology is specialized medical equipment, supplies, devices, controls, and appliances, not covered by insurance which enables individuals to increase their independence in their environment and community.
X	X	X	+Benefits Planning is a set of services to assist individuals on Social Security benefits (SSI, SSDI, SSI/SSDI) to better understand the impact of working on all benefits. *
X	X	X	+Community Guide: Direct assistance (1:1) to persons in brokering community resources. Provides information and assistance that help the person in problem solving, decision making, and developing supportive community relationships and other resources that promote implementation of the person-centered plan.
X	X	X	Electronic Home-Based Services are goods and services based on Smart Home© technology that can be used in the individual's residence to support greater independence and self-determination. This includes purchases of electronic devices, software, services, and supplies not otherwise provided through this waiver or through insurance.
	X		Individual and Family/Caregiver Training is training and counseling to individual, families and caregivers to improve supports or educate the individual to gain a better understand of his/her abilities or increase his/her self-determination/self-advocacy abilities.
X	X	X	Environmental modifications are physical adaptations to the individual's primary home or primary vehicle that are necessary to ensure the health and welfare of the individual or enable the individual to function with greater independence.
X	X	X	+Non-Medical Transport: Transportation to waiver and other community services or events, activities and resources, inclusive of transportation to employment or volunteer sites, homes of family or friends, civic organizations or social clubs, public meetings or other civic activities, and spiritual activities or events as specified by the service plan and when no other means of access is available.
X	X	X	Transition services are nonrecurring set-up expenses for individuals who are transitioning from an institution or provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

+Anticipated start date after 7/1/2018

BI	FI	CL	Residential Options
X			Independent Living Supports are provided to adults (18 and older) and offer skill building and support to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills.
X	X	X	Shared Living is a support to an individual who resides in his/her own home/apartment in the community with a room-mate of the individual's choosing. The roommate receives a stipend funded by Medicaid for a portion of the total cost of rent, food, and utilities in exchange for providing minimal supports.
	X	X	In-Home Supports take place in the individual's and/or family's home or community settings. Services are designed to ensure the health, safety and welfare of the individual and expand daily living skills.
	X	X	Supported Living takes place in an apartment setting operated by a DBHDS licensed provider and provides 'round the clock availability of staff. Direct support services are performed by paid staff who have the ability to respond in timely manner enabling individuals to reside successfully in their home and community.
		X	Group Home Residential services are provided in a DBHDS licensed home with staff available 24 hours per day to provide skill building and other direct supports as necessary to enable each person to reside successfully in the community.
		X	Sponsored Residential Services take place in a DBHDS licensed family home where the homeowners are the paid caregivers ("sponsors") who provide support as necessary so that the individual can reside successfully in the home and community.
BI	FI	CL	Self-Directed and Agency-Directed Options (*self-directed only)
	X	X	Consumer-Directed Services Facilitation* assists the individual and/or the individual's family/caregiver in arranging for and managing consumer-directed services.
	X	X	Companion services provide nonmedical care, socialization, or support to adults, ages 18 and older in an individual's home and/or in the community.
	X	X	Personal Assistance Services includes monitoring health status, assisting with maintaining a clean and safe home and providing direct support with personal care needs at home, in the community, and at work.
	X	X	Respite services are specifically designed to provide temporary, short term care for an individual when his/her unpaid, primary caregiver is unavailable.

BI	FI	CL	Medical and Behavioral Support Options
	X	X	Private Duty Nursing is individual and continuous care (in contrast to part-time or intermittent care) for individuals with a medical condition and/or complex health care need, to enable the individual to remain at home.
	X	X	Skilled Nursing is part-time or intermittent care provided by an LPN or RN to address or delegate needs that require the direct support or oversight of a licensed nurse. Nursing services can occur at the same time as other waiver services.
	X	X	Therapeutic consultation services are designed to complete assessments, design plans and teach staff and family members skills to enhance the individual's independence and remain in his/her home in the community. The specialty areas are psychology, behavioral consultation, therapeutic recreation, speech and language pathology, occupational therapy, physical therapy, and rehabilitation engineering.
X	X	X	Personal Emergency Response System (PERS) is a service that monitors the individual's safety in his/her home, and provides access to emergency assistance 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 system

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 guide, we will use the term “CSB” to mean both CSBs and BHAs.

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 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.

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 DD 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 DD Waiver services).

Department for Aging and Rehabilitative Services (DARS)

The state agency responsible for assisting people with disabilities to assume a place in the workforce.

Developmental Disability *Virginia Code § 37.2-100* (DD)

Developmental Disability means a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness; (ii) is manifested before the individual reaches 22 years of age; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

Division of Developmental Services (DDS)

The division of the Department of Behavioral Health and Developmental Services that is responsible for the day-to-day responsibilities for the DD Waiver services, including authorization of services, data management, technical assistance and training of providers.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Medicaid's comprehensive and preventive child health program for individuals under the age of 21. The goal of EPSDT is to identify and treat health problems as early as possible. EPSDT provides examination and treatment services at no cost to the enrollee.

Enrollment

The process by which an eligible individual is formally assigned an available DD Waiver slot. This is accomplished by the Support Coordinator submitting certain information to the *Division of Developmental Services (DDS)*. Once the information is reviewed and approved by a DDS representative, the individual is considered to be enrolled.

Family member/relative

For purposes of this guide, this usually refers to the person in your family with a developmental 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 one of the institutional placements that is "waived" when an individual chooses the DD Waiver.

