Welcome to Part A of Module 2 in the series of four training modules for Services Facilitators in Virginia. Completion of all four modules and successful completion of the corresponding learning assessments will satisfy the DMAS training requirements to provide consumer-directed Services Facilitation in Virginia.

Again, please note that this training is meant to serve as a supplement to information that you are responsible to obtain and understand through regular review of the applicable regulations and provider manuals.
Parts A and B of Module 2 cover the first three steps in this flow chart—the “front end” of Services Facilitation, so to speak.
In Module 2, Part A, we will look at:

• What happens before a referral is made to a Services Facilitator, and how does a referral get to you?

• What is involved in accepting a referral -- and how do you initiate the services? In this section we will cover the conditions needed for Services Facilitation to begin, setting up a record, and contacting the individual.
First, let’s review what has already happened before a referral gets to you.
Before a Services Facilitator receives a referral:

• The individual has already been pre-screened and found eligible for the DD, EDCD, or ID Waiver, or the EPSDT Program; and

• The individual has selected both the consumer-directed model and you to provide Services Facilitation.
As we mentioned in Module 1, each of the three waivers has a different screening process.

In the DD Waiver, screening teams at Child Development Centers across the Commonwealth use the Level of Functioning (LOF) Instrument to screen for categories on the LOF Survey. The individual must meet at least 2 of 7 LOF categories to qualify. In addition to the LOF, the following forms are completed at the time of screening: Medicaid-Funded Long-Term Care Authorization (DMAS-96); Documentation of Individual Choice between Institutional Care and Home and Community-based Services (DMAS-459); Provider Consent form (DMAS-219); and the DD Medicaid Waiver Level of Functioning Survey Summary Sheet (DMAS-458).

In the EDCD Waiver, a Preadmission Screening Team of the local Department of Social Services and the local Department of Health uses the Uniform Assessment Instrument (UAI) to screen for eligibility for admission to a nursing facility. The criteria include medical needs and functional capacity. In addition to the UAI, the following forms are completed by the Screening Team: the DMAS-96; DMAS-97; and DMAS-95 Addendum for CDPAS (if applicable). In addition to a Preadmission Screening Team of local social services and health department representatives, screening can also be provided by some hospitals.

Please note that these forms, and all DMAS forms that are mentioned as we proceed, can be accessed for use directly from the DMAS website by going to the Virginia Medicaid Web Portal, clicking Provider Services, clicking Provider Forms Search, and entering the number of the form.
In the ID Waiver, Community Service Boards (CSBs) or Behavioral Health Authorities (BHAs) use the LOF to screen for LOF categories. The individual must meet at least 2 of 7 LOF categories to qualify. Forms completed in addition to the LOF are: Virginia Home and Community-Based Waiver Choice of Provider (DMAS-460); and Documentation of Individual Choice between Institutional Care and Home and Community-based Services (DMAS-459C).

Waiver services are offered to an individual as an alternative to avoid admission to an institution when the individual is in imminent risk of institutional placement. “Imminent risk of institutional placement” is defined as “needs to enter a facility within one month if he or she does not receive waiver services.” For the DD and ID Waivers, the facility is an ICF/IID, and for the EDCD Waiver, the facility is a nursing facility. Waiver services should always be considered by screeners when an individual meets the institutional criteria specified in the waiver and is at risk of institutional placement without waiver services.

In the EPSDT program, a Medicaid-eligible individual under the age of 21 is prescreened for EPSDT by the primary care provider completing the Functional Status Assessment (DMAS-7).

Preadmission screening is not contingent upon a person applying to determine financial eligibility for Medicaid coverage. Often the financial eligibility for Medicaid occurs at the same time an individual seeks to qualify for assistance. Even though they may be eligible, individuals may be placed on the DD or ID Waiver waiting list until funding for waiver services is available.
It is important that you receive a copy of the screening instrument and related documents prior to initiating Services Facilitation. For example in the ID Waiver, the Support Coordinator will have a copy of the Supports Intensity Scale ("SIS") which measures the frequency and intensity of supports an individual with an intellectual disability needs to meet quality of life goals. You should receive a copy of the SIS.

To learn more about the screening process, please refer to the following Module 2 Training Materials: Medicaid EDCD Waiver Process Flow for Enrollment; Level of Functioning Survey; and A Guide for Long-Term Care Services in Virginia (DMAS Division of Long Term Care). Copies of the UAI and other screening forms mentioned can be accessed directly through the DMAS Virginia Medicaid Web Portal.
Once an individual has been prescreened and determined eligible, choice of waiver instead of facility and choice of provider must be documented when services are initiated:

• In the DD Waiver, the DMAS-459 documents choice of waiver instead of facility, and the DMAS-459A documents choice of providers.

• In the EDCD Waiver and the EPSDT Program, the DMAS-97 documents choice of providers.

• In the ID Waiver, individuals use the DMAS-459C to document choice of waiver instead of facility, and the DMAS-460 to document choice of providers.

In all three Waivers, the individual reviews and signs the *Individual Selection of Consumer-Directed Services*, the DMAS-489. In the DD waiver, this form must be signed and maintained by either the Services Facilitator or case manager. In the EDCD Waiver, the form must be maintained by the Services Facilitator. In the ID waiver, the form is maintained by the Support Coordinator.

