

DD Waivers Wait List & Slot Assignment Process

Introduction

Medicaid Waiver services for individuals with developmental disabilities (inclusive of intellectual disability) shall be considered only for individuals who are eligible for admission to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) with a diagnosis of DD. For the support coordinator (case manager) to make a recommendation for waiver services, these services must be determined to be an appropriate alternative to delay or avoid placement in an ICF/IID, or promote exiting from either an ICF/IID placement or other institutional placement.

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

1. Relevant medical information;
2. The Virginia Individual DD Eligibility Survey (VIDES, Adult, Children or Infants' version, as appropriate);
3. Confirmation of developmental disability diagnosis;
4. Documentation that the individual and the individual's family/caregiver, as appropriate, have chosen DD Waiver services over ICF/IID placement.

Priority Criteria

In order to ensure waiver services are provided to those with the most urgent needs, the support coordinator/case manager will identify, after discussion with the individual and family, the priority status that best reflects the individual's situation. This decision will be documented using the DD Waivers' Priority Criteria Checklist (see attached). Individuals will be notified of their appeal rights as required.

The role of the Waiver Slot Assignment Committee is to determine from among the individuals who meet priority one 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 document.

In addition, an individual shall be considered to meet the criteria for slot assignment if:

- the individual meets waiver diagnostic and functional eligibility requirements,
- the individual is determined to meet one of the Priority One criteria below, and
- the individual, the individual's spouse or the parent of an individual who is a minor child would accept services within 30 days.

Priority One:

It is anticipated that the individual will need waiver services *within one year* and the individual meets one of the following criteria:

- An immediate jeopardy exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limit the ability of the primary caregiver or

caregivers to care for the individual; there are no other unpaid caregivers available to provide supports.

- There is immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following conditions:
 - The individual's behavior or behaviors, presenting a risk to himself or others, cannot be effectively managed by the primary caregiver or unpaid provider even with support coordinator/case manager-arranged generic or specialized supports; or
 - There are physical care needs or medical needs that cannot be managed by the primary caregiver even with support coordinator/case manager-arranged generic or specialized supports;
- The individual lives in an institutional setting and has a viable discharge plan; OR
- The individual is a young adult who is no longer eligible for IDEA services and is transitioning to independent living. After individuals attain 27 years of age, this criterion shall no longer apply.

Priority Two:

It is anticipated that the individual may require waiver services *in one to five years* and the individual meets one of the following criteria:

- The health and safety of the individual is likely to be in future jeopardy due to
 - The unpaid primary caregiver or caregivers having a declining chronic or long-term physical or psychiatric condition or conditions that significantly limit his ability to care for the individual;
 - There are no other unpaid caregivers available to provide supports; and
 - The individual's skills are declining as a result of lack of supports;
- The individual is at risk of losing employment supports;
- The individual is at risk of losing current housing due to a lack of adequate supports and services; or
- The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.

Priority Three:

Priority Three shall be assigned to individuals who meet one of the following criteria and will need a waiver slot in five years or longer as long as the current supports and services remain:

- The individual is receiving a service through another funding source that meets current needs;
- The individual is not currently receiving a service but is likely to need a service in five or more years; or
- The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.

Step 1 Review

All individuals meeting the Priority One criteria shall have a *Critical Needs Summary-Step 1 Review* form completed by their support coordinator as soon as possible after the determination is made that they meet the criteria. This form should be based on documented information in the individual's record (family report, intake summary, reports by professionals, etc., as appropriate). Guidance for completion of the Critical Needs Summary form is found within this document.

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 in a spreadsheet or database for all individuals on their Priority One list, 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 Step 1 individual and working down as needed, being considered in the Step 2 review. If the number of slots available at a given time is 5 or less, the 10 top-scoring individuals will be considered for the Step 2 review. The one exception is when several individuals at the cut-off point have identical scores. In this situation, all equally scoring individuals at the cut-off point will be included for consideration in the Step 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.).

Step 2 Review

Each CSB/BHA shall contact the Waiver Slot Assignment Committee (WSAC) facilitator, who will coordinate with the DBHDS Regional Support Specialist (RSS) to call a meeting 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 of their availability will be made available for assignment by other CSBs/BHAs in that Developmental Services Region.

