



**DD CM Transition Questions
27 June 2016**

Grandfather clause for education:

Question 1: CSB-Would a current Intellectual Disability Support Coordinator (IDSC) without a degree, who meets KSAs, and is “grandfathered” in be able to provide support coordination to all current and new individuals with DD (DD including ID) upon approval of amendments by CMS?

Yes, if a CSB continues with DMAS provider agreement and has a current Support Coordinator without a degree (but meet KSAs) then they will be “grandfathered” in and can continue to provide case management. Documentation of KSAs should be available. This SC’s “grandfathering” waiver cannot transfer to another agency.

Question 2: CSB RFP selected Provider(s) Would a current DDSC who is currently employed by the RFP selected provider(s) without a degree who meets KSAs and continues with said provider be able to provide support coordination to all individuals with DD upon approval of amendments by CMS?

If the DD provider agency (selected to be the RFP contractor(s) with a CSB through the RFP process) has a SC without a degree (with KSAs) is providing SC to individuals with DD, said SC can continue to provide SC to current and new individuals. This SC’s “grandfathering” waiver cannot transfer to another agency.

Question 3: Non-RFP Provider- Would a current Developmental Disability Support Coordinator (DDSC), who contracts with CSB for individuals on a case by case basis, without a degree who meets KSAs be able to provide support coordination to the individuals with DD they currently serving as long as that individual desires to stay with the current DD provider and that provider continues to meet the CSB contract requirements (could be extended time)?

Yes, if a DD provider SC without a degree (with KSAs) had a DMAS provider agreement prior to Feb. 2005 and maintains this agreement until a contract is initiated with a CSB provider, is providing SC to individuals who want to stay with the provider, and said provider continues to meet CSB contract requirements, then that SC can continue to provide services. This SC’s “grandfathering” waiver cannot transfer to another agency. This agency cannot admit new individuals.

Question 4: Will there be a “waiver” or other documentation that must be on file for “grandfathered” case managers (who do not have a degree)?

The CSB must maintain personnel records of staff hired as Support Coordinators/Case Managers which should include documentation of KSAs, as this is currently the requirement. This, coupled with the date of hire as a Support Coordinator/Case Manager, should indicate if the individual was included in the group of those grandfathered in.

Question 5: CSB/RFP Provider- Upon approval of amendments by CMS, all new hire DD (including ID) Support Coordinators will need a degree, correct?

Yes

Question 6: Chapter II of the Individual and Family Developmental Disabilities Support Waiver Services Manual specifies KSA's, an undergraduate degree in a human services field, supervision by someone with a master's level within the same organization, and completion of 8 hours of training annually. Since paybacks are through DMAS, is there any agreement about when and if any other qualifications for DD/ID Case Managers are changing and any transition period?

DMAS, DBHDS, and DD providers participated on a Case Manager Mapping Group to review and consolidate the ID and DD Case Manager standards. These are forth coming. Until these are released, the current regulations continue.

Question 7: Is there a draft of the credentials required for CMs and documentation requirements?

DMAS, DBHDS, and DD providers participated on a Case Manager Mapping Group to review and consolidate the ID and DD Case Manager standards. These are forth coming. Until these are released, the current regulations continue.

DD vs. ID DMAS regulations:

Question 8: Prior to publication of new case management regulations, would CSBs (and contracted DD CMs) use DMAS ID regulations for individuals with ID and DMAS DD regulations for individuals with DD?

DMAS DD CM regulations must be used for individuals with DD; DMAS ID regulations must be used for individuals with ID until CMS approves changes to case management regulations and the emergency regulations are in place.

Active CM for DD

Question 9: There has been ongoing discussion regarding Active Case Management for those on the DD Wait List. The DMAS DD Targeted Case Management (TCM) requirements state that if there is a “special service need,” individuals on the DD Waitlist can receive TCM. In the ID TCM world that

would mean a need for active case management, correct? Is there a reference for a special service need in regulation or in planning discussions with DMAS?

