Making Waive(r)s in Virginia

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Home and Community Based Services (HCBS)

Long term services and supports (LTSS) received in the home or community rather than an institutional setting.

Commonwealth Coordinated Care Plus (CCC Plus) Waiver

Alternative Institution:
Nursing Facility (NF), specialized care facility, or long-stay hospital

No waitlist

Covered populations:

- Older adults (65 and older)
- Individuals who have a physical disability
- Individuals who are chronically ill or severely impaired, having experienced loss of a vital body function, and who require substantial and ongoing skilled nursing care.

Waiver has combined 1915(b)/1915(c) authority: individuals can receive waiver services either through fee-for-service or through managed care

CCC Plus Waiver Requirements

To participate in the CCC Plus Waiver, individuals must meet *all* of the following requirements:

Meet the **NF LOC** criteria, have medical or nursing needs, and be at risk for NF or hospital placement within 30 days in the absence of HCBS

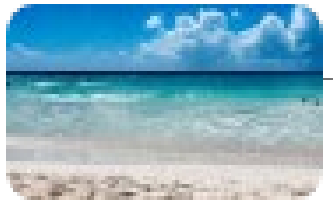
Have been determined **financially eligible** for Medicaid coverage

Have a safe plan of care developed allowing them to live in the community plan of care developed allowing them to live in the community

Is not a resident of a NF or assisted living facility (ALF)

LTSS Screening

Commonwealth Coordinated Care Plus (CCC Plus) Waiver: LTSS Screening



Federal 1915(c) Waiver application

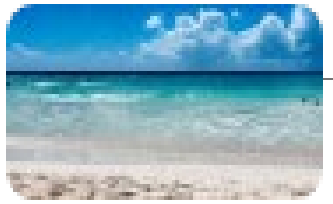
DMAS has assured the Center for Medicare and Medicaid Services (CMS) that all individuals (100%) enrolled in the **CCC Plus Waiver have a valid screening** prior to admission to the Waiver and that they are receiving home and community-based services necessary to prevent institutionalization.

LTSS Enrollment Requirements

§32.1-330 of the **Code of Virginia** - All individuals **requesting** community-based waiver or nursing facility LTSS **must receive a screening** to determine if they **meet the level of care needed for NF services**.

NOTE: The following information regarding the LTSS Screening process for the CCC Plus Waiver are **snapshots**. The screening process is in depth and requires comprehensive training. For additional details, please refer to the **RESOURCES** section of this presentation.

Commonwealth Coordinated Care Plus (CCC Plus) Waiver: LTSS Screening



NF LOC criteria for assessing eligibility for Medicaid reimbursement of LTSS consists of several components as follows:

1. **Functional capacity:**
   Evaluates an individual's ability to independently perform activities of daily living (**ADLs**), demonstrate mobility, joint motion, and medication administration and assess behavior and orientation status as measured on the UAI. This capacity assessment should be conducted **face-to-face** and to the extent possible observed by the Screener. The assessment considers how an individual functions in a community environment and excludes all institutionally induced dependencies. IADLs may also be assessed to assist in determining needs for community (non-Medicaid) resources.

2. **Medical or nursing needs:**
   Determines if the individual meets the medical or nursing need criteria for NF level of care.

3. **At risk for NF placement**
   In order to qualify and be authorized for Medicaid reimbursement for LTSS, an individual must also **be at risk for NF placement within 30 days** in the absence of the CCC Plus Waiver services (42CFR441.302(c)(1)).

Who can conduct the LTSS screening?

Ways to access:

COMMUNITY	HOSPITAL	NF	PACE
If living in the community:	If in the hospital:	If in a SNF:	If living in the community
Local DSS or Health Department will conduct	Hospital discharge planner/care coordinator will conduct	Nursing facility will conduct	PACE facility can conduct

Waiver Services

Models of Service Delivery

Agency Directed

- Traditional
- Services provided by staff employed by a provider agency

Consumer Directed

- Member/representative bears the responsibilities with employing their own personal care attendant (PCA) & directs their own care.
- Staff (PCA) is employed by the Member or their representative/Employer
- Payroll is handled by a fiscal employer agent (F/EA)
- PC & RC services available
- Receive support from a Services Facilitation provider

CCCP Waiver Services

- Personal Care Services (PC)
- Service Facilitation (for CD services)
- Respite Care (RC)
- Private Duty Nursing (PDN)
- Adult Day Health Care (ADHC)
- Transition Services
- Assistive Technology (AT)
- Environmental Modifications (EM)
- Personal Emergency Response System (PERS)

Personal Care Services

Activities of daily living (**ADLs**)

(i.e., bathing, grooming, dressing, etc.)