It is important that you receive a copy of all of the relevant forms prior to initiating Services Facilitation.

These forms can be obtained for use directly through the Virginia Medicaid Web Portal, clicking Provider Services, clicking Provider Forms Search, and entering the number of the form.
The CD service plan will not be included in the overall service plan unless the individual is transferring from another Services Facilitator. It is important to know what is included in the overall plan and how CD services complement other services. A common feature of all service plans is that the planning process should incorporate person-centered practices.

• In the DD Waiver, the individual will already have a service plan coordinated by the Case Manager.

• In the EDCD Waiver and the EPSDT Program, there may be multiple service plans prepared by different providers. If, for example, an individual has transitioned out of an institution through Money Follows the Person (MFP) and worked with a Transition Coordinator, or the individual will continue to use AD services in addition to CD services, the agencies providing the AD services may already have a service plan in place for the individual.

• In the ID Waiver, each individual will have a Person-Centered Individual Supports Plan prepared by the CSB or BHA and participating providers. Part 3 includes a list of outcomes shared by those supporting the individual. If the existing Part 3 does not contain outcomes that would relate to supports provided by a particular CD service, the CSB can work with you and the individual and family to arrive at
outcomes that are meaningful and measurable for the CD plan for supports.

Be sure to get a copy of any existing plan prior to initiating Services Facilitation.
Now you are ready to accept a referral for Services Facilitation. You receive a referral because the individual has chosen you from a list of available Services Facilitators.

For the DD Waiver, the list comes from the individual’s Case Manager.

For the EDCD Waiver, the list comes from the Department of Social Services Pre-Admission Screening Team. It can be maintained by either the local Department of Social Services or the local Department of Health.

For the ID Waiver, this list comes from the CSB Support Coordinator. If and when you are contacted by the CSB Support Coordinator regarding a selection of you as a Services Facilitator, it is recommended that you confirm with the Support Coordinator that the individual is currently enrolled in the ID Waiver.

In the EPSDT Program, the list comes from the primary care provider.
And referrals can also come from other providers, such as transition coordinators and hospitals.
First, accept a referral only when you are available to initiate and provide Services Facilitation on an ongoing basis.

For example, if your caseload is full and your agency has no other Services Facilitators available, you should not accept the referral.

You also have the right to refuse a referral if the individual is not appropriate for CD services. We will look at this in greater detail in just a minute.

Second, make sure you have received the screening instrument and related forms discussed in the previous section.
In the EDCD Waiver, you will then need to complete the DMAS-225 (the “Medicaid Long Term Care Communication Form”). Form 225 allows the Local Department of Social Services (LDSS) and providers to exchange information related to:

• The Medicaid eligibility status of an individual;

• A change in an individual’s level of care;

• Admission to or discharge from an institution or community-based services, or the death of an individual;

• Transfers to another Services Facilitator;

• Service Authorization Number for Medicaid Services; and

• Other information known to you or other providers that might cause a change in the eligibility status or patient pay amounts of an individual.

After completing the DMAS-225, you will return it to the local Department of Social Services to let them know the individual is receiving Services Facilitation from you as of a certain date. Also distribute it to all relevant parties as directed on the form.
In the DD Waiver, the Case Manager completes the form.

In the ID Waiver, the DMAS-225 is completed by the Support Coordinator.
You also need to obtain a signed form for consent to exchange information from the individual. The DMAS-219 can be used, as can the Uniform Authorization to Exchange Information form. You can access the DMAS-219 for use by going to the Virginia Medicaid Web Portal, clicking Provider Services, and clicking Provider Forms Search, and entering the number of the form. A copy of the Uniform Authorization to Exchange Information form is included in the Module 2 training materials. In the ID Waiver, you can also obtain a copy of a Consent to Exchange Information Form from the CSB Support Coordinator.

Additionally, you should give the individual a HIPAA privacy notice and a form to sign acknowledging receipt.
Lastly, you should be aware that the individual receiving services may have to pay a portion of the attendant’s salary (the “patient pay” amount), if applicable. The individual will be notified by the local department of social services of any patient pay responsibility. The EOR agrees to make sure the individual pays the attendant patient pay net wages on a regular and timely basis. The patient pay should be paid to attendants on the pay dates circled on the payroll schedule. This amount will not be included in the attendant’s pay received from the Fiscal/Employer Agent.

If the individual is newly enrolled or currently receiving services under the ID Waiver and has a patient pay that must be collected, ask the Support Coordinator to designate this in writing and provide a copy to you.
Now you are ready to verify Medicaid eligibility and contact the individual! Before you make contact, you can verify Medicaid eligibility by checking the Medicaid portal or by using the Automated Response System (ARS). Chapter 2 of the appropriate waiver Provider Manual has additional information.
When you make contact, you will want to:

Introduce yourself and explain your role as a Services Facilitator. If possible, you may also engage in a brief discussion about the purpose of Services Facilitation, what an EOR is and the EOR’s role, the role of the Fiscal/Employer Agent, information about who can be attendants, and timeframes for meetings, visits, training, and beginning services. The amount of information you share will differ with each individual.

Although it is not always possible, you should also try to determine who the EOR will be. If you can, it allows you to complete and fax the “Fiscal Agent Services Request Form” (FARF) to the Fiscal/Employer Agent (F/EA) prior to the initial comprehensive visit, so that a Welcome Packet can be mailed to