

Virginia's Medicaid Waivers for Persons with Disabilities, Their Families and Caregivers



**November 2013
2nd Edition**

This is an updated edition of the original 2007 guide. Revisions have been made by Keri Ayres of Moms In Motion, At Home Your Way, and the Virginia Leadership Education in Neurodevelopmental Disabilities Program (Va-LEND) and Elaine Ogburn of Va-LEND, in consultation with Terry Smith, Division Director, Division of Long-Term Care, Virginia Department of Medical Assistance Services (DMAS), and Maureen Hollowell, Director of Advocacy and Services, Medicaid Waiver Technical Assistance Center, Endependence Center, Norfolk, Virginia. This guide is available at <http://www.partnership.vcu.edu/> and <http://www.MomsInMotion.net>

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Virginia's Medicaid Waivers for Persons with Disabilities and Caregivers



Introduction

MEDICAID - Medicaid is a federal and state funded program authorized under Title XIX of the Social Security Act to provide health care to target populations. Medicaid is administered at the state level. Virginia's Medicaid program is administered by the Department of Medical Assistance Services (DMAS).

WAIVERS - States were given the authority by the federal government to create Medicaid waivers to allow broader access to Medicaid for certain target populations and to pay for long-term care services in the community instead of in institutions. Each state has its own waiver system. In general, Medicaid waivers provide funding to serve people who are eligible for long-term care in institutional settings such as hospitals, nursing facilities and intermediate-care facilities. Through Medicaid waivers, states can "waive" certain requirements of standard Medicaid eligibility and use of funds. For example:

- Medicaid dollars can be used for an individual's care in the community instead of in an institution.
- When considering the financial requirements of a waiver application for a child, the family's income and assets **do not** count against the child.

VIRGINIA'S WAIVERS - There are currently six waivers available in Virginia.

This guide focuses on five of the home- and community-based services waivers below:

- Elderly or Disabled with Consumer Direction (EDCD) waiver
- Intellectual Disability (ID) waiver
- Day Support waiver
- Individual and Family Developmental Disability (DD) waiver
- Technology Assisted (Tech) waiver

The sixth waiver is the Alzheimer's Assisted Living (AAL) waiver which is not addressed in this document. More information about the AAL waiver can be found at: http://www.dmas.virginia.gov/Content_pgs/ltc-wvr_aal.aspx.

Virginia's Waivers - An Overview

Medicaid and Medicaid waivers are part of the network of services for the elderly and people with disabilities in Virginia. Medicaid waiver funds are government funds, and the availability of waivers is dependent on federal and state government priorities and budgeting. As reported in *The State of the States in Developmental Disabilities*, Virginia ranks sixth highest in per capita income in comparison with other states but only 38th in per capita spending on home and community-based waiver services and 45th in overall fiscal effort for services for people with intellectual and/or developmental disabilities.ⁱ

Waivers are funded per "slot." A slot is an opening of waiver services available to a single individual. For both the ID and the DD waivers, there are long wait-lists of persons who have already applied. During the 2013 General Assembly, 700 new ID waiver slots and 155 new DD waiver slots were included in the final budget. Currently there are approximately 6,500 and 1,300 individuals on the wait-lists for the ID and DD waivers respectively.ⁱⁱ

It is important to apply for a waiver for an individual even if no slots are currently available. Waiver wait-lists clearly indicate that there are many unmet needs in the community. This is something that members of the General Assembly need to know when making decisions on funding priorities. A potential direct benefit of being on the wait-list for the ID or DD waiver is that the individual is eligible to apply for the **Individual and Family Support Program (IFSP)**. This program is discussed in detail on page 14.

Waiver services can be provided only by Medicaid-enrolled providers. Receiving a waiver slot does not guarantee that a person will be able to access services included in the waiver. There may be a limited number of approved providers in a particular area to provide services such as respite care or home modifications. Reimbursement rates also may make it challenging to attract and retain skilled providers. Just as in the health care profession in general, there is often a high turnover rate in service providers. Individuals who have waiver funding (and/or their families) must keep their case managers informed if they are having difficulty obtaining services. It is possible that waiver funds may be terminated if services are not used

Medicaid waivers vary from state to state. If an individual receives waiver services in Virginia and then moves to another state, he or she will lose the Virginia waiver funding. The person must reapply for waiver services in their new home state.