The membership of the WSAC shall consist of community volunteers knowledgeable of and/or having experience with persons with DD and/or the DD service system. WSAC members may not be persons with a direct or indirect interest in the outcome of the proceedings. WSAC members may be:

- Family members of an individual currently receiving services
- Graduate students studying a human services field (e.g., psychology, social work) or special education
- University professors of a human services field
- Members/staff members/board members of an advocacy agency that does not provide any direct services in the jurisdiction associated with that WSAC (e.g., Center for Independent Living, local Arc, autism advocacy agency)
- Current special education teachers/transition coordinators
- Nurses/physicians
- Retired or former (for over one year) CSB, private provider, or Health and Human Services state employees
- Clergy members.

WSAC members may not be:

- Current CSB employees or board members
- Current employees, owners, or board members of any agency providing waiver services, unless serving on a WSAC in an area in which the provider does not provide services
- Family members of current employees, owners, or board members of any agency providing waiver services
- Family members of individuals seeking waiver services.

The information presented to committee members shall not include identifying information such as name, address, Medicaid, or Social Security numbers. Furthermore, committee members shall receive training through DBHDS regarding Federal Health Insurance Portability and Accountability Act (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 confidentially statements indicating their agreement and obligation to conduct themselves within HIPAA requirements. Prior to each meeting, WSAC members will be offered an opportunity to acknowledge and recuse themselves from discussion of available slots if they know, or suspect they know, anyone under consideration for a slot.

Prior to the WSAC meeting, the Support Coordinators for the individuals to be considered for a slot will prepare a written summary of the individuals' needs on the *Slot Assignment Review* form, which will be distributed to WSAC members. These summaries will be distributed in advance to permit sufficient time for a thorough reading.

The Support Coordinator, Support Coordinator Supervisor, or designee will be available to provide information about the person being considered to the WSAC about the individual, but may not be a voting member of the committee.

WSAC members will discuss their impressions based on the information contained in the summary. Using the *Slot Assignment Scoring Summary-Step 2 Review* form, each committee member will assign a numeric score to each of the 5 categories for each individual 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 and all hard copy documentation reviewed by committee members shall be collected by the group's facilitator and conveyed to the designated CSB staff person for retention as documentation of the process.

State Monitoring

DBHDS staff will be responsible for participating in each WSAC meeting as an observer and monitor of the slot assignment process in order to assure CMS of the statewide consistency of its application, as well as the accuracy of the results. After the WSAC meeting, DBHDS staff will link those in the highest scoring rankings with the number of available slots based on services needed. DBHDS staff will maintain documentation of the names of individuals reviewed for the slot(s), their respective Step 2 scores from the WSAC meeting and an indication of those individuals who received the available slot(s).

Developmental Disabilities Waivers' Priority Criteria Checklist

Name: Click here to enter text.

Date of Completion: Click here to enter text.

Priority Status: Click here to enter text.

For all categories, it is essential to determine and document that if offered a slot, the individual would accept it within 30 days. The following is a means of “triaging” current needs; however, it is recognized that an individual in any of these categories could present for services at any time due to changes in needs/circumstances.

Priority One:

It is anticipated that the individual will need waiver services *within one year* and the individual meets one of the following criteria:

An immediate jeopardy exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limit the ability of the primary caregiver or caregivers to care for the individual; there are no other unpaid caregivers available to provide supports.

There is immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following conditions:

The individual's behavior or behaviors, presenting a risk to himself or others, cannot be effectively managed by the primary caregiver or unpaid provider even with support coordinator/case manager-arranged generic or specialized supports;
or

There are physical care needs or medical needs that cannot be managed by the primary caregiver even with support coordinator/case manager-arranged generic or specialized supports;

The individual lives in an institutional setting and has a viable discharge plan; OR

The individual is a young adult who is no longer eligible for IDEA services and is transitioning to independent living. After individuals attain 27 years of age, this criterion shall no longer apply.

