

	Question	Agency Responses	Responsibility
	Preparation for New Waivers/ CM Operations		
1	Transition between waivers: How will we transition current individual with Day Support Waiver when their waiver becomes Building Independence? What if they want and need Community Living Waiver?	<p>Individuals currently on the waiver will remain in their respective waivers once they are amended. If they desire to move to another waiver or their needs change, their desire/need will be documented accordingly by the support coordinator. Those that are children on the current Day Support waiver will need to be transitioned to another waiver and a transition plan will need to be developed by DBHDS.</p> <p>For those individuals that have assessed needs for a different waiver, reserve slots will be made available consistent with the urgency of their needs. Transitions may free up slots, also. Reserve slots will be managed by DBHDS.</p>	DBHDS/DMAS
2	What, if any, responsibilities will CSBs have for assessing all individuals on the waiting list, based on the criteria for the new waivers?	<p>CSBs are single point of entry and responsible for determining eligibility, which includes identifying a diagnosis and completing VIDES* (formerly LOF) with everyone.</p> <p>CSB SCs/CMs will identify individuals who meet Priority One criteria, complete a VIDES and merge their ID and DD waiting list prior to July 2016 and before their WSAC will be able to award any slots.</p> <p>DD SC/CMs will identify everyone on the wait list who meets Priority One criteria and submit to DBHDS.</p> <p>DBHDS will complete VIDES with individuals identified by DD SC/CMs as meeting Priority One.</p>	DBHDS will be providing guidance on this in the spring trainings and on an ongoing basis.

		<b>DBHDS will work with to complete priority determination by June 30, 2016. DBHDS will be reaching out to CSBs by the end of February to assess what or how DBHDS can support this process. They have until July 17 to complete VIDES on Priority 2/3 and VIDES with everyone on their waiting list.</b>	
3	Will we need to complete VIDES on both the current waiver recipients and those on the IDD waiting list?	Yes. This will be done with annual planning, unless someone's needs significantly changes before then. And annually thereafter for people receiving waiver services. It does not need to be completed annually for individuals on the waiting list.	DBHDS
4	Will billing codes change when Day Support changes to an hourly rate?	There will be billing code changes. There is currently a work group to identify new procedure codes for new services and existing services that will have new billing units after 7/1/16. There will be a list of billing codes published prior to July 1, 2016. Specifically for day support and because it is a phased service by ISP year, there will be billing codes that will be maintained for up to a year for the current rate/unit while the new unit/rate will be a new code.	DBHDS & DMAS
5	Will we be able to convert all Day Support recipients July 1, to avoid possible EHR issues with 2 billing types (hourly and unit)?	It is important to note that the conversion of day support to the new services is provider driven, not recipient or SC driven. The provider has to be prepared for the changes required to move to the new services. They must however be prepared to do this no later than the individual's annual ISP date and thus providers are encouraged to initiate changes at the annual ISP date with the SC/CM. DBHDS will assist as needed if bulk conversions are desired. If a provider chooses to convert the entire day program operations to the new system, that is permissible and the MMIS will be able to accommodate.	DBHDS & DMAS
6	Will new service authorizations be required with the new waiver re-design services?	Currently, any service authorization that exists in the system for a service that will remain intact after 7/1/16, the authorization will remain in place and there will be no action that will be required on the support coordinators part. DMAS intends for the conversions to be behind the scenes. There will need to be terminations of current authorizations and initiations of new authorizations but we do not believe that it will involve SC actions.	DBHDS/DMAS

		New services, however, will require service authorization. Instructions on authorization and procedure codes will be covered in future WaMS or systems training.	
7	How long will IDOLS continue to be used?	DBHDS will notify providers and CSBs if the use of IDOLS will be continuing past July 1, 2016. Data from IDOLS will be migrated into WaMS, but <b>the new waiver management system</b> will need to be updated by the SC/CM, once the SC/CM has access, upon annual reauthorization.	DBHDS
8	For Residential services, will case managers simply add modifications with new codes as opposed to scheduling an annual meeting?	When changes are simply modifications to <b>billing</b> codes and units and not service changes, a team meeting is not needed.	DBHDS
9	Could we simply add a modification reflecting the change in day service rather than do an entire annual ISP meeting?	There will need to be a team meeting to discuss the choice of day services (including employment), of providers and integrated options. Informed choice will need to be assured and documented.  If meetings are held prior to July, authorizations can be ready to be submitted upon instructions from DBHDS.  If no new hours <b>or services</b> are being requested, the individual and provider may wait and switch at the annual meeting. The SC/CM must assure the individual has informed choice of all services available to her/him and (how it is informed)? And documented in the record. Any updated or changed forms will be provided prior to implementation.	DBHDS
	Will all modifications of residential service codes need to be completed and	See Question 4. DMAS is working to ensure that the MMIS will have procedure codes and LOCs reflected so that providers will be able to bill according to the individual's needs and type of	DBHDS/DMAS