(Exceptions to this policy are made only in the very limited cases of individuals placed out of state by the Virginia services network). It is important to consider the alternatives when making a decision to move to another state.

Inclusion - Some individuals with disabilities and their families consider Medicaid-funded nursing facilities or intermediate-care facilities the most appropriate placement for the individual, while others see institutions as a "last resort" placement. While the U.S. Department of Justice's settlement with the Commonwealth of Virginia in 2011 emphasized the need for inclusion in community settings for individuals with disabilities, some still choose institutions for their loved ones.

Consumer Directed (CD) versus Agency Directed (AD) Personal Assistance Services

- Three of the waivers discussed below (EDCD, ID and DD) offer the choice of CD or AD service delivery models for personal assistance services (personal attendant care, respite care, and/or companion care). **Agency directed services** are provided by an organization that hires staff and assigns them to individuals who need services. Agencies can limit the services provided to consumers, such as transporting the consumer. **Consumer directed services** are controlled by the person with a disability or by someone acting on his or her behalf ("the consumer"). The consumer is the employer and recruits, hires, supervises and manages his or her own staff, deciding what services from within the consumer's plan of care the attendant will perform. The consumer approves timesheets for payment, which are then submitted to the DMAS contractor, PCG Public Partnerships LLC (PPL), the fiscal agent for payment ("bookkeeper"). A person utilizing CD services will have a service facilitator (ID recipients can choose to not utilize a service facilitator), paid by DMAS, who is responsible for providing assistance in learning about and utilizing consumer directed services and providing ongoing support.

Resources - It is important for all families to plan ahead for the long-term financial and care needs of their loved ones by carefully managing their own financial and care resources, exploring community and faith-based options, and learning about government programs such as Supplemental Security Income (SSI) and Social Security Disability Income (SSDI). These programs and more will be discussed at the end of this document.

Keep in mind - Waiver funding is limited. It is important to balance advocating for oneself or one's own family member with recognizing the needs of other people with disabilities across the state. Individuals and families must honor the system and use it responsibly. Individuals and families must exercise the same integrity as consumers that they demand from the services system.

Eligibility Criteria for Virginia Waivers

Each of the Virginia Medicaid waivers has its own set of criteria to qualify for services. They all have in common the requirement that individuals must meet Medicaid financial criteria, but the financial eligibility requirements for waivers are quite different from the financial eligibility requirements for standard Medicaid coverage. For individuals applying for Medicaid via a waiver, financial eligibility for Medicaid is based on the individual's income and assets only (not the family's). Other sources of income and assets, such as those of the individual's parents, are disregarded. For a married individual applying for a Medicaid waiver, there are extra allowances for the spouse's income and assets than would be available if applying for standard Medicaid.

A person with a disability may have income equal to 300% of the maximum Supplemental Security Income (SSI) payment amount, and up to \$2,000 in available assets such as savings, stocks, and bonds. (The maximum SSI monthly payment amount is \$710 as of October 2013). If a child's parents or caregivers have an income that is too high to qualify the family for Medicaid, the child with a disability may still receive Medicaid if applying for a waiver. Having a waiver does not affect any other government funds for which a person is eligible. If receiving the Alzheimer's, EDCD or Technology Assisted Waiver individuals may be able to have monthly income higher than the standard described here if they have health related expenses not covered by Medicaid or another source, this is referred to as a spend down.

The Future of Virginia Waivers

Virginia Medicaid ID and DD waivers are due to undergo change. Currently, the determination of which of these two waivers an individual is eligible for is based on a combination of adaptive behavior and the individual's intelligent quotient (IQ); individuals age 6 and older with IQs below 70-75 (and children under age 6 at developmental risk) are eligible for the ID waiver, individuals 6 and older with an IQ above 70-75 are potentially eligible for the DD waiver. Many citizens of the Commonwealth, disability advocacy organizations, stakeholders, and providers are asking that these waivers be redesigned to be focused on person-centered practices and to provide services based on needs and eliminate the IQ distinction. Individuals with disabilities and their family members can actively help improve Virginia's waivers by taking advantage of opportunities to advocate for needed changes.