Individual

For the purposes of this guide, this usually refers to the person with a developmental disability.

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 DD 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.

Person-Centered Plan

The document that addresses needs and desires in all life areas of individuals who receive DD 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.

Provider

An agency or individual that has the necessary credentials to deliver services to individuals under the DD Waiver, including an agreement with the Department of Medical Assistance Services (DMAS), and for some services, a DBHDS license.

Slot

An opening or vacancy of DD 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 Social Security Administration that may come to a person due to age or disability due to his/her financial situation.

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. This person is sometimes called a case manager.

Supports Intensity Scale® (SIS®)

An assessment instrument that assesses the level of supports that an individual needs, as well as what is important to and for him/her. The SIS® reflects a positive way of thinking about an assessment, focusing on the support needs for the individual to be successful, 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).

Virginia Individual Developmental Disability Eligibility Survey (VIDES)

The tool used in the DD 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 DD Waiver. It is completed by the Support Coordinator every year a person is receiving services through the DD Waiver. There are three versions: Adult, Child, and Infant.

Waiver Slot Assignment Committee (WSAC)

An impartial body of trained volunteers established for each locality/region with responsibility for recommending individuals eligible for a waiver slot according to their urgency of need. All WSACs are composed of community members who are not employees of a CSB or a private provider of either support coordination/case management or waiver services. WSAC members are knowledgeable and have experience in the DD service system.

Employment and Day Options



Self-Directed and Agency-Directed Options



Developmental Disability Waivers Services and Support Options

Crisis and Behavioral Support Options



Residential Options



Additional Options



Health Support Options



Developmental Disability Waiver Services and Support Options

Assistive Technology	41
Benefits Planning Services	41
CD/AD Companion	42
CD/ AD Personal Assistance Services	42
CD/ AD Respite	43
CD Services Facilitation	43
Center-Based Crisis Supports	43
Community-Based Crisis Supports	44
Community Coaching	44
Community Engagement	45
Community Guide	45
Crisis Support Service	46
Electronic Home-Based Services	46
Environmental Modifications	47
Group Home Residential	47
Group Day Services	48
Group Supported Employment	48
Independent Living Supports	49
Individual and Family/Caregiver Training	49
Individual Supported Employment	50
In-Home Support Services	50
Non-Medical Transport	51
Personal Emergency Response System (PERS)	51
Private Duty Nursing	52
Shared Living	52
Skilled Nursing	53
Sponsored Residential	53
Supported Living	54
Transition Services	54
Therapeutic Consultation	55
Workplace Assistance	55

Assistive Technology

Assistive technology is specialized medical equipment, supplies, devices, controls, and appliances, not available under the State Plan for Medical Assistance, which enable individuals to increase their abilities to perform activities of daily living (ADLs), or to perceive, control, or communicate with the environment in which they live, or which are necessary for life support, including the ancillary supplies and equipment necessary to the proper functioning of such technology.

In order to qualify for these services, the individual shall have a demonstrated need for equipment or modification for remedial or direct medical benefit primarily in the individual's home, vehicle, community activity setting, or day program to specifically improve the individual's personal functioning. AT shall be covered in the least expensive, most cost-effective manner.

Equipment or supplies already covered by the State Plan may not be purchased under the waiver. The Support Coordinator is required to ascertain whether an item is covered through the State Plan before requesting it through the waiver.

Applicable Waivers

Building Independence
Family and Individual
Community Living

Limits

Up to \$5000/ calendar year

+Benefits Planning Services

Benefits Planning Services is a service that results in the development of documents or guidance that assist individuals receiving Social Security benefits (SSI, SSDI, SSI/SSDI) to better understand the impact of working on all benefits.

Benefits Planning enable individuals to make informed choices about work and support working individuals to make a successful transition to financial independence.

The allowable activities include but are not limited to developing documents related to the following:

- Benefits planning and analysis.
- Pre-employment benefits analysis.
- Employment change benefits analysis.
- Work incentives plan development and revisions.
- Resolving SSA benefits issues.
- Medicaid Works (Virginia's Medicaid Buy-In Program).

+Anticipated start date after 7/1/2018

Applicable Waivers

Building Independence
Family and Individual
Community Living

Unit

1 hour

Companion (Self* and /or Agency-Directed)

*Self-Directed (known as "Consumer-Directed") Services require the use of a Services Facilitator. See pg. 43

Companion services provide nonmedical care, socialization, or support to adults, ages 18 and older. This service is provided in an individual's home or at various locations in the community.

The allowable activities include, but are not limited to:

1. Assistance or support with tasks such as meal preparation, laundry, and shopping;
2. Assistance with light housekeeping tasks;
3. Assistance with self-administration of medication;
4. Assistance or support with community access and recreational activities;
5. Support to assure the safety of the individual.

Unlike personal assistance and residential support, companion services do not permit routine support with activities of daily living (such as toileting, bathing, dressing, grooming). The allowable activities center on "instrumental activities of daily living" (meal prep, shopping, community integration, etc.).

Applicable Waivers

Family and Individual

Community Living

Unit

1 hour

Limits

Up to 8 hours per day

For individuals 18 and older

Personal Assistance Services (Self* and/or Agency-Directed)

*Self-Directed (known as "Consumer-Directed") Services require the use of a Services Facilitator. See page 43.

Personal assistance services mean direct support with activities of daily living, instrumental activities of daily living, access to the community, monitoring of self-administered medications or other medical needs, monitoring of health status and physical condition, and work-related personal assistance. 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.