Priority Two:

It is anticipated that the individual may require waiver services *in one to five years* and the individual meets one of the following criteria:

- The health and safety of the individual is likely to be in future jeopardy due to
- The unpaid primary caregiver or caregivers having a declining chronic or long-term physical or psychiatric condition or conditions that significantly limit his ability to care for the individual;
 - There are no other unpaid caregivers available to provide supports; and
 - The individual's skills are declining as a result of lack of supports;

- The individual is at risk of losing employment supports;
- The individual is at risk of losing current housing due to a lack of adequate supports and services; or
- The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.

Priority Three:

Priority Three shall be assigned to individuals who meet one of the following criteria and will need a waiver slot in five years or longer as long as the current supports and services remain:

- The individual is receiving a service through another funding source that meets current needs;
- The individual is not currently receiving a service but is likely to need a service in five or more years; or
- The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.

Critical Needs Summary Step 1 Review

CSB/BHA: [Click here to enter text.](#) Individual's Name: [Click here to enter text.](#)

Individual's Medicaid Number: [Click here to enter text.](#)

Criteria for Rating	Scoring Key	Individual's Score
1. An immediate jeopardy exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limit the ability of the primary caregiver or caregivers to care for the individual; there are no other unpaid caregivers available to provide supports	5	
2. Primary caregiver can no longer provide care	3	
3. Clear risk of abuse, neglect, exploitation of the individual	5	
4. The individual lives in an institutional setting and has a viable discharge plan	18	
5. Currently homeless (i.e., does not have a home)	10	
6. Facing imminent (within the next 90 days) homelessness (e.g., terminally ill caregiver)	5	
7. Immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following conditions:	<p>A. Behaviors HIGH: Serious safety risk to self/others = 5 MODERATE: Moderate/occasional risk to self/other = 3 LOW: minimal risk to self/others = 1</p> <p>B. Physical care needs or medical needs HIGH: Must address serious or life threatening concerns and/or individual cannot perform ADLs without physical assistance = 5 MODERATE: Medical,</p>	

	physical care needs that require active support = 3 LOW: Medical, physical care needs that require occasional assistance = 1	
8. The individual is a young adult who is no longer eligible for IDEA services and is transitioning to independent living. After individuals attain 27 years of age, this criterion shall no longer apply.	5	
Number of caregivers	No caregiver = 5 1 caregiver = 3	
Number of areas met on VIDES (Note there are now <i>two scales</i> for assigning points for VIDES, one for Adults and a separate one for Infants/Children)	Adults	Infants & Children through 17
	3 = 1 4 = 2 5-6 = 3 7-8 = 4	2-3 = 1 4 = 2 5-6 = 3 7-8 = 4
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: [Click here to enter text.](#)

Name of Support Coordinator/Case Manager completing this form: [Click here to enter text.](#)

Signature of Support Coordinator/Case Manager

Date

Critical Needs Summary Guidance

Criteria for Rating	Scoring Key	Explanation
1. An immediate jeopardy exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limit the ability of the primary caregiver or caregivers to care for the individual; there are no other unpaid caregivers available to provide supports	5	<p><i>The primary caregiver demonstrates that he/she has an ongoing physical or psychiatric condition that has been determined will likely result in immediate jeopardy within the next year. There is evidence to substantiate this.</i></p> <p><i>Only if no other unpaid caregiver is available may points be assigned for this item.</i></p>
2. Primary caregiver can no longer provide care	3	<p><i>Primary, unpaid caregiver demonstrates that he/she cannot continue to provide care much longer (within the next year) due to physical, mental, emotional, financial burden of care giving which will result in immediate jeopardy, should it occur. There is evidence to substantiate this.</i></p>
3. Clear risk of abuse, neglect, exploitation of the individual	5	<p><i>There is documentation that the individual has been referred to the Dept. of Social Services (DSS) Child or Dept. of Aging and Rehabilitative Services (DARS) Adult Protective Services (as appropriate to his age) for investigation of a situation involving suspected abuse, neglect or exploitation as defined in the DBHDS Human Rights Regulations [12 VAC 35-115]. Further examples of instances of abuse, neglect and exploitation are contained in the DSS document, "Indicators of Abuse, Neglect and Exploitation" found at:</i> http://www.dss.virginia.gov/family/as/aps.cq.i.</p>
4. The individual lives in an institutional setting and has a viable discharge plan	18	<p><i>The individual lives in an ICF-IID or a nursing facility.</i></p>
5. Currently homeless (i.e., does not have a home)	10	<p><i>This item requires that homelessness has already occurred. Individuals meeting this criterion may be living in a homeless shelter, on the street or just discharged/removed from their present living situation with nowhere else to go.</i></p>