Virginia's Home and Community Based Services Waivers

Elderly or Disabled with Consumer Direction (EDCD) Waiver ⁱⁱⁱ

<u>Available Services:</u>	Personal care (agency or consumer directed), respite care (agency or consumer directed), adult day health care, skilled respite care, personal emergency response system and medication monitoring.
<u>Eligibility:</u>	<p>This waiver serves persons of all ages with disabilities. To meet eligibility requirements, an individual must: (1) have medical nursing needs, such as therapeutic exercise and positioning, require assistance to self-assess or monitor their health and are at risk of health destabilization without this assistance; (2) have functional capacity needs, such as requiring assistance/supervision/prompting for activities of daily living; and (3) the individual must be at imminent risk of nursing facility placement. Changes in family structure/support and changes in the individual's behavior/health are examples of conditions that could put an individual at imminent risk of nursing facility placement.</p> <p>An individual who is also eligible for another waiver that offers more services can remain on the wait-list for the other waiver while being served by the EDCD waiver and then transfer to the preferred waiver once a slot becomes available.</p>
<u>How to apply:</u>	Request a screening from the local department of health or social services for the EDCD waiver. If the individual is currently in an acute care facility that has staff trained to conduct screening, the screening can be completed while the individual is an inpatient. A Uniform Assessment Instrument (UAI) will be completed to determine eligibility. An individual cannot be denied a screening.
<u>Wait List Status:</u>	There is currently no wait-list for this waiver.
<u>Relevant Documents:</u>	<p><u>Uniform Assessment Instrument (UAI):</u> http://www.vda.virginia.gov/pdfdocs/uai.pdf</p> <p><u>Eligibility Criteria:</u> http://www.dmas.virginia.gov/Content_atchs/ltc/ltc-guide_srvcs.pdf, page 12</p>

Intellectual Disability (ID) Waiver ^{iv}

<u>Available Services:</u>	<p>Personal care (agency or consumer directed), respite services (agency or consumer directed), companion services (agency or consumer directed), assistive technology, crisis stabilization, crisis supervision, day support, environmental modifications, personal emergency response system and medication monitoring, prevocational services, residential support services, supported employment, skilled nursing, therapeutic consultation, and transition services.</p> <p>Support coordination/case management is a required Medicaid service if and individual receives ID Waiver supports. If a person with ID needs case management and is already eligible for Medicaid, Medicaid will pay for this service. If the individual is not eligible for Medicaid, the CSB can charge a fee for case management.</p>
<u>Eligibility:</u>	<p>To meet eligibility requirements, an individual must: (1) be age 6 or older and have a diagnosis of ID <u>or</u> be under age 6 and at developmental risk; (2) must meet the intermediate-care facility for persons with ID or other related conditions (ICF-ID) level of care (have certain levels of dependency in two of the following categories: health status, communication, task learning skills, personal/self-care, mobility, behavior, community living skills. This is established using the "ID Community Medicaid Waiver Level of Functioning Survey."</p>
<u>How to apply:</u>	<p>Contact the local Community Services Board (CSB) or Behavioral Health Authority (BHA) to request a screening using the "Level of Functioning" survey. A case manager will be assigned to the individual if he or she does not already have one there. The individual cannot be denied a screening.</p>

Intellectual Disability (ID) Waiver (continued)