Each individual/family/caregiver shall have a back-up plan for the individual's needed supports in case the personal assistant does not report for work as expected or terminates employment without prior notice.

Allowable activities include:

- Support with activities of daily living (ADLs), such as: bathing or showering, using the toilet, routine personal hygiene skills, dressing, transferring, etc.
- Support with monitoring health status and physical condition
- Support with medication and other medical needs
- Supporting the individual with preparation and eating of meals
- Support with housekeeping activities, such as bed making, dusting, and vacuuming, laundry, grocery shopping, etc.
- Support to assure the safety of the individual
- Support needed by the individual to participate in social, recreational and community activities
- Assistance with bowel/bladder programs, range of motion exercises, routine wound care that does not include sterile technique, and external catheter care when properly trained and supervised by an RN
- Accompanying the individual to appointments or meetings

Applicable Waivers

Family and Individual

Community Living

Unit

1 hour

Limits

Personal assistance is not compatible with residential services in licensed homes.

Respite (Self* and/or Agency-Directed)

*Self-Directed (known as “Consumer-Directed”) Services require the use of a service facilitator. See page 43.

Respite services are specifically designed to provide temporary, substitute care for that which is normally provided by the family or other unpaid, primary caregiver of an individual. Services are provided on a short-term basis because of the emergency absence or need for routine or periodic relief of the primary caregiver. Such 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. When specified, such supportive services may include assistance with IADLs.

Applicable Waivers

Family and Individual

Community Living

Unit

1 hour

Limits

Up to 480 hours per fiscal year

For unpaid primary caregivers only

Self-Directed Options: CD Services Facilitation

The Consumer-Directed (CD) Services model

The individual or a representative is the employer-of-record (EOR) and is responsible for hiring, training, supervising, and firing. There are three consumer-directed (CD) services (listed above), which may also be agency-directed.

CD Services Facilitation

Services facilitation assists the individual or the individual's family/caregiver, or Employer of Record (EOR), as appropriate, in arranging for, directing, and managing services provided through the consumer-directed model of service delivery. The services facilitator is responsible for supporting the individual or the individual's family/caregiver, or EOR, as appropriate, by collaborating with the support coordinator to ensure the development and monitoring of the CD services plan for supports, providing employee management training, and completing ongoing review activities as required by the *Department of Medical Assistance Services (DMAS)* for consumer-directed companion, personal assistance, and respite services.

Applicable Waivers

Family and Individual

Community Living

Unit

Per Visit

Limits

Initial and 6 month reassessments

Center-Based Crisis Supports

Center-based Crisis Supports provide long term crisis prevention and stabilization in a residential setting (Crisis Therapeutic Home) through utilization of assessments, close monitoring, and a therapeutic milieu. Services are provided through planned and emergency admissions. Planned admissions will be provided to individuals who are receiving ongoing crisis services and need temporary, therapeutic interventions outside of their home setting in order to maintain stability. Crisis stabilization admissions will be provided to individuals who are experiencing an identified behavioral health need and/or a behavioral challenge that is preventing them from experiencing stability within their home setting.

The allowable activities include but are not limited to:

- Assessments and stabilization techniques
- Medication management and monitoring
- Behavior assessment and positive behavior support
- Intensive care coordination
- Training of others in Positive Behavioral Supports
- Assisting with skill-building as related to the behavior
- Supervision of the individual in crisis to ensure safety

Applicable Waivers

Building Independence

Family and Individual

Community Living

Unit

1 day

Limits

Up to six months per year in 30 day increments

Community-Based Crisis Supports

Community-based crisis supports are ongoing supports to individuals who may have a history of multiple psychiatric hospitalizations; frequent medication changes; enhanced staffing required due to mental health or behavioral concerns; and/or frequent setting changes. Supports are provided in the individual's home and community setting. Crisis staff work directly with and assist the individual and their current support provider or family. Techniques and strategies are provided via coaching, teaching, modeling, role-playing, problem solving, or direct assistance. These services provide temporary intensive services and supports that avert emergency psychiatric hospitalization or institutional placement or prevent other out-of-home placement.

The allowable activities include but are not limited to:

- Assessments and stabilization techniques
- Medication management and monitoring
- Behavior assessment and positive behavior support
- Intensive care coordination
- Training of others in positive behavioral supports
- Assisting with skill building as related to the behavior

Applicable Waivers

Building Independence

Family and Individual

Community Living

Unit

1 day

Limits

Up to 6 months per year in 30 day increments

Community Coaching

Community Coaching is a service designed for individuals who need one to one support in order build a specific skill or set of skills to address a particular barrier(s) preventing a person from participating in activities of Community Engagement.

The allowable activities include but are not limited to:

Skill building through participation in community activities and opportunities such as outlined in Community Engagement and encompassing:

- Activities and events in the community, volunteering, etc.
- Community, educational, or cultural activities and events
- Skill-building and support in building positive relationships
- Routine needs while in the community
- Supports with self-management, eating, and personal needs of the individual while in the community
- Assuring the individual's safety through 1:1 supervision in a variety of community settings

Applicable Waivers

Building Independence

Family and Individual

Community Living

Unit

1 hour

Limits

Up to 66 hours/week alone or in combination with other day options

Community Engagement

Community Engagement supports and fosters the ability of the individual to acquire, retain, or improve skills necessary to build positive social behavior, interpersonal competence, greater independence, employability and personal choice necessary to access typical activities and functions of community life such as those chosen by the general population. These may include community education or training, retirement, and volunteer activities.