10	approved by DBHDS before July? Will Levels 6 and 7 supports need to be negotiated prior to July, also?	<p>residential placements. This will need to happen before 7/1 but it is believed that it will all occur between DBHDS and DMAS at this time.</p> <p>Not all supports for Levels 6 &amp; 7 will need to be negotiated. Reimbursement will only be negotiated in specific situations and for very exceptional needs to establish a customized rate Tier 4 rates cover additional costs for most individuals. DBHDS will develop criteria when supports may be negotiated including information needed from the provider. DBHDS with the assistance of DMAS intends to include guidance during the provider training sessions.</p>	
11	Will Waiver Redesign Day Support services and rates be phased in according to annual ISP dates throughout FY17?	See response to question #5	DBHDS
12	What's the date to transition from screenings by CDC for the DD Waiver to CSBs? Currently CDCs reportedly schedule 3 months in advance.	<p>CDC will complete screening through June 30, 2016. CSBs are responsible beginning July 1, 2016. CDCs will need to refer individuals who apply, but cannot be screened prior to July 1 to associated CSBs.</p> <p>DMAS and DBHDS are aware of the concern and have the issue noted as part of the redesign implementation work plan to address for communication and coordination with CDCs</p>	DBHDS/DMAS
13	Will the reimbursement for DD screening remain the same?	Currently, CDCs have a separate contract with DMAS to provide screenings. Targeted case management is a bundled rate that included assessment and screening for services. As such the	DMAS

		current DD CM rate does not break out services such as screening.	
14	Billing information – forms, final rate confirmation, training for providers of day and residential waiver services and their billing departments;	Information related to the final Medicaid rates will be provided in the usual format through Medicaid memos which is generally distributed to the agency billing departments, designees and posted on the Medicaid web portal.  See answer for 17.	Workgroup for DBHDS/DMAS is finalizing training.
15	Day support required documentation concerning consumers transitioning from center based to community coaching and community engagement.	Any significant changes in the delivery of services needs to be documented in the ISP and would require a meeting of the team. Moving from a center-based option to community coaching or community engagement would constitute a significant shift. If however, the ISP involves a large amount of community based activities and the program is simply billing the center-based rates, designations would need to be made in the plan to delineate the differences in the various services and then appropriate authorizations generated. Even this would most likely require, at a minimum, coordination with the support coordinator but not necessarily a full team meeting. Providers currently providing integrated activities will be able to request authorizations with the presumption that the provider understands the service definition and is complying with the definition. DBHDS recognizes that ongoing trainings and/or consultations will be provided to assist providers.	DBHDS.
16	How does private duty nursing interface with skilled nursing services in the new waiver?	Skilled Nursing is intermittent. Private Duty Nursing is a routinely scheduled block of time. There will be separate billing codes for each of the services and depending on the services that are utilized, new service authorizations may need to be generated. If you are currently using Skilled Nursing in a Private	DBHDS

		Duty Nursing format, a new authorization will need to be generated.	
17	Training opportunities for providers in waiver redesign; we need to know the mechanics of how this all fits together;	Waiver Redesign training in development, internal training and review in February. Training of CSB Waiver Experts in March, of SCs/CMs and providers in March/April. May and June follow-up meetings with Waiver Experts. Provider Roundtables are being held bi-monthly and opportunities for providers to stay up-to-date. Will info be posted if providers want to see it? DBHDS will be posting and updating routinely asked questions on its web page.	DBHDS
18	Individuals on current DS waiver, under 18 yrs. old, how will they be transitioned to new waivers?	Have requested reserve slots for the few children on the DS waiver to transition them directly to Family and Individual Supports Waiver. Adults will stay in the Building Independence Waiver, as is their current waiver.	DBHDS
19	Staff Qualifications for anyone providing new Waiver services.	Qualifications are in the Waiver Amendments (in public comment period) and will be discussed at the training sessions.	See Waiver amendment documents
20	Individuals who currently receive waiver, but become no longer eligible via VIDES, will they keep waiver or other plans?	DMAS is still determining if there are further actions/processes that will need to be considered. Individuals who do not meet functional eligibility will no longer be eligible, but will be issued appeal rights prior to losing their services.	DMAS