<p><u>Wait List Status:</u></p>	<p>There are two wait-lists for the ID waiver:</p> <ol style="list-style-type: none">1. Urgent Wait-List - needs waiver services immediately;2. Non-urgent Wait-List - needs waiver services within 30 days. <p>ID waiver slots are given to the individuals with the most urgent need in each service region. There are currently many people on each of these wait-lists. It is important to <u>be an advocate!</u> If there is a/are change(s) in the individual's health, behavior or supports, it is important that their service coordinator at the CSB or BHA is updated. The service coordinator should contact the individual at least once per year.</p> <p>Children on the ID waiver wait-list who do not have a diagnosis of ID should be screened at age 6 and may be transferred to the DD waiver, if appropriate. Children age 6 and older who do not have a diagnosis of ID cannot be served by the ID waiver.</p> <p>If an individual has been in a Medicaid-funded institutional placement such as a nursing facility or ICF/ID for 90 days or more, they may be able to receive an ID waiver slot and bypass the wait-list via the Money Follows the Person program.</p>
<p><u>Relevant Documents:</u></p>	<p><u>Level of Functioning Survey (LOF)</u> http://www.dbhds.virginia.gov/documents/forms/omr-form-SurveyInstruct-LOF.pdf</p>

Day Support Waiver ^v

<u>Available Services:</u>	Day support, prevocational services, and supported employment.
<u>Eligibility:</u>	Persons on the ID waiver Urgent or Non-Urgent Wait lists are eligible. Individuals are selected according to the date when services were first necessary, regardless of urgency. An individual can remain on the wait-list for the ID waiver while being served by the Day Support waiver and transfer to the ID waiver once a slot becomes available. (A person supported by the Day Support waiver cannot also be served by another waiver such as the EDCD waiver.)
<u>How to apply:</u>	Contact the local Community Services Board (CSB) or Behavioral Health Authority (BHA) to request a screening using the "Level of Functioning" survey.
<u>Wait List Status:</u>	There is currently no wait-list maintained for this waiver.
<u>Relevant Documents:</u>	<u>Level of Functioning (LOF)</u> http://www.dbhds.virginia.gov/documents/forms/omr-form-SurveyInstruct-LOF.pdf

[Individual and Family Developmental Disability Support \(DD\) Waiver](#) ^{vi}

<p><u>Available Services:</u></p>	<p>Personal care (agency or consumer directed), respite care (agency or consumer directed), companion services (agency or consumer directed), assistive technology, crisis supervision and supervision, environmental modifications, family and caregiver training, in-home residential support, personal emergency response system and medication monitoring, prevocational services, skilled nursing services, supported employment, therapeutic consultation, and support coordination/case management. Support coordination/case management is a required Medicaid service if an individual receives DD waiver supports. If an individual is on the DD waiver wait-list, is a Medicaid recipient and needs case management, Medicaid will pay for case management.</p>
<p><u>Eligibility:</u></p>	<p>The DD waiver provides services to individuals 6 years of age and older who have a diagnosis of a developmental disability and do not have a diagnosis of ID. Individuals also must require the level of care provided in an intermediate-care facility for persons with ID or other related conditions (ICF/ID) (have certain levels of dependency in two of the following categories; health status, communication, task learning skills, personal/self-care, mobility, behavior, community living skills. This is established using the "ID Community Medicaid waiver Level of Functioning Survey.")</p> <p>Children under age 6 who do not have a diagnosis of ID but have received services through the ID waiver become ineligible for the DD waiver when they reach the age of 6. At that time they can be screened for eligibility for the DD waiver; if found eligible they will receive a DD waiver slot without being placed on the DD waiver wait-list.</p>
<p><u>How to apply:</u></p>	<p>Request a screening by sending a Request for Screening Form DMAS-305 (see below) to the regional screening facility. To find the local screening facility go to: http://www.dmas.virginia.gov/Content_pgs/ltc-screen.aspx.</p>

[Individual and Family Developmental Disability Support \(DD\)](#)
[Waiver \(continued\)](#)

<u>Wait List Status:</u>	<p>There is a wait-list for this waiver. Currently slots are given on a first-come, first-served basis, with 10% of new waiver funding set aside for people in emergency situations.</p> <p>Typically each fiscal year emergency slots are funded. If an individual might qualify for an emergency slot, they should contact DMAS or their case manager to apply for an emergency slot.</p> <p>If an individual has been in a Medicaid-funded institutional placement such as a nursing facility or ICF/ID for 90 days or more, they may be able to receive a DD waiver slot and bypass the wait-list via the Money Follows the Person program.</p>
<u>Relevant Documents:</u>	<p>DMAS-305 (Request For Screening) http://www.dmas.virginia.gov/Content_atchs/forms/DMAS-305.pdf</p> <p>Level of Functioning (LOF) http://www.dbhds.virginia.gov/documents/forms/omr-form-SurveyInstruct-LOF.pdf</p>