6. Facing imminent (within the next 90 days) homelessness (e.g., terminally ill caregiver)	5	<p><i>The individual is anticipated to be homeless within the next 90 days due to anticipated discharge from a time-limited residential service, the imminent death of the present caregiver, etc.</i></p> <p>NOTE: <i>The Centers for Medicare & Medicaid Services expect that “there is reasonable indication that the individual would need services in the appropriate level of care within the near future (one month or less).”</i></p>
7. Immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following conditions:	<p>A. Behaviors HIGH: Serious safety risk to self/others = 5 MODERATE: Moderate/occasional risk to self/other = 3 LOW: minimal risk to self/others = 1</p> <p>B. Physical care needs (such as lifting or bathing), or medical needs 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</p>	<p><i>The health and safety of the individual, caregiver or others is endangered due to documented, current behaviors such as aggression (towards others or self), fire-setting, running into traffic, etc.</i></p> <p><i>The health/safety of the individual is at risk due to the seriousness of his/her medical needs. The health/safety of the caregiver/others in the home is at risk due to the demands of the individual’s physical care (e.g., lifting, carrying an individual larger than the caregiver, demanding ‘round the clock needs which jeopardize the health and safety of the caregiver.)</i></p>
8. The individual is a young adult who is no longer eligible for IDEA services and is transitioning to independent living. After individuals attain 27 years of age, this criterion shall no longer apply.	5	
Number of caregivers	No caregiver = 5 1 caregiver = 3	

Number of areas met on VIDES	Adults	Infants & Children through 17	<i>See most recent VIDES</i>
	3 = 1	2-3 = 1	
	4 = 2	4 = 2	
	5-6 = 3	5-6 = 3	
	7-8 = 4	7-8 = 4	
Environmental concerns (e.g., poor condition of the current living situation, primary caregiver has ongoing caretaking responsibilities for other dependents)	3		<i>Home/neighborhood conditions threaten the health and safety of the individual. For example; unsanitary home conditions that have been reported to APS or CPS, verified violent or criminal elements in the neighborhood, or a primary and only caregiver stressed with the care of multiple disabled individuals, etc.)</i>

Slot Assignment Review Form

WSAC: Click here to enter text. **WSAC Date:** Click here to enter text.

CSB: Click here to enter text.

Support Coordinator/Case Manager (SC/CM): Click here to enter text.

Non-PHI Identifier: Click here to enter text.

I. Age: Click here to enter text.

II. Current Diagnoses: Click here to enter text.

III. Indicate which of the Priority 1 criteria were met and describe how the individual's situation meets the criteria:

An immediate jeopardy exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limit the ability of the primary caregiver or caregivers to care for the individual; there are no other unpaid caregivers available to provide supports.

Click here to enter text.

There is immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following conditions:

The individual's behavior or behaviors, presenting a risk to himself or others, cannot be effectively managed by the primary caregiver or unpaid provider even with support coordinator/case manager-arranged generic or specialized supports; or

There are physical care needs or medical needs that cannot be managed by the primary caregiver even with support coordinator/case manager-arranged generic or specialized supports;

The individual lives in an institutional setting and has a viable discharge plan; or
Click here to enter text.

The individual is a young adult who is no longer eligible for IDEA services and is transitioning to independent living. After individuals attain 27 years of age, this criterion shall no longer apply. Click here to enter text.

IV. Risks to the individual's safety in his/her present environment:

Challenge	Intensity	Frequency
<input type="checkbox"/> Physical aggression	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Self-injurious	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Sexually inappropriate	Click here to enter text.	Click here to enter text.