22	<p>IDOLS</p> <p>Replacement for IDOLS, is intention that all info from IDOLS will roll into new system?</p> <p>-Advance warning for the migration to IDOLS replacement, to ensure info accurate?</p> <p>Older folks in IDOLS are missing some information, how do we enter?</p>	<p>Yes, if possible, all data will be transferred to WaMS, which is expected to be more user-friendly.</p> <p>Yes, there will be advanced warning.</p> <p>Will follow-up on how we'll be handling this. As indicated earlier, once CS/CM's have access to WaMS, the CS/CM should review and make needed edits</p>	DBHDS
23	<p>Increase in work load for CSB staff, will there be any increase in funding to provide for this?</p>	<p>While there is no funding source identified to supplement existing Medicaid reimbursement, DBHDS is committed to doing everything possible to reduce the increased load on CSBs.</p> <p>As indicated earlier, DBHDS will be reaching out to the IDD Directors by the end of February to determine how best to provide staff resources and technical supports to reduce the work load. DBHDS also recognizes that it may have to hire temporary staff to enter data that may not roll into the new system and/or assist with assessments.</p>	DBHDS
DD Case Management			
24	<p>If DD providers have not reached out to their respective CSBs for contract negotiations, what will be the Department's role in</p>	<p>Discussions remain ongoing with the transition of DD CM to the CSBs.</p>	DBHDS/DMAS

	assuring individuals receiving Waiver-funded services do not experience any lapse in those services?		
25	Will the CSB Case Managers be provided any training on serving DD population? Will KSAs differ?	<p>DBHDS will be providing training related to the new waivers and provide resources for learning more about supporting individuals with developmental disabilities.</p> <p>There is a workgroup (including CSB reps) reviewing KSAs of ID and DD SCs/CMs, finding them fairly similar. Benefits counseling and Services Facilitation will be part of the waiver service and no longer billable for DD CMs.</p> <p>DD CM will not be licensed, but will fall under the CSB's license to provide CM.</p> <p>*More information and guidance will be provided in the near future.</p>	DBHDS/DMAS.
26	Will private providers have a cap on the number of individuals they can serve? Ratio cap vs. DD client cap per private provider.	There is no ratio related to a cap on case management nor will CSBs be able to set that cap if there is not one already defined in regulation for an outside entity. Doing so internally might be permissible in their agency.	DMAS
27	During utilization review of the private providers' services, if there is a pay-back, will that provider or the CSB be responsible for the payment?	The CSB is the SPE for case management and is the one that is the licensed entity and holds the contract with the provider. If there is an audit that results in a retraction or citation, it will be on the CSB. The CSB will ultimately be responsible for the payment. The CSB would likely have a provision in its contract under terms and conditions that would specify how this would be handled directly related to the provider.	DMAS



28	For people who have the DD Waiver what's the date to transition from DMAS conducting LOFs/VIDES to CSBs and their contract agencies?	CSBs will be responsible as of July 1, 2016 (contingent on CMS approval of amendments). Please see questions 2, 3 and 12.	DBHDS
29	CSB responsibility to train DD provider on PCT/VIDES, etc.?	Duplicate	DBHDS
30	Are the CSBs responsible for reaching out to private providers, or are they expected to reach out to us?	It is expected that CSBs will afford choice of case management to individuals. It is not expected that they will actively and on-going recruit providers in the area. If providers reach out to them, it is expected that they will be assessed to determine whether they meet the qualifications of a "qualified provider" and if so be offered as a choice.	DMAS
31	ISARs for individual under DD Waiver, if they have authorizations due July or August, will DBHDS have process for that or fall on CSBs?	DBHDS will facilitate until hand off is completed.	DBHDS
Policy / Regulatory			
32	Will CM Rates be the same for both populations (ID/DD)?	No, CSB billable rates for ID CM are anticipated to remain the same as they are to date. In cases where individuals choose a private provider for their ID CM, that rate will be negotiated with the contracted CSB. DD CM billable rates have been	DMAS