→

Instrumental (**IADLs**)

(i.e., meal prep, light housekeeping, etc.)

→

Monitoring of self-administered **medications**

Monitoring of health status and physical condition

(i.e., vitals)

→

Supervision of individual

→

Tasks **delegated** by RN or LPN

May be **agency or consumer-directed**

(or a combination of both)

56 hours per week "soft cap"

Exception Process for more hours:

- Documented certain ADL dependencies
- Dependent in Behavior and Orientation
- Open Child Protective Services or Adult Protective Services investigation

Nurse Delegation

PC aides may not be reimbursed for providing skilled services unless **delegated** by **RN** or **LPN.**

Examples of delegation include:

- G-tube feedings
- Trach care
- IV therapies
- surgical wound care

Exception

Exemption of Nurse Delegation Requirements

For CD services, the *Code of Virginia § 54.1-3001(12)* states: "any person performing state or federally funded health care tasks directed by the consumer which are typically self-performed for an individual who lives in a private residence and who, by reason of disability is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks" is exempted from the Nurse Practice Act and nurse delegation requirements.

Supervision

Individuals may not always require constant ADL supports, but there may be a need to have services when they cannot be safely left alone and no one in their support system is home.

<u>Supervision is appropriate when all of the below are met</u>:

- **Has a medical or physical condition that prevents them from being left alone at any time**
- **Is unable to call for help in case of an emergency**
- **Has no competent adult in the home who can dial 911 during an emergency**
- **Needs the services to ensure their health, safety, and/or welfare**

When supervision is requested, a *<u>Request for Supervision Hours in Personal Care</u>* form (DMAS 100) must be submitted. Chapter IV of the CCC Plus manual provides extensive supervision utilization and eligibility guidance.

Respite Care

- Temporary care designed to relieve the unpaid primary caregiver
- Limited to **480 hours** per State Fiscal Year (July 01 to June 30)
- Includes skilled nursing respite care (provided by an LPN or RN)
- Agency or consumer-directed services

Personal Care Services

Service Facilitation

Service Facilitator (SF)

Consumer Direction (CD) Fiscal Employer Agent (F/EA)

Financial management services

Conducts background checks

Performs payroll functions on behalf of the employer (timesheet/EVV/payment processing, tax filing, etc.)

Filing, depositing, and paying **state** and **federal employer taxes**

Fiscal Employer Agents F/EA

Fee for Service (FFS) – **Use Consumer Direct Care Network (CDCN) as the F/EA**

Managed Care Organization (MCO) Health Plans
– They use either Public Partnerships, LLC (PPL), or ACES$ Financial Management Services, or CDCN as the F/EA

Refer members to their SF to assist them with service issues and other assistance

PDN

Continuous in-home nursing services, not covered under home health

Provided by a RN or LPN only

Adult Waiver Participants must be dependent on a ventilator for a portion of the day or require complex tracheostomy care

Children Waiver Participants (under the age of 21) must meet specific criteria, as outlined in the pediatric referral DMAS-109 form.

PDN for children must be utilized through EPSDT

Private Duty Nurse (PDN)

Ventilator

OR

Dependent on a Ventilator a portion of the day

<u>All of the below must be met</u>:

* Required nebulizer treatment 4 times a day
* Pulse oximetry monitoring every shift
* Oxygen therapy
* Daily trachea care
* Trachea suctioning as needed
* At risk of requiring subsequent mechanical ventilation

Adult Day Health Care

- Adult Day Health Care (ADHC) Center licensed by VDSS
  - Adult Day Center (ADC) is the term used by VDSS
- DMAS reviews all new ADHC applications to determine if the applicant has met all criteria to become an ADHC provider.
- ADHC services include meals, nursing, rehabilitation, services coordination, transportation, facilitation of community integration
- May be offered either as the sole HCBS or in conjunction with other CCC Plus waiver services.