Community engagement provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment. These activities are conducted at naturally occurring times and in a variety of natural settings in which the individual actively interacts with persons without disabilities (other than those paid to support the individual). The activities enhance the individual's involvement with the community and facilitate the development of natural supports. Community Engagement must be provided in the least restrictive and most integrated settings according to the individual's person-centered plan and individual choice.

The allowable activities include but are not limited to:

- Activities and events in the community
- Community, educational or cultural activities and events
- Unpaid work experiences (i.e., volunteer opportunities)
- Employment readiness activities including discovery of interests, abilities and skills
- Maintaining contact with family and friends
- Skill building and education in self-direction designed to achieve outcomes particularly through community collaborations and social connections developed by the program (e.g., partnerships with community entities such as senior centers, arts councils, etc.)

Applicable Waivers

Building Independence

Family and Individual

Community Living

Unit

1 hour

Limits

Up to 66 hours/week alone or in combination with other day options

+ Community Guide

Community Guide Services include direct assistance to persons in brokering community resources. Community Guides provide information and assistance that help the person in problem solving and decision making and developing supportive community relationships and other resources that promote implementation of the person-centered plan. This service involves face to face contact with the individual to determine the interests of the individual. In addition to direct service, there is a component of supporting the individual that may occur without him/her present.

Includes Peer Mentor Services

Peer Mentor Support Services are person-centered services offered to individuals by specifically trained Peer Support Mentors, who are or have been service recipients and have a developmental disability. Peer support is meant to assist with empowering the individual to advocate for opportunities and experiences in community living, working, socializing, and staying healthy and safe.

+Anticipated start date after 7/1/2018

Applicable Waivers

Building Independence

Family and Individual

Community Living

Unit

1 hour

Limits

Up to six month authorization period per year

Different rate for Community Guide and Peer Mentor

Crisis Support Services

Crisis Support services provide intensive supports by appropriately trained staff in the area of crisis prevention, crisis intervention, and crisis stabilization to an individual who may experience an episodic behavioral or psychiatric crisis in the community which has the potential to jeopardize their current community living situation. 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.

Crisis Support Services Includes:

Crisis Prevention Services—Provides ongoing assessment of an individual’s medical, cognitive, and behavioral status as well as predictors of self-injurious, disruptive, or destructive behaviors, with the initiation of positive behavior supports to prevent occurrence of crisis situations.

Crisis Intervention Services—Used in the midst of the crisis to prevent the further escalation of the situation and to maintain the immediate personal safety of those involved.

Crisis Stabilization Services—Begin once the acuity of the situation has resolved and there is no longer an immediate threat to the health and safety of those involved. Geared toward gaining a full understanding of all of the factors that precipitated the crisis and may have maintained it until trained staff from outside the immediate situation arrived.

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
1 day
Limits
Limits vary by component

Electronic Home-Based Services

Goods and services based on Smart Home© technology. This includes purchases of electronic devices, software, services, and supplies not otherwise provided through this waiver or through the State Plan, that would allow an individual to access technology that can be used in the individual’s residence to support greater independence and self-determination.

The service will support the assessment for determining appropriate equipment/devices, acquisition, training in the use of these goods and services, ongoing maintenance and monitoring services to address an identified need in the individual’s person-centered service plan (including improving and maintaining the individual’s opportunities for full participation in the community) and meet the following requirements: the item or service will decrease the need for other Medicaid services (e.g., reliance on staff supports); AND/OR promote inclusion in the community; AND/OR increase the individual’s safety in the home environment.

Applicable Waivers
Building Independence
Family and Individual
Community Living
Limits
Up to \$5000 annually

Environmental Modifications

Environmental modifications are physical adaptations to the individual's primary home or primary vehicle that are necessary to ensure the health and welfare of the individual, or that enable the individual to function with greater independence. Such adaptations may include, but shall not necessarily be limited to, the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the individual. Modifications may be made to a primary automotive vehicle in which the individual is transported if it is owned by the individual, a family member with whom the individual lives or has consistent and ongoing contact, or a nonrelative who provides primary long-term support to the individual and is not a paid provider of services.

Applicable Waivers
Building Independence
Family and Individual
Community Living
Limits
Up to \$5000 annually

Group Day

Group Day Services include skill building or supports for the acquisition, retention, or improvement of self-help, socialization, community integration, employability and adaptive skills. They provide opportunities for peer interactions, community integration, and enhancement of social networks. Supports may be provided to ensure an individual's health and safety.

Skill building is a required component of this service unless the individual has a documented degenerative condition, in which case day support may focus on maintaining skills and functioning and preventing or slowing regression rather than acquiring new skills or improving existing skills.

Group Day Services should be coordinated with any physical, occupational, or speech/language therapies listed in the person-centered plan.

The allowable activities include but are not limited to skill development and support in order to:

- Develop self, social, and environmental awareness skills
- Develop positive behavior, using community resources
- Volunteer and connect with others in the community
- Engage in career planning to include establishing a career goal
- Develop skills required for paid employment in a community setting

Applicable Waivers
Building Independence
Family and Individual
Community Living
Unit
1 hour
Limits
Up to 66 hours/week alone or in combination with other day options

Group Home Residential

These services shall consist of skill-building, routine supports, general supports, and safety supports, provided primarily in a licensed or approved residence that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Group home residential services shall be authorized for Medicaid reimbursement in the person-centered plan only when the individual requires these services and when such needs exceed the services included in the individual's room and board arrangements with the service provider.