Technology Assisted (Tech) Waiver ^{vii}

<u>Available Services:</u>	Personal care (for adults only, agency directed model only), assistive technology, environmental modifications, personal emergency response system and medication monitoring, private duty nursing services, skilled respite care, skilled nursing services, and transition services.
<u>Eligibility:</u>	Children and adults must require substantial and ongoing skilled nursing care. Children under the age of 21 are eligible if they are dependent on technology to substitute for a vital body function and have exhausted available third-party insurance benefits for private-duty nursing. Tech waiver services may be limited or denied for individuals who can receive services through a third-party payment source.
<u>How to apply:</u>	Contact the local department of health or social services department. For individuals age 21 and older who are hospitalized, contact the hospital social worker or discharge planner for screening; DMAS should be contacted after the screening has been done. Individuals are assessed using the Uniform Assessment Instrument (UAI).
<u>Wait list Status</u>	There is currently no wait-list for the Tech waiver.
<u>Relevant Documents</u>	<u>Uniform Assessment Instrument (UAI)</u> http://www.vda.virginia.gov/pdfdocs/uai.pdf <u>Eligibility Criteria</u> http://www.dmas.virginia.gov/Content_atchs/ltc/ltc-guide_srvcs.pdf , page 18

Summary of Waiver Information

Waiver	EDCD	ID	Day Support	DD	Tech
# Enrolled	>27,000	>9,400	>225	>875	>325
Wait List	None	Long (>6,500) By Urgency	None	Long (>1,300) First Come - First Served w/10% reserved for emergencies	None
Age	No restrictions	>=6 yr/Dx of ID or <6yr + at risk of ID	>18yr	>=6yr	No restrictions
Eligibility/ Screening Tool	Nursing facility Criteria/ UAI	ID/ Developmental Risk/ LOF	ID/ Developmental Risk/ LOF	DD not ID/ LOF	Dependent on Technology/ UAI
Where to Go	Local DSS or DOH or hospital staff	CSB or BHA	CSB or BHA	Child Development Clinic	Local DSS or DOH or hospital staff
What to Ask For	EDCD Waiver Screening	ID Waiver Screening	DS Waiver Screening	DD Waiver Screening via sending in DMAS-305	Tech Waiver Screening
Misc.	Can be on this while on wait-list for ID or DD.	ICF/ID Level of Care Needed	On ID Wait List	ICF/ID Level of Care Needed	Nurse Care & Technology to perform Vital Function

Additional Information to Know About Medicaid

APPEALS - If an individual is denied a service or has another adverse decision rendered, they have the right to appeal that decision. Appeal process notification should be provided with any documentation of a decision regarding eligibility or services.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES - Medicaid enrollees may be eligible for durable medical equipment and supplies including but not limited to wheelchairs, lifts, incontinence and diabetic supplies.

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) (http://dmasva.dmas.virginia.gov/content_atchs/mch/mch-epsdt_fs.pdf) - EPSDT is available to individuals under 21 who have Fee-For-Service or Family Access to Medical Insurance Security Plus (FAMIS Plus) or a Managed Care Organization (MCO) Program (well visits only) in Virginia Medicaid. This is an extremely valuable health-care resource. EPSDT provides for monitoring of health and disability conditions, preventive services, and treatment to correct or improve conditions, including ongoing maintenance needs. EPSDT also covers necessary services not provided under Virginia's regular Medicaid plan, such as dental care, personal care, behavioral treatment, hearing aids and private duty nursing. For more information, contact DMAS (804-786-6134).