The term “special service need” is not defined anywhere and could include a host of activities to include, but not limited to, linking with medical and or behavioral resources, coordinating a DARS assessment, and/or discussions with the individual/family to determine current status and needs related to the Waiver slot prioritization of those on the waitlist. Upon completion/resolution of the special service need, DD TCM would be discontinued.

Question 10: If a child or adult is dually diagnosed with a DD and a mental health diagnosis and has an active CM need, could they receive MH TCM services?

- If the individual is on the DD Waiver, he is entitled to Targeted DDCM services;
- If the individual with DD is determined eligible for the DD Waiver and is on the waitlist, he is eligible for Targeted DDCM for special service needs as defined in question #9;
- If the individual with DD (on the Waiver waitlist) also has a mental health (MH) and/or a substance use disorder (SUD) diagnosis that meets the criteria for Targeted MH and or SUD case management, he should be eligible for that case management service.

** Only one TCM service can be billed.*

Choice:

Question 11: Will individuals currently on the DD Waiver Waitlist be merged with the ID waitlist and keep the CM services they have or must they access CSB services prior to having (or keeping) private CM?

Individuals currently on the Individual and Family Developmental Disabilities Support (DD) Waiver Waitlist will be merged to one single statewide waitlist. This one waitlist will include everyone currently on both the ID and DD waiver waiting lists. All individuals on the new DD Waivers Waitlist (DD including ID) will be prioritized for a waiver slot based on need.

The current case manager/DD provider should notify the appropriate CSB provider to discuss transition of services for individuals on the waitlist. The CSB and the DD provider should negotiate the transition date. The DD provider could continue to maintain the individual until the special service need was completed and/or the transition to the CSB is complete. The individual would then be closed to the DD CM provider. DBHDS and DMAS recognize that everyone may not be able to transition to the CSB July 1, 2016 and have agreed to a transition period to ensure a smooth transition of all individuals to the CSB.

Beginning July 1, 2016; Community Services Boards will serve as the single point of entry for waiver services for ALL individuals with a developmental disability including intellectual disability. This will streamline and standardize access to supports and services. As

the single point of entry, CSBs will be responsible for eligibility screenings for all individuals seeking services. This includes individuals with DD on the waitlist with a newly identified case management special service need.

Question 12: What is the choice process for anyone not currently being served in either ID or DD Case Management?

Individuals seeking case management services through the Community Services Board Single Point of Entry are offered a choice of case manager. Choice of providers is always an option and can be exercised at any time by individuals once they have a Waiver slot. The CSB support coordinator/case manager is responsible for reviewing with the individual and AR, as appropriate, the list of available providers 1) at initiation of Waiver services; 2) whenever requested thereafter for any reason by the individual and AR, as appropriate; 3) if the support coordinator/case manager has a documented reason to believe that the individual may benefit from offering choice of providers (e.g., if the support coordinator/case manager, in consultation with the individual and AR, as appropriate, determines that the individual's person-centered plan outcomes are consistently not being achieved); or 4) if the individual and AR, as appropriate, expresses dissatisfaction with current services. Choice of providers is offered whenever a new service is offered. The annual Person-Centered Planning meeting includes a discussion of services options and satisfaction with supports and services received.

ID Case Management

The VACSB has been working through its Conflict Free Case Management work group and with DBHDS and DMAS to devise ways that we can ensure Virginia's compliance with CMS and DMAS rules and regulations with regard to individual choice and mitigating conflict of interest in the areas of case management and Waiver service delivery. Further to that end, VACSB, DMAS and DBHDS have agreed to the following regarding choice of support coordinator/case manager within the current case management system:

1. CSBs will remain the sole provider of ID case management;
2. CSBs must provide an individual choice of case managers within the CSB covering the catchment area in which the individual lives (i.e., the "home" CSB);
3. To uphold the tenets of choice of provider, the home CSB will first offer choice of case management within its own case management cadre. If a family decides that no case manager in the home CSB is appropriate, the family will be offered case management from a CSB with which the home CSB has a Memorandum of Agreement (MOA).

DD Case Management:

The VACSB has worked with DBHDS and DMAS to determine how best to fold DD case management into the current CSB system of case management.