Group home residential services may be in the form of continuous (up to 24 hours per day) services performed by paid staff who shall be physically present in the home. These supports may be provided individually or simultaneously to more than one individual living in that home, depending on the required support. These supports are typically provided to an individual living (i) in a group home or (ii) in the home of an adult foster care provider.

This service includes the expectation of the presence of a skills development (formerly called training) component, along with the provision of supports, as needed.

Applicable Waivers

Community Living

Unit

1 day

Group Supported Employment

Supported employment services are ongoing supports to individuals who need intensive ongoing support to obtain and maintain a job in competitive, customized employment, or self-employment (including home-based self-employment) for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Group supported employment is defined as continuous support provided by staff in a regular business, industry and community settings to groups of two to eight individuals with disabilities and involves interactions with the public and with co-workers without disabilities. Examples include mobile crews and other business-based workgroups employing small groups of workers with disabilities in the community. Group supported employment must be provided in a manner that promotes integration into the workplace and interaction between people with and without disabilities in those workplaces.

The allowable activities include but are not limited to:

- Job-related discovery or assessment
- Person-centered employment planning
- Negotiation with prospective employers
- On-the-job training, evaluation and support
- Developing work-related skills
- Coverage for transportation when necessary

Applicable Waivers

Building Independence

Family and Individual

Community Living

Unit

1 hour

Limits

Up to 40 hours per week

Independent Living Supports

A service provided to adults (18 and older) that offers skill building and support to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills.

The allowable activities include but are not limited to:

- Skill-building and support to promote community inclusion
- Increasing social abilities and maintaining relationships
- Increasing or maintaining health, safety and fitness
- Improving decision-making and self-determination
- Promoting meaningful community involvement
- Developing and supporting with daily needs

Applicable Waivers
Building Independence
Unit
1 month
Limits
Up to 21 hours/week
Not provided in licensed homes

Individual and Family/Caregiver Training

Individual and Family/Caregiver Training is a service that provides training and counseling services to individuals, families, or caregivers of individuals receiving waiver services. For purposes of this service, “family” is defined as the unpaid people who live with or provide supports to an individual receiving waiver services, and may include a parent, spouse, children, relatives, foster family, authorized representative, or in-laws. All individual and family/caregiver training must be included in the individual’s written person-centered plan.

Allowable activities:

- Participation in educational opportunities designed to improve the family's or caregiver's ability to give care and support
- Participation in educational opportunities designed to enable the individual to gain a better understanding of his/her disability or increase his/her self- determination/self-advocacy abilities

Applicable Waivers
Family and Individual
Limits
Up to 80 hours per ISP

Individual Supported Employment

Supported employment services are ongoing supports to individuals who need intensive ongoing support to obtain and maintain a job in competitive, customized employment, or self-employment (including home-based self-employment) for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Individual supported employment is support usually provided one-on-one by a job coach to an individual in an integrated employment or self-employment situation. The outcome of this service is sustained paid employment at or above minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

The allowable activities include but are not limited to:

- Job-related discovery or assessment
- Person-centered employment planning
- Job development
- Negotiation with prospective employers
- On-the-job training, evaluation and support
- Developing work-related skills
- Coverage for transportation when necessary

Applicable Waivers
Building Independence
Family and Individual Community Living
Unit
1 hour
Limits
Up to 40 hours/week

In-Home Support Services

In-Home Support services are residential services that take place in the individual's home, family home, or community settings and typically supplement the primary care provided by the individual, family or other unpaid caregiver. In-Home Support services are designed to ensure the health, safety and welfare of the individual.

These services shall consist of skill-building, routine supports, and safety supports, that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Applicable Waivers
Family and Individual Community Living
Unit
1 hour
Limits
Support to no more than three individuals.

+Non-Medical Transport

Service offered in order to enable individuals to gain access to waiver and other community services or events, activities and resources, inclusive of transportation to employment or volunteer sites, homes of family or friends, civic organizations or social clubs, public meetings or other civic activities, and spiritual activities or events as specified by the service plan and when no other means of access is available. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan.

+Anticipated start date after 7/1/2018

Applicable Waivers

Building Independence

Family and Individual

Community Living

Unit

Per Mile

Personal Emergency Response System (PERS)

Personal Emergency Response System (PERS) is an electronic device and monitoring service that enable certain individuals to secure help in an emergency. PERS services shall be 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.

PERS is a service that monitors individuals' safety in their homes, and provides access to emergency assistance 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 individuals' home telephone system. PERS may also include medication monitoring devices.

PERS services may be authorized when there is no one else in the home with the individual who is competent or continuously available to call for help in an emergency.

Medication monitoring units must be physician ordered and are not considered a stand-alone service. Individuals must be receiving PERS services and medication monitoring service simultaneously.

Applicable Waivers

Building Independence

Family and Individual

Community Living

Unit

One month

Private Duty Nursing

Individual and continuous care (in contrast to part-time or intermittent care) for individuals with a serious medical condition and/or complex health care need, certified by a physician as medically necessary to enable the individual to remain at home, rather than in a hospital, nursing facility or ICF-IID. Care is provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the direct supervision of a registered nurse.

These services are provided to an individual at their place of residence or other community settings.

The allowable activities include, but are not limited to:

- Monitoring of an individual's medical status
- Administering medications and other medical treatment

Applicable Waivers
Family and Individual Community Living
Unit
15 minutes

Shared Living

Shared Living means an arrangement in which a roommate resides in the same household as the individual receiving waiver services and provides an agreed-upon, limited amount of supports in exchange for Medicaid funding the portion of the total cost of rent, food, and utilities that can be reasonably attributed to the live-in roommate.