<input type="checkbox"/> Property damage	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Verbal aggression	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Leaves a safe setting putting self in jeopardy	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Other	Click here to enter text.	Click here to enter text.

V. Community integration needs/social isolation issues

List all current challenges, such as residence in an institution, homebound due to lack of services, impact of elderly caregiver, etc: [Click here to enter text.](#)

VI. What resources have been sought and/or are received to address the needs of the individual?

Resource	Applied	If no application made, why not?	Received	If applied for but not received, why not?
Early and Periodic Screening, Testing and Diagnosis Treatment (EPSDT)	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Elderly or Disabled with Consumer Directed (EDCD) Waiver	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Individual and Family Support (IFSP)	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Summer camp	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Comprehensive Services Act (CSA)	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Housing voucher	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Other-Name any locally funded services received	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.

VII. Describe the primary caregiver(s)' ability and challenges to providing natural supports such as transportation, supervision, promotion of community integration, etc.): [Click here to enter text.](#)

VIII. Are there other natural supports in the person's life such as family members, neighbors, friends, other community members?
[Click here to enter text.](#)

IX. A. In the person's own words where would he/she like to live and with whom?
[Click here to enter text.](#)

B. In the person's own words, what would he/she like to do during the day?

Click here to enter text.

C. Does the person have a legal guardian and if so, does the legal guardian agree with the person's wishes? Click here to enter text.

X. A. What, if anything, will occur in the next 30 days if this individual is not awarded a waiver slot? Click here to enter text.

B. Describe indicators that support this statement: Click here to enter text.

XI. Identify only those waiver services that best meet immediate needs.

How would this service be used to meet immediate needs?

- Assistive Technology Click here to enter text.
- Benefits Planning Click here to enter text.
- Center-Based Crisis Supports Click here to enter text.
- Community Coaching Click here to enter text.
- Community Engagement Click here to enter text.
- Community Guide Click here to enter text.
- Community-Based Crisis Supports Click here to enter text.
- Companion Click here to enter text.
- Crisis Support Services Click here to enter text.
- Environmental Modification Click here to enter text.
- Group Day Click here to enter text.
- Group Home Residential Click here to enter text.
- Group Supported Employment Click here to enter text.
- In-Home Support Click here to enter text.
- Independent Living Supports Click here to enter text.
- Individual & Family/Caregiver Training Click here to enter text.
- Individual Supported Employment Click here to enter text.
- Non-Medical Transportation Click here to enter text.
- Electronic Home-Based Supports Click here to enter text.
- PERS Click here to enter text.
- Personal Assistance Click here to enter text.
- Private Duty Nursing Click here to enter text.
- Respite Click here to enter text.
- Services Facilitation Click here to enter text.
- Shared Living Click here to enter text.
- Skilled Nursing Click here to enter text.
- Sponsored Residential Click here to enter text.
- Supported Living Residential Click here to enter text.
- Therapeutic Consultation Click here to enter text.
- Transition Services Click here to enter text.
- Workplace Assistance Click here to enter text.

C. **Any other information** about the individual that would help the Waiver Slot Assignment Committee determine if this individual is most in need of a slot:
[Click here to enter text.](#)

Support Coordinator completing this form:
[Click here to enter text.](#)

Date:
[Click here to enter a date.](#)

Slot Assignment Scoring Summary Step 2 Review

Individual's Unique Identifier: _____

Date: _____

Rating System				
1 = Minimal	2 = Low	3 = Moderate	4 = High	5 = Exceptionally high

CRITERIA	SCORE
1) The individual's/family's current level of need for services [Scoring note: greater needs should result in a higher score]	
2) Services currently being received by the individual [Scoring note: fewer services being received by the individual should result in a higher score with an expectation resources have been sought and utilized as available]	
3) Natural supports available to the individual [Scoring note: fewer natural supports available should result in a higher score]	
4) Waiver services deemed to alleviate urgency [Scoring note: greater number or intensity of waiver services needed should result in a higher score]	
5) Any other conditions for urgency [Scoring note: greater number/intensity of additional conditions should result in a higher score]	
TOTAL	

Signature of Committee Member: _____