1. CSBs will continue to be the only entity that is licensed to provide publically funded case management.

2. For individuals who currently have a DD Waiver slot, DD case management choice will be offered by the CSB through offering a choice of (a) a case manager from the CSB covering the catchment area in which the individual lives (i.e., the “home” CSB); (b) a CSB in another catchment area by Memorandum Of Agreement; or (c) through a current DD provider if an individual wants to maintain his/her current private DD case manager. The CSB will contract with the DD Case Management Agency that employs the individual’s current case manager, provided that the agency meets current DMAS regulatory, DBHDS licensing and internal CSB standards and requirements. The case by case contract may be written so that the agency will only provide case management to the individual requesting his/her current case manager.
3. CSBs will also contract with at least one private DD provider, if a qualified private provider exists within that CSB’s catchment area, in the event that an individual or family has declined case management from both the home CSB and any CSB with which the home CSB may have an MOA. Nothing shall preclude a CSB from entering into contractual arrangements with additional DD case management agencies to cover all of its DD case management capacity needs.
4. If there is no qualified private DD Case Manager capacity in an area, the CSB agrees to be the default provider.

Question 13: Can a Support Coordinator also serve as the Service Facilitator for the same individual?

CMS has verbally stated that this permissible. DMAS is currently awaiting written confirmation, pending CMS review/clarification.

Question 14: Can a CSB provide Support Coordination for individuals the CSB also provides Waiver services to?

Yes. The DBHDS Performance Contract states (on pg 15) states: **6.) Developmental Case Management Services Organization:** The CSB shall structure its developmental case management services so that it does not provide case management and DD Waiver services to the same individual to ensure the independence of services from case management and avoid perceptions of undue case management influence on service choices by individuals. CMS has verbally stated that this permissible. DMAS is currently awaiting written confirmation, pending CMS review/clarification.

DD CM Transition Timeline:

Question 15: Will current provider agreements between DMAS and private DDCM agencies expire upon CMS approval of amendments?

No. There will be a transition period negotiated between the CSB and the DD provider to ensure the smooth transition of all individuals receiving DD CM services. DD providers should contact the appropriate CSB immediately to advise them of the decision to contract services or to terminate case management services. DD providers and CSBs will need to negotiate the date of transition of individuals served to the CSB. The time frame set for this transition is to be up to 6

months, but not later than 12/31/16. DMAS is taking steps to ensure that the CSBs will be able to provide and bill DD TCM as of July 1 as needed.

For those CM agencies that have determined that they are not planning to continue DD CM, the DD provider should contact the appropriate CSB immediately to advise them of the decision to terminate services and negotiate the date of transition of individuals served to the CSB. DD providers are expected to provide services until the transition occurs.

CSBs should prioritize transition in this order:

- Individual contracts for those who will remain with their current (non-RFP) private case manager. (Target initiation date: 7/1/16, with transition not later than 12/31/16)
- RFP for at least one private contracted provider for new individuals with DD. (Target date: 9/30/16)
- Transfer oversight of all individuals served by private DD providers to the CSB (Target Date: As soon as possible, ensuring a smooth transition of individuals, but not later than 12/31/16). During this time, private providers will continue their provider agreement with DMAS and will bill directly for case management until provider case management is transitioned to the CSB. The DD provider will be expected to continue to fulfill their data reporting requirements using DBHDS Survey Monkey.
- CSBs should not delay contracting in any way unless unavoidable.
- CSBs will put together a plan including a timeline for accomplishing the above and communicate that to the private DD providers operating in their locality. It takes effect upon the date of the CSB's discretion. The CSB is in full control of the local contracting process.
- Private provider payer agreements will not expire in a CSB's area until the contract is executed.
- The DD waiver Case management code does not require a service authorization in order to be billed. DMAS has already set up, tested and moved into production the necessary changes for the CSB to be able to bill the case management code for DD waiver (T2023) effective July 1st. The CSB will need to follow the instructions provided to them by DBHDS with respect to this transition from the private providers to the CSB billing for this service.
- The CSB needs to require the contracted private provider(s) to notify DMAS that they will no longer be billing for DDCM services effective the date of the CSB contract– and private providers must copy the CSB on that correspondence with DMAS.

To be doubly sure that this occurs, the CSB should also contact DMAS through the web portal to notify them that CSB will assume billing. The DMAS Website: www.dmas.virginia.gov DMAS web portal: www.virginiamedicaid.dmas.virginia.gov

**Consideration should be given to ending the DD provider agreement at the end of the month and the CSB assume billing at the beginning of the following month to prevent the possibility of duplicate billing.*

Question 16: What is the timeline to transition individuals with DD if the DD provider decides not to be a provider with the CSB?

The DD provider should contact the appropriate CSB immediately to advise them of their decision and to negotiate the date of transition of individuals served to the CSB. Providers are expected to provide services until the transition occurs. (See question #16)

Question 17: What is the timeline to transition an individual with DD if the individual decides they want to change providers?

The individual should advise the current provider and contact the appropriate CSB to advise them of their desire to change providers. The CSB will negotiate the date of transition with the current provider.

CM Training:

Question 18: How long do DD CMs have to complete the CM Modules? (Includes 7 Basic Modules, Employment First Module, three Housing Modules, and the REACH Module)

All current DD CMs should have completed the CM modules in 2012/2013. All new hires have 30 days to complete the Basic CM Modules.

Question 19: What is the requirement for the DD CM organizations to have their DD CM staff trained? Specifically when is it required that they have the Human Rights/HIPAA/etc. trainings?

The CSB is responsible for ensuring all services delivered meet licensing requirements, to include; individual files, personnel records, etc. Licensing will review and expect all information to be available at the locations listed on the CSB license. However, current DD provider agreements between DMAS and private DDCM agencies will not expire on 7/1/ 2016. There will be a transition period. The timeline set for this transition is up to 6 months, but not later than 12/31/16 (transition negotiated between the CSB and DD provider). This transition timeline should allow time for the DD providers to complete the required trainings (Human Rights, First Aid, etc.).

The Office of Licensing conducts annual unannounced visits, as well as annual and triennial licensure renewal visits. In general, according to 12VAC35-105-440, new employees, contractors, volunteers, and students shall be oriented commensurate with their function or job specific responsibilities within 15 business days. In accordance with the human rights regulations, 12VAC35-115-250: "Offices, composition and duties: (A)(3); Providers and their directors shall: Require competency-based training on these regulations upon employment and at least annually thereafter. Documentation of such competency shall be maintained in the employee's personnel file." The Offices of Licensing and Human Rights will give the CSBs the opportunity to work towards organizing staff and meeting licensing regulations (re: ID/DD Case Management) over the course of the next year (July 2016 to July 2017).

**Please note that this does not preclude the Office of Licensing from issuing citations in the area of case management if services are improperly rendered, there are identified serious health and safety concerns, coordination of care is absent, etc.*

CSB-DD provider requirements:

Question 20: If we contract with other Non-RFP providers on a case by case basis for an individual, is the provider required to go on the CSB license?

CSBs may contract with non-RFP providers for specific individuals if the individual chooses to stay with that provider. The provider must meet CSB requirements and operate under the CSB license; however, the provider is not added to the CSB license. The CSB is responsible for all services delivered, individual files, records, etc. Licensing will review and expect all information to be available at the locations listed on the CSB license.

Question 21: If the contracted provider has citations, does the Corrective Action Plan (CAP) come to the CSB or the contracted provider?

The CSB would be responsible for the CAP since the CSB is the licensed provider.

Question 22: Does the CSB need to add the providers we contract with to our license?

The CSB does not need to add the DD provider name to their license.

Question 23: When the Office of Licensing (OL) conducts a review, if the contracted provider is under the CSB license, would OL come to the CSB location to review the records?

If a contracted provider is operating under the CSB license, OL will select and review their records at the CSB location, as part of the overall review of CSB records. Since the contracted provider is operating under the CSB license, OL will review their records along with all other records of the CSB.

Question 24: Will the contracted DD providers submit their human rights critical incident allegations, serious incidents, and deaths in CHRIS? If so, will CHRIS be updated to reflect their locations and addresses?

The information submitted into CHRIS will be the responsibility of the CSB. The means by which it is entered and who enters this information is up to the CSB. It must be submitted within 24 hours of notification of the incident.

Question 25: Will the Office of Licensing be providing training regarding CHRIS reporting?

CHRIS training is available online at <http://www.dbhds.virginia.gov/professionals-and-service-providers/human-rights-for-service-providers/chris-training>. The CSB is responsible for ensuring that all new contractors or employees they bring onboard are trained on incident reporting.

Question 26: Will the private DD providers be allowed to access CHRIS, independent of the CSBs with which they contract?

This is up to the CSB. Nevertheless, they will report incidents under the CSB license.

Question 27: Does the contracted provider fall under the CSB policies and procedures? Do they need their own policies and procedures to meet licensure requirements?

Yes, the contracted provider will fall under the CSB policies and procedures. OL will review the policies and procedures of the CSB, not the contracted provider. When a contracted provider is delivering services under the CSB license, they will be expected to follow the requirements of the CSB. For example, if the CSB policy is that a written assessment is completed within 5 days of the visit, OL will expect that contracted providers meet that standard for work that is performed under the CSB license, even if the contractor has a policy that written assessments are completed within 10 days.

Question 28: Does the CSB need to keep a copy of the contracted provider training, TB testing results, driver's license, background checks, job descriptions, and evaluations, or can these stay with the contractor?

The CSB is responsible for ensuring that the required employee documents and personnel files are in compliance with Licensing Regulations, since the CSB is the licensed entity for the service.

Question 29: Will one private provider be allowed to operate under the License for more than one CSB?

Yes

Question 30: Is the expectation that a single private provider must follow multiple sets of policies, for example, their own internal policies and those of each CSB with which the provider has a contract?

It is expected that contracted providers agree to will follow the requirements for each contract they enter. CSBs contracting with a single provider may consider reviewing requirements to prevent duplication which may present an undue burden on the provider.

Question 31: What is the rationale for not allowing the private provider to develop a set of policies that are compliant with Licensing, possibly with CSB input? This would provide clarity for leadership and staff members of the provider and would decrease the risk of confusion and misunderstanding, not to mention be far more efficient with regards to time spent on training.

CSBs are the single point of entry for case management services (see at single point of entry question). The contracted provider will need to follow the requirements set forth in each CSB contract. CSBs can share policies and procedures and/or work with contractors to ensure their policies and procedures meet licensure requirements. As the licensed entity, the CSB is responsible for ensuring that all policies and procedures and all services delivered, individual files, personnel records, etc. are in compliance with licensure regulations.

Question 32: Given the different interpretations and expectations, what will be done to address the reality that a private provider could plausibly be given different expectations of what to report to each CSB with which it has a contract?

The CSB determines the requirements in the contracts. As the licensed agency, the CSB is responsible for ensuring that DD providers are in compliance with DBHDS Performance Contract, Licensing and Human Rights regulations. Reporting requirements to Human Rights and Licensure are the same as for the CSB. It is up to the CSB and the contracted agency to determine the best way to provide training and to coordinate reporting requirements. Refer to 12VAC35-105-160(C) and 12VAC35-115-230 for specifics on what to report to DBHDS via the online reporting system. CSBs contracting with a single provider may consider reviewing requirements to prevent duplication which may present an undue burden on the provider.

**The Office of Licensing and Human Rights no longer accept faxes or paper copies of reporting.*

Question 33: If a current provider does not meet the requirements the county has established for accessing the electronic health record, what happens with the individuals as the county can't contract with them.

The CSB will need to identify what requirements must be met, as the provider will operate under the CSB license and if requirements can be met through a different method.

Question 34: What is the lag time between billing for services rendered and payment of DD Case Management, as we will be adding into the CSB contract the information that the provider will not get paid until we are reimbursed for the services for the county?

Any DMAS claim received and processed for payment between Saturday and Friday will be on the remit for the following Friday and funds will be transferred on Monday. The CSB will need to identify what the locality timeline is and determine payment schedules for the provider.