Shared Living supports include:

Fellowship such as conversation, games, crafts, accompanying the person on walks, errands, appointments and social and recreational activities;

Enhanced feelings of security which means necessary social and emotional support inside or outside of the residence;

Personal care and routine daily living tasks that **do not exceed 20%** of companionship time such as meal preparation, light housework, assistance with and the physical taking of medications.

Applicable Waivers
Building Independence Family and Individual Community Living
Unit
1 month
Limits
For individuals 18+

Skilled Nursing

Skilled nursing is defined as part-time or intermittent care that may be provided concurrently with other services due to the medical nature of the supports provided. These services shall be provided for individuals enrolled in the waiver having serious medical conditions and complex health care needs who do not meet home health criteria but who require specific skilled nursing services which cannot be provided by non-nursing personnel. Skilled nursing services may be provided in the individual's home or other community setting on a regularly scheduled or intermittent basis. It may include consultation, nurse delegation as appropriate, oversight of direct support staff as appropriate, and training for other providers.

The allowable activities include, but are not limited to:

- Monitoring of an individual's medical status
- Administering medications and other medical treatment

Training, consultation, nurse delegation or oversight of family members, staff, and other persons responsible for carrying out an individual's support plan for the purpose of monitoring the individual's medical status and administering medications and other medically-related procedures consistent with the Nurse Practice Act [18VAC90-20-10 et seq., by statutory authority of Chapter 30 of Title 54.1, Code of Virginia]

Applicable Waivers
Family and Individual
Community Living
Unit
15 Minutes

Sponsored Residential

Sponsored Residential Services take place in a licensed or DBHDS authorized sponsored residential home. These services shall consist of skill-building, routine supports, general supports, and safety supports, provided in a licensed or approved residence that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Sponsored residential services shall be authorized for Medicaid reimbursement in the person-centered plan only when the individual requires these services and when such needs exceed the services included in the individual's room and board arrangements with the service provider.

Sponsored residential services to the individual in the form of continuous (up to 24 hours per day) services performed by the sponsor family. These supports may be provided individually or simultaneously to up to two individuals living in that home, depending on the required support.

Sponsored residential support includes the expectation of the presence of a skills development (formerly called training) component, along with the provision of supports, as needed.

Applicable Waivers
Community Living
Unit
1 day
Limits
Support to no more than two individuals

Supported Living

Supported living takes place in an apartment setting operated by a DBHDS licensed provider. These services shall consist of skill-building, routine supports, general supports, and safety supports, that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Supported Living residential services to the individual in the form of 'round the clock availability of staff services performed by paid staff who have the ability to respond in a timely manner. These supports may be provided individually or simultaneously to more than one individual living in that home, depending on the required support.

The allowable activities include, but are not limited to:

- Using community resources
- Personal care activities
- Developing friends and having positive relationships
- Building skills
- Daily activities in the home and community
- Supporting to be healthy and safe

Applicable Waivers
Family and Individual
Community Living
Unit
1 day
Limits
Only in provider-controlled settings

Transition Services

Transition services are nonrecurring 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 or her own living expenses.

Allowable costs include, but are not limited to:

- Security deposits that are required to obtain a lease on an apartment or home
- Essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed and bath linens
- Set-up fees or deposits for utility or services access, including telephone, electricity, heating and water
- Services necessary for the individual's health, safety, and welfare such as pest eradication and one-time cleaning prior to occupancy
- Moving expenses
- Fees to obtain a copy of a birth certificate or an identification card or driver's license
- Activities to assess need, arrange for, and procure needed resources

Transition services are furnished only to the extent that they are reasonable and necessary as determined and clearly identified in the service plan, and the person is unable to meet such expenses or when the services cannot be obtained from another source.

Applicable Waivers
Building Independence
Family and Individual
Community Living
Limits
Up to \$5000/ Lifetime
Expended within 9 months of authorization

Therapeutic Consultation

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

The specialty areas are:

- * psychology
- * occupational therapy
- * speech and language pathology
- * physical therapy
- * behavioral consultation
- * rehabilitation engineering
- * therapeutic recreation

The need for any of these services shall be based on the Individual Support Plan and shall be provided to those individuals for whom specialized consultation is clinically necessary and who have additional challenges restricting their abilities to function in the community. Therapeutic consultation services may be provided in individuals' homes and in appropriate community settings (such as licensed or approved homes or day support programs) as long as they are intended to advance individuals' desired outcomes as identified in their Individual Support Plans.

Applicable Waivers

Family and Individual

Community Living

Unit

1 hour

Workplace Assistance

Workplace Assistance services are supports provided to someone who has completed job development and completed or nearly completed job placement training but requires more than typical job coach services to maintain stabilization in his/her employment.

Workplace Assistance services are supplementary to the services rendered by the job coach; the job coach still provides professional oversight and job coaching intervention.

The provider provides on-site habilitative supports related to behavior, health, time management or other skills that otherwise would endanger the individual's continued employment. The provider is able to support the person related to personal care needs as well; however, this cannot be the sole use of Workplace Assistance services.

- The activity must not be work skill training related which would normally be provided by a job coach.
- Services are delivered in their natural setting (where and when they are needed)
- Services must facilitate the maintenance of and inclusion in an employment situation
- The staff to individual ratio is 1:1

Applicable Waivers

Family and Individual

Community Living

Unit

1 hour

Limits

Up to 40 hours/week

Virginia's Home and Community-Based Waiver Services for People with Developmental Disabilities

What is Medicaid?