Transition Services

- **Set-up expenses for individuals who are transitioning from an institution, such as a nursing facility, etc.**
- **Helps support the individual during transition into the home and community setting**
- **Includes utility deposits, moving expenses, household supplies, linens, furniture, etc.**
- **Limited to $5,000 per person per lifetime**

Assistive Technology

Specialized medical equipment and supplies (Examples on next page)

Enables individuals to increase their abilities to:

Perform ADLs and Instrumental ADLs
Perceive, control or communicate with their environment

Limited to $5,000 per State Fiscal **Year** (July 01 to June 30)

Assistive Technology Examples

Examples of Assistive Technology Devices (not a comprehensive list)	Professional Evaluation Required
Organizational Devices	Occupational Therapist, Psychologist, or Psychiatrist
Computer/software or Communication Device	Speech Language Pathologist or Occupational Therapist
Orthotics, such as braces for hands, arms, feet, legs, etc.	Physical Therapist, Physician or Orthotist
Writing Orthotics	Occupational Therapist or Speech Language Pathologist
Support Chairs	Physical Therapist or Occupational Therapist
Specialized Toilets	Occupational Therapist or Physical Therapist
Other Specialized Devices/Equipment	Physician, Speech Language Pathologist, Behavioral Consultant, Psychologist, Psychiatrist, Physical Therapist, or Occupational Therapist; depending on the device or equipment
Weighted Blankets/Vests	Physical Therapist, Occupational Therapist, Psychologist, or Behavioral Consultant

Environmental Modifications (EM)

Physical adaptations to an individual's primary residence or vehicle

Includes wheelchair ramps, door widening, bathroom modifications, etc.

Ensures the individual's health and safety

Enables the individual to function with greater independence

Limited to $5,000 per State Fiscal Year (July 01 to June 30)

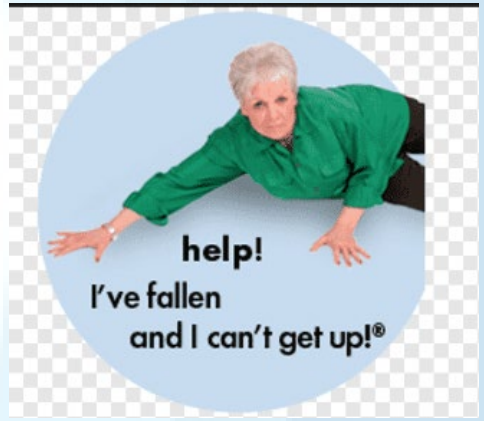
Personal Emergency Response System

Electronic device and 24-hour monitoring service

Enables individuals to secure help in an emergency

Includes medication monitoring units, if needed for those with memory issues

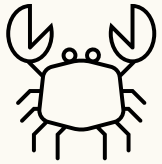
Limited to individuals who live alone or are alone for significant parts of the day

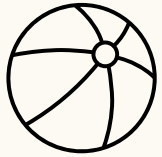


Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Benefit

Certain services for participants under age 21 must be provided through the EPSDT benefit instead of the CCC Plus Waiver as follows:

Private Duty Nursing





Assistive Technology

EPSDT is not a waiver;
it is a benefit program

Refer to EPSDT Fact Sheet on DMAS website for more information

Home and Community-Based Services (HCBS)

HCBS setting requirements:

HCBS waivers provide Virginians enrolled in Medicaid long-term services and supports the option to receive community-based services as an alternative to an institutional setting. Per federal regulations (**42 CFR 441.301**), individuals receiving HCBS services are required specific rights.

Access to the greater community

Individual's rights of privacy, dignity and respect, and freedom from coercion and restraint

Individual **independence** in making choices

Waiver Assurances

Administrative Authority

Measures oversight of the performance of all waiver functions.

Level of Care (LOC)

Evaluates waiver members LOC for consistency with care provided in a nursing facility.

Qualified Providers

Ensures all waiver services are provided by qualified providers.

Waiver Assurances continued

Service Plan

Monitors the adequacy of service plans for waiver members.

Level of Care (LOC)

Evaluates waiver members LOC for consistency with care provided in a nursing facility.

Health & Welfare

Monitors waiver members health, safety, and welfare.

Review of critical incidents reports, APS data, and QMR data.

Resources

- For **CCC Plus waiver** questions, email: cccpluswaiver@dmas.virginia.gov
- For **Consumer Direction** or **Services Facilitation** questions, email: cdsf@dmas.virginia.gov
- For **LTSS Screening** Assistance questions, email: screeningassistance@dmas.virginia.gov
- For **EPSDT** (under age 21) questions, email: epsdt@dmas.virginia.gov

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