		requested by the Governor to be increased to \$242.73. The rate paid to the contracted private provider is negotiated with the CSB. These are contingent on appropriations of funds by the GA.	
33	Will CSBs be able to provide DD CM?	Yes. Everyone in the three waivers will have a choice between private and CSB support coordination/case management.	DBHDS/DMAS
34	Will CSB's have the option of charging an administrative fee for the oversight of contracted CM providers? If not, is there another funding mechanism for covering these costs?	The current proposed increased billable rate for DD CM of \$242.73 included an administrative % (programmatic and general administrative) It is presumed that the CSB will be contracting with the private provider and negotiating a rate. The difference between that rate and the billable rate for DD CM is the administrative fee for oversight, etc. to the CSB. If the CSB is the provider of the DD CM service, then the billable rate is \$242.73. There is no other funding source for covering the cost of case management.	DMAS
35	Will licensure reviews increase?	Not as a result of waiver redesign.	DBHDS
37	Will we have to get a new license prior to July to deliver new services like Community Engagement?	New services must be added to the agency license if not covered in the new waivers. Check the amendments for provider qualifications. Many of them allow for current licenses. Community Engagement and Community Coaching require a Community-based Day Support license. Workplace assistance can be done through an employment service organization vendor agreement with DARS.  The DMAS provider enrollment and participation agreement will need to be updated for additional services. A DMAS work group is working on updating the provider enrollment/participation	DBHDS/DMAS

		agreement now and identifying the process for doing so. Additional information will be forthcoming when available.	
38	Under what licensure number will Waiver services fall? Will license numbers be established?	Guidance will be forthcoming.	DBHDS
39	Clarification on relationship between CSB and private providers and how they will be licensed. If they are licensed under our CSB, concerns about oversight, documentation, audits, training, etc.?	CM Private provider agencies will not be licensed. They will be contracted with the CSBs and operate under the CSB license, therefore all responsibilities for oversight, audits, training and billing fall on the CSB. VACSB does have an executive work group attempting to address some of the concerns related to the additional oversight and contractual issues.	DBHDS/DMAS/CSB
40	VIDES for out of state placement. Instructions say must be completed by QIDP/QDDP? Any other qualifications? Who needs to be assessed?	This is no longer a part of the instructions for the VIDES. The instructions in current version of the VIDES state: "The evaluator must be a support coordinator/support coordination supervisor/case manager who has been trained in the administration of the VIDES.	DBHDS will respond.
41	Are SCs going to have to be QIDP/QDDP's to conduct VIDES?	See above.	DMAS/DBHD

	Will current SCs be grandfathered in as QIDP/QDDP's?		
42	Will there be updates to the Performance Contract regarding the DD population. What should we expect?	We expect some changes to the performance contract related to the waiver redesign and these are in the process of internal review.	DBHDS
43	Will the same parameters regarding CFCM that CSBs are implementing be the same for the current/future "private" DD case managers?	It is anticipated so	DMAS
44	Will CSBs be expected to serve CM to unfunded individuals?		DBHDS
Communication Plan			
45	Could DBHDS set up a forum or accept questions as they arise, such as a FAQ sheet?	Yes. We expect that we will have a lot of questions and feedback from the first training of the Waiver Experts. We also collected questions from regional Support Coordinator meetings and Provider Roundtables. We will address these questions in an FAQ document and post on our website.	DBHDS

## DBHDS General Comments

- Work plan is an enormous document, need to follow-up on how/when it will be shared.
- Getting with Challis to put together group about case management requirements.
- Conflict Free CM Group: Tim Capaldo, Lynn McCrobie, Jennifer Faison, Phil, Christie, etc. are working on requirements. Suggestion to link with Challis because she is working with DMAS on that, too.
- What are we (CSBs) expecting DBHDS to share at conference about this stuff? We already have DelMarva to share about themes/trends they've seen. Assimilate and send these questions to other ID Directors by 1/19/16. Any other details would be helpful.
- Connie asked that we keep CSB Execs informed.