FAMILY ACCESS TO MEDICAL INSURANCE SECURITY (FAMIS) - FAMIS is Virginia's program that helps families provide health insurance to their children and pregnant women. There are three different programs within FAMIS, each having its own eligibility criteria and benefits:

- FAMIS - Provides health coverage for children whose families meet the financial eligibility criteria.
- FAMIS Moms - Provides coverage for pregnant women who meet financial criteria.
- FAMIS Select - Assists families to pay for non-public health insurance.

FINANCIAL ALIGNMENT DEMONSTRATION

(http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx) - Currently DMAS is implementing a demonstration project for individuals who are enrolled in both Medicare and Medicaid simultaneously to maximize their benefits.

HEALTH INSURANCE PREMIUM PAYMENT (HIPP) & HIPP FOR KIDS PROGRAMS

(http://www.dmas.virginia.gov/Content_atchs/hipp/pi1.pdf) - Two insurance premium assistance programs that are "cost saving program[s] for Medicaid members and

reimburses some or all of the employee portion of the group health insurance premium for members who have employer sponsored group health insurance available to them through their own or their family member's employment."^{viii} Eligibility for HIPP is based on cost effectiveness. Eligibility for HIPP For Kids is based on the coverage offered by the primary insurance and employer participation (must be comprehensive and the employer must cover at least 40% of the premium). All applications for premium assistance are first evaluated for the HIPP For Kids program. If it is determined that the eligibility criteria for the HIPP For Kids program is not met, the application is automatically evaluated for the HIPP program.

INDIVIDUAL AND FAMILY SUPPORT PROGRAM (IFSP)

(<http://www.dbhds.virginia.gov/ODS-default.htm>) - "The Individual and Family Support Program is designed to assist individuals with intellectual or developmental disabilities on the wait-list for the ID or DD waiver (and their families) to access short-term person/family-centered resources, supports, and services. ... Individual and Family Support Program funds may be provided to individuals or family members in varying amounts, as requested and approved by DBHDS, up to the established annual maximum of \$3000.00 per individual per fiscal year."^{ix}

Services and items that may be funded through the Individual and Family Support Program may include: respite, transportation services, behavioral consultation, behavior management, assistive technology, home modifications, goods or products that directly support the individual, temporary rental assistance or deposits, fees for summer camp and other recreation services. Funds from this program are awarded on a first-come, first-served program. When the annual funding is exhausted no additional moneys may be approved, thus it is very important to submit applications for funding as quickly as possible.

MANAGED CARE ORGANIZATION VS. FEE FOR SERVICE - "Most individuals enrolled in Medicaid and FAMIS Plus receive their coverage through a Medicaid Managed Care Organization (MCO) that contracts with DMAS or through Medallion, a managed-care form of Medicaid. MCOs are health insurance companies that often also manage plans outside of Medicaid. At the time of enrollment, a person will be given the opportunity to choose an MCO. DMAS pays the MCO a monthly amount for each patient in the plan even if no services are provided during the month (capitation). Medallion is provided through DMAS, the agency that manages the State's Medical Assistance Programs. In some areas, the individual will be able to choose between an MCO and Medallion."

"People with Medicare or private health insurance, people receiving long-term care services, children in foster care and most individuals enrolled via a waiver receive

Medicaid coverage through a FFS arrangement. The provider charges a fee for each service and receives payment from DMAS for each service. The enrollees direct their own health care. "^x

Most individuals enrolled in Medicaid via a waiver have Fee-For-Service (FFS) Medicaid.

MEDICAID WAIVER TECHNICAL ASSISTANCE CENTER - For more information or to find a Medicaid Waiver Mentor near you, call the Center at 1-866-323-1088 (toll-free) or 757-461-8007. "Home and Community-Based Services for People with Disabilities: Medicaid Waiver Services Guide," March 2013 edition available online at www.endependence.org (click on "Publications").