Medicaid is a joint program between the federal and state governments. Medicaid was established in 1965 by Congress to provide health care to people who have low income and who are disabled, elderly, or pregnant, and families with children. Medicaid is the major funding source for institutional and community services for people with disabilities and the elderly.

What is a Medicaid Waiver?

Medicaid Waivers were developed to encourage people with disabilities and the elderly to access services in their homes and communities. Medicaid Waivers provide funding to serve people who are eligible for long-term care in institutions such as hospitals, nursing facilities, and intermediate-care facilities. Through Medicaid Waivers, states can "waive" certain requirements including the requirement that individuals live in institutions in order to receive Medicaid funding.

What is the Olmstead Act?

The Olmstead Act requires that individuals be served in the most integrated settings appropriate to meet their needs consistent with their choice.

A Brief History of Virginia's Developmental Disabilities Waivers

Home and Community-Based Waivers were established by the U.S. Congress in 1981 to slow the growth of Medicaid spending for nursing facility care and to address criticism of Medicaid's institutional bias. Congress was responding to the growth in institutional costs and to people with disabilities who preferred to live in their own homes with services such as personal care and community living supports. States are given the option to develop Waiver Programs as alternative services for people who are eligible for placement in an institution.

Virginia first applied for a waiver for persons with intellectual disability in 1990, with the federal Medicaid agency, known as the Center for Medicare and Medicaid Services (CMS). In early 1991, Virginia's waiver application was accepted by CMS and Virginia was able to begin offering services through what was then called the Mental Retardation Waiver. This waiver, which was renamed the Intellectual Disability Waiver, was amended several times over the next 20 years increasing the scope of community support services.

In 2000, the Individual and Family Developmental Disabilities Support Waiver was established serve individuals with developmental disabilities not meeting the diagnostic criteria for the Intellectual Disability (ID) Waiver. In 2005, Virginia began the Day Support Waiver, which focused on day support and employment activities, allowing for additional people to be supported while waiting to receive services through another Medicaid Waiver.

In August 2008, the Department of Justice (DOJ) initiated an investigation of Central Virginia Training Center (CVTC) pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA). The Department of Justice notified the Commonwealth that it was expanding its investigation to focus on Virginia's compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court Olmstead ruling.

In February 2011, the Department of Justice submitted a findings letter to Virginia, concluding that the Commonwealth fails to provide services to individuals with intellectual and developmental disabilities in the most integrated setting appropriate to their needs. In January 2012, Virginia and the Department of Justice (DOJ) reached a settlement agreement.

As part of the settlement agreement and to meet the federal compliance standards of the Home and Community-Based Waivers, Virginia began a redesign of the three waivers, overseen by the *Department of Behavioral Health and Developmental Services (DBHDS)*, which included the Intellectual Disability Waiver, the Individual and Family Developmental Disabilities Support Waiver and the Day Support Waiver.

In 2016, Virginia's application to the *Centers for Medicare and Medicaid Services (CMS)* to amend these waivers was submitted and approved. Virginia's Developmental Disability Waivers are now called the Community Living (CL) Waiver, the Family and Individual Supports (FIS) Waiver, and the Building Independence (BI) Waiver.

General Information about Virginia's Medicaid Waivers Services

Are there other Medicaid Waivers in Virginia?

Virginia's Medicaid Waivers Include:

- Developmental Disabilities Waivers

Building Independence Waiver

Family & Individual Supports Waiver

Community Living Waiver

- Commonwealth Coordinated Care Plus (CCC+)

Virginia's Medicaid waivers combine federal and state money to provide long-term community based supports for individuals who are elderly or have disabilities. Waivers allow Virginia to offer a variety of standard medical and non-medical services without the requirement that an individual live in an institution in order to receive those same services. These waivers, which are referred to as Home and Community Based Services (HCBS), can cover supports a person needs to live independently in his/her home and in the community. Medicaid Waivers expand Medicaid eligibility to individuals who may not otherwise qualify for services based on Medicaid financial requirements. Medicaid waivers provide an opportunity for individuals to transition from institutions and large settings to community based settings. As a result, waivers allow people to be active in and live in their own community, connect with people without disabilities, and have greater independence and flexibility in their lives.

There are a number of different waivers in Virginia. Each is targeted to a different group of people in need of services that can be received in the community instead of in an institution.

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

The proportion of cost the state must pay for Medicaid Waivers services varies from state to state based on the per capita income and other factors related to revenue capacity. Virginia pays 50% and the federal government pays 50% of the cost of each waiver slot.

People with Developmental Disabilities living, working and playing in their own community is the NORM not the exception.

Who do I contact when ...

I am looking for **Employment Services?**

Department for Aging and Rehabilitative Services www.dars.virginia.gov

I have questions about **Food Stamps?**

Department of Social Services www.dss.virginia.gov | (804) 726-7000 (General Information)

I would like to apply for **Social Security Disability Income** (SSDI) or **Supplemental Security Income** (SSI)?

Social Security Administration www.ssa.gov

I want to have my loved one screened for the **Commonwealth Coordinated Care Plus Waiver (CCC+)?**

Department of Social Services www.dss.virginia.gov
(804) 726-7000 (General Information) and/or

Department of Health www.vdh.virginia.gov

Request a UAI (Universal Assessment Instrument). This is the functional tool used to determine eligibility for the CCC+ waiver.

I want to learn more about the **CCC+ Waiver?**

Department of Medical Assistance Services www.dmas.virginia.gov
(804) 786-7933 (General Information), (800) 343-0634 (TDD Relay)

I want to apply for **Medicaid?**

Social Security Administration www.ssa.gov &

Department of Social Services www.dss.virginia.gov
(804) 726-7000 (General Information) or <https://commonhelp.virginia.gov/access/>

I have questions about what services are covered under **Medicaid for Adults? For children?**

Department of Medical Assistance Services www.dmas.virginia.gov or
<http://www.coverva.org/index.cfm>
(804) 786-7933 (General Information), (800) 343-0634 (TDD Relay)

I have questions about **Housing Assistance Programs?**

Housing Development Authority www.vhda.com or

DBHDS Housing Services <http://www.dbhds.virginia.gov/professionals-and-service-providers/developmental-disability-services-for-providers/community-support-services>

I want more information about **DBHDS Licensed Providers** in Virginia?

DBHDS Office of Licensing <http://www.dbhds.virginia.gov/professionals-and-service-providers/licensing/licensed-provider-search>

Who do I contact when ...

I need **Crisis Services**?

Adults	Children
Region I (Charlottesville and Surrounding): Crisis Line # (855) 917-8278	Region I (Charlottesville and Surrounding): Crisis Line # (888) 908-0486
Region II (Northern): Crisis Line # (855) 897-8278	Region II (Northern): Crisis Line # (844) 627-4747
Region III (Southwest): Crisis Line # (855) 887-8278	Region III (Southwest): Crisis Line # (855) 887-8278
Region IV (Richmond and Surrounding): Crisis Line # (855) 282-1006	Region IV (Richmond and Surrounding): Crisis Line # (855) 282-1006
Region V (Southeastern): Crisis Line # (855) 807-8278	Region V (Southeastern): Crisis Line # (888) 255-2989

I need assistance with securing supports for my loved one who is living in the community and has **complex health needs**.

Start with your Support Coordinator. If additional support is needed, your support coordinator or any provider working with your loved one can request assistance from the **Office of Integrated Health**.

<http://www.dbhds.virginia.gov/professionals-and-service-providers/office-of-integrated-health>

I want more information about **guardianship**?

DBHDS Community Integration Project Team

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/community-integration-project-team>

disABILITY Law Center of Virginia www.dlcv.org | 800-552-3962

I want information about helping my loved one **transition out of a training center** or a nursing facility and **into the community**?

Family Resource Consultants: Tonya Carr (804) 894-0928 or tonya.carr@dbhds.virginia.gov

Benita Holland (804) 201-3833 or benita.holland@dbhds.virginia.gov

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/community-integration-project-team>



Web Resources

Department of Behavioral Health and Developmental Services

www.dbhds.virginia.gov | 804-786-3921

Division of Developmental Services

www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities

Crisis Services — (REACH Adult DD Crisis Services, REACH Children DD Crisis Services, Statewide and Regional Resources/Documents)

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/crisis-services>

Community Integration Project Team — (Guardianship, Family Resource Consultants, Training Center Post-Move Monitoring)

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/community-integration-project-team>

Community Support Services — (Employment, Housing, Individual Family Support Program, Integrated Community Activities)

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/community-support-services>

Department of Justice Agreement

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement>

Home and Community Based Settings Regulations

www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/home-community-based-services-settings-regulations

My Life My Community

www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-life-my-community

Search for Providers

<http://ejuiju0.wixsite.com/providersurvey>

Virginia DD Waiver Guidance

<http://www.mylifemycommunityvirginia.org/> | 1-844-603-9248

Waiver Amendments/Regulations

<https://townhall.virginia.gov/L/ViewStage.cfm?stageid=7420>

Office of Integrated Health

<http://www.dbhds.virginia.gov/individuals-and-families/office-of-integrated-health>

Office of Human Rights

<http://www.dbhds.virginia.gov/individuals-and-families/human-rights>

Licensed Providers

<http://www.dbhds.virginia.gov/individuals-and-families/licensed-providers>

Web Resources

American Association on Intellectual and Developmental Disabilities (AAIDD)

www.aamr.org | 202-387-1968

The Arc of Virginia

www.arcofva.org/

Centers for Medicare & Medicaid Services

www.cms.gov

Department for Aging and Rehabilitative Services

www.dars.virginia.gov

Department of Education: Special Education

www.doe.virginia.gov/special_ed/index.shtml

Department of Health

www.vdh.virginia.gov

Department of Medical Assistance Services

www.dmas.virginia.gov | (804) 786-7933 (General Information), (800) 343-0634 (TDD Relay)

Department of Social Services

www.dss.virginia.gov | (804) 726-7000 (General Information)

disABILITY Law Center of Virginia

www.dlcva.org | 800-552-3962

The Olmstead Initiative

<https://www.olmsteadva.com/>

Parent Educational Advocacy Training Center

www.peatc.org

Partnership for People with Disabilities

www.partnership.vcu.edu | 804-828-3876 (Voice), 800-828-1120 (TDD Relay)

Social Security Administration

www.ssa.gov

Virginia Association of Community Service Boards

www.vacsb.org | 804-330-3141

Virginia Autism Resource Center

www.varc.org

Virginia Board for People with Disabilities

<https://www.vaboard.org/>

Virginia Navigator

<http://virginiannavigator.org/>