

MR/ID Waiver Slot Assignment Process

Introduction

According to 12VAC30-120-215, Mental Retardation/Intellectual Disability (MR/ID) Waiver services shall be considered only for individuals who are eligible for admission to an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) with a diagnosis of MR/ID, or who are under six years of age and at developmental risk. For the support coordinator (case manager) to make a recommendation for waiver services, MR/ID Waiver services must be determined to be an appropriate service alternative to delay or avoid placement in an ICF/MR, or promote exiting from either an ICF/MR placement or other institutional placement.

In advance of any efforts to assign a MR/ID Waiver slot, the following information must be gathered by the support coordinator:

1. Relevant medical information;
2. The Level of Functioning Survey;
3. A psychological evaluation or standardized developmental assessment for children under six years of age that reflects the current psychological or developmental status (diagnosis), current cognitive abilities, and current adaptive level of functioning of the individuals;
4. Documentation that the individual and the individual's family/caregiver, as appropriate, have chosen MR/ID Waiver services over ICF/MR placement.

Urgent Criteria

According to 12VAC30-120-213, the Community Services Board/Behavioral Health Authority (CSB/BHA) will determine, from among the individuals who meet the urgent criteria (including those new individuals who have not yet been placed on the Statewide Waiting List), who should be served first, based on the needs of the individual at the time a slot becomes available using the statewide criteria specified in this guidance document.

An individual shall be considered to meet the criteria for the urgent category if:

- the individual is determined to meet one of the six criteria below,
- services are needed within 30 days, and
- the individual, the individual's spouse, or the parent of an individual who is a minor child would accept the requested service if it were offered.

As stated in the MR/ID Waiver regulations, satisfaction of one or more of the following shall indicate that the individual meets the urgent need criteria:

- a. Both primary caregivers are 55 years of age or older, or if there is one primary caregiver, that primary caregiver is 55 years of age or older;
- b. The individual is living with a primary caregiver, who is providing the service voluntarily and without pay, and the primary caregiver indicates that he/she can no longer care for the individual with MR/ID;

- c. There is a clear risk of abuse, neglect, or exploitation;
- d. A primary caregiver has a chronic or long-term physical or psychiatric condition or conditions which significantly limits the abilities of the primary caregiver or caregivers to care for the individual with MR/ID;
- e. Individual is aging out of publicly funded residential placement or otherwise becoming homeless (exclusive of children who are graduating from high school); or
- f. The individual with MR/ID lives with the primary caregiver and there is a risk to the health or safety of the individual, primary caregiver, or other individual living in the home due to either of the following conditions:
 - (1) The individual's behavior or behaviors present a risk to himself or others which cannot be effectively managed by the primary caregiver even with generic or specialized support arranged or provided by the CSB/BHA; or
 - (2) There are physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the primary caregiver even with generic or specialized supports arranged or provided by the CSB/BHA.

Tier 1 Review

All individuals meeting the urgent criteria shall have a *Critical Needs Summary* form (see attached) completed by their support coordinators as soon as possible after the determination is made that they meet the urgent criteria. This form should be based on documented information in the individual's record (family report, intake summary, reports by professionals, etc., as appropriate).

The *Critical Needs Summary* form for each individual on the waiting list shall be reviewed and updated annually and whenever "critical needs" of the individual change.

The *Critical Needs Summary* form will generate a priority needs score. Each CSB/BHA shall maintain this information for all individuals on their urgent needs list in a spreadsheet or database, updating the score as reflected above.

When a CSB/BHA has more than 5 slots available for assignment at a given time, the number of available slots will be multiplied by 2, with the resulting number of individuals, starting with the top scoring tier 1 individual and working down as needed, being considered in the second tier review. If the number of slots available at a given time is 5 or less, at least the 10 top-scoring individuals will be considered for the second tier review. When several individuals at the cut-off point have identical scores, all will be included for consideration in the Tier 2 review, so that there may be more than the minimum number of individuals reviewed (e.g., three individuals in the "number 10 spot" have the same score. All three will be reviewed, making the total reviewed 12 instead of 10.).

Tier 2 Review

Each CSB/BHA shall call a waiver slot assignment committee (WSAC) to meet as soon as possible when a slot is available. The WSAC will determine who is in most urgent need of the available slot(s). Any slots not assigned within 90 days will be made available for assignment by other CSBs/BHAs in that Health Planning Region (per 12VAC30-120-213, E.1).

The membership of the WSAC is at the discretion of the CSB/BHA, but may consist of individuals occupying the following roles:

- CSB/BHA Executive Director
- CSB/BHA ID Director
- CSB/BHA Quality Assurance/Risk Management Supervisor
- CSB/BHA Support Coordination Supervisor
- CSB/BHA Support Coordinators
- Other CSB/BHA management/supervisory staff
- Outside members such as
 - Members of the CSB's/BHA's Board of Directors
 - Staff of neighboring CSBs/BHAs
 - Family members of those already receiving MR/ID Waiver services
 - Legislators
 - Local Department of Social Services or Department of Rehabilitative Services staff.

A Support Coordinator serving on the committee will not be a voting member if an individual for whom he/she provides support coordination is being considered for a slot.

CSBs/BHAs are strongly urged to include non-CSB/BHA representatives on their WSACs; however, they shall not include any person with a direct or indirect interest in the outcome of the proceedings. If persons external to the CSB/BHA are members of a WSAC, the information presented to committee members shall not include identifying information such as name, address, Medicaid or Social Security numbers. Furthermore, non-CSB/BHA staff members shall be informed of Federal HIPAA requirements, including the need to maintain confidentiality, and instructed not to reveal the information that has been shared and discussed with parties external to the committee meeting. WSAC members shall sign confidentiality statements, which address the specific purpose for which individuals' Protected Health Information might be disclosed to them.

Prior to the WSAC meeting, the Support Coordinators for the individuals to be reviewed prepare a written summary to be distributed to WSAC members. It is recommended that these summaries be distributed in advance to permit sufficient time for a thorough reading. The written summaries about the individuals to be considered will include the following information:

1. The individual's/family's current urgent need for services, to include information regarding:

- a. Health and safety
 - b. Behavioral challenges
 - c. Community integration needs/social isolation issues
2. Services currently being received by the individual
 3. Natural supports available to the individual, to include:
 - a. Primary caregiver information
 - b. Other family/friends/community supports present
 4. Description of Waiver services deemed to alleviate urgency
 5. Any other conditions for urgency

The WSAC members will discuss their impressions based on the information contained in the summary. Each committee member will assign a numeric score to each of the 5 categories above for each individual (see attached *Slot Assignment Scoring Summary* sheet), thereby arriving at a total score for each individual. All WSAC members' scores will be totaled and divided by the number of WSAC members, resulting in a final decimal-based score. The individual(s) with the highest score(s) receive the available slot(s).

Should there be a tie, WSAC members will re-review and discuss the Support Coordinators' summaries for those individuals and rescore until one individual emerges with a higher score.

The WSAC members' score sheets shall be retained as documentation of the process.

State Monitoring

DBHDS staff will be responsible for ongoing monitoring of the slot assignment process in order to assure CMS of the statewide consistency of its application. Each CSB/BHA will maintain a spreadsheet ("Documented Results of MR/ID Waiver Slot Assignment") of the names of all individuals on their urgent needs waiting list, which includes each individual's Tier 1 priority needs score from the *Critical Needs Summary* form. When a slot(s) become available, the remainder of the information will be completed (names of individuals reviewed for the slot(s), their respective Tier 2 scores from the WSAC meeting and an indication of those individuals who received the available slot(s)). This spreadsheet will then be sent (via fax, mail or secure e-mail) to the CSB's/BHA's Community Resource Consultant for review immediately following each slot assignment event.

Critical Needs Summary Tier 1 Review

CSB/BHA: _____

Individual's Name: _____

Individual's Medicaid Number: _____

| Criteria for Rating | Scoring Key | Individual's Score |
|---|---|--------------------|
| Urgent Criteria Met | | |
| 1. Primary caregiver (i.e., the primary person providing financial, emotional and daily living support) is 55 years or older | Age of primary caregiver: 55 – 59 = 1 60 – 69 = 2 70 – 79 = 3 80 – 89 = 4 90+ = 5 | |
| 2. Primary caregiver can no longer provide care | 3 | |
| 3. Clear risk of abuse, neglect, exploitation | 5 | |
| 4. Primary caregiver has chronic physical or psychiatric condition | 3 | |
| 5a. Currently homeless (i.e., does not have a home) | 10 | |
| 5b. Facing imminent (within the next 90 days) homelessness (e.g., terminally ill caregiver) | 5 | |
| 6a. Health/safety risk to individual, caregiver or others due to behaviors | <i>Behavioral needs</i> HIGH: Serious safety risk to self/others (e.g., significant injury/property destruction) = 5 MODERATE: Occasional risk to self/other (not consistently managed) = 3 LOW: Socially inappropriate actions present unlikely risk to self/others = 1 | |

| | | |
|---|--|--|
| 6b. Health/safety risk to individual, caregiver or others due to physical care or medical needs | <i>Medical/physical care needs</i> HIGH: Must address serious or life threatening concerns and/or individual cannot perform ADLs without physical assistance = 5 MODERATE: Medical, physical care needs that require active support = 3 LOW: Medical, physical care needs that require occasional assistance = 1 | |
| | | |
| Number of caregivers | No caregiver = 5 1 caregiver = 3 | |
| Number of areas met on LOF | 2 = 1 3 = 2 4 = 3 5-6 = 4 7 = 5 | |
| Environmental concerns (e.g., poor condition of the current living situation, primary caregiver has ongoing caretaking responsibilities for other dependents) | 3 | |
| Total score | | |

Individual's Name: _____

Support Coordinator completing this form:

Name

Date

Slot Assignment Scoring Summary Tier 2 Review

Individual's Name or Unique Identifier: _____

Date: _____

Rating System:

- 1 = Minimal level of need
- 2 = Low level of need
- 3 = Moderate level of need
- 4 = High level of need
- 5 = Extreme/dire level of need

| CRITERIA | SCORE |
|--|-------|
| <p>The individual's/family's current urgent need for services</p> <p>[Scoring note: greater needs should result in a higher score]</p> | |
| <p>Services currently being received by the individual</p> <p>[Scoring note: fewer services being received by the individual should result in a higher score]</p> | |
| <p>Natural supports available to the individual</p> <p>[Scoring note: fewer natural supports available should result in a higher score]</p> | |
| <p>Description of Waiver services deemed to alleviate urgency</p> <p>[Scoring note: greater number or intensity of Waiver services needed should result in a higher score]</p> | |
| <p>Any other conditions for urgency</p> <p>[Scoring note: greater number/intensity of additional conditions should result in a higher score]</p> | |
| TOTAL | |

Name of Committee Member: _____