MEDICAID WORKS (http://www.dmas.virginia.gov/Content_atchs/mbi/mbi-wmdi2.pdf)- "A work incentive opportunity offered by the Virginia Medicaid program for individuals with disabilities who are employed or who want to go to work. MEDICAID WORKS is a voluntary Medicaid plan option that will enable workers with disabilities to earn higher income and retain more in savings, or resources, than is usually allowed by Medicaid. This program provides the support of continued health care coverage so that people can work, save and gain greater independence. To apply for this Medicaid program, individuals should contact the local Department of Social Services in the city or county where they live."^{xi}

MONEY FOLLOWS THE PERSON (MFP)

(http://www.dmas.virginia.gov/Content_atchs/ltc/ltc-mfp_pfs2.pdf) - This program is very important for individuals who wish to transition out of a long-term care setting. MFP "provides extra supports and services to Virginians who choose to transition from long-term care institutions into the community.... by paying for necessary start-up expenses during the transition period out of a long-term care institution. Virginia receives funding and support for this program from the Centers for Medicare and Medicaid Services (CMS)."^{xii} Eligibility criteria include: must have resided in an institutional setting for 90 or more days; be eligible for and enroll in PACE, EDCD, ID, DD or Tech waiver after discharge; and other criteria. Services include; transition coordination (to EDCD waiver only), transition services, assistive technology and environmental modifications.

PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

(http://www.dmas.virginia.gov/Content_pgs/ltc-pace.aspx)(http://www.dmas.virginia.gov/Content_pgs/ltc-pace.aspx)- "The Program of All-Inclusive Care for the Elderly (PACE) was established to help older adults age 55+ to remain in their homes and communities and receive community-based services. The PACE program allows elderly citizens to remain in familiar surroundings, maintain self-

sufficiency and preserve the highest level of physical, social and cognitive function and independence. The goal of PACE is to keep the elderly in their homes and communities and provide the entire continuum of medical and supportive services as needed."^{xiii} Eligibility criteria include: must be at least 55 years old; have Medicaid and or Medicare or private insurance; reside in PACE service area; be able to live safely in the community.

SMILES FOR CHILDREN

(http://www.famis.org/smiles_for_children.cfm?language=English) -Dental services for children enrolled in FAMIS or FAMIS Plus are provided through the Smiles For Children program. The Smiles For Children program encourages good dental health and recommends regular check-ups with children's dentists.

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

(<http://www.wicva.com>) - "Provides nutrition education, breast feeding promotion and support, supplemental nutritious foods, counseling at WIC clinics, and screening and referrals to other health, welfare, and social services. The goal of the Program is to improve the health of pregnant women, infants and children (under 5 years) through better nutrition and access to health care. To be eligible for the WIC Program, applicants must meet categorical, residential, income and nutrition risk requirements."^{xiv}

TRANSPORTATION VIA MEDICAID (<http://transportation.dmas.virginia.gov/>) - Non-emergency Medicaid Transportation is a benefit included in most but not all Medicaid programs. The FFS Virginia Medicaid Transportation Brokerage program is managed by LogistiCare Solutions. Medicaid MCO enrolled individuals need to contact their MCO for eligibility/program details: http://dmasva.dmas.virginia.gov/Content_atchs/mc/mc-guideFV_p1.pdf (see page 38).

Government Agencies and Resources

Community Service Boards and Behavioral Health Authorities: For the CSB or BHA in your locality, call toll-free 1-800-451-5544 or go to <http://www.dbhds.virginia.gov> (click on "Locate Services/Get Help" in the left-hand bar, then click on "Your Local Community Services Board (CSB)").

Social Services Departments: For the Social Services Department in your locality, call toll-free 1-800-552-3431 or go to www.dss.virginia.gov (click on "Local Departments" at left).

Health Departments: For Health Department locations in your area, check the local government section of your phone book (city or county); or go to www.vdh.virginia.gov (click on "Local Health Districts" in bar at top of page, then click on your geographic area on the state map to open the appropriate web page).

Child Development Clinicss: For the Child Development Clinic serving your locality, go to http://www.dmas.virginia.gov/Content_pgs/ltc-screen.aspx; or call DMAS at 804-786-1465 (select "Waivers" and then "DD Waiver").

DMAS (Virginia Department of Medical Assistance Services): call 804-786-1465 or go to www.dmas.virginia.gov.

Virginia Department of Behavioral Health and Developmental Services (DBHDS): call 804-786-3921 or go to www.dbhds.virginia.gov/AboutUs.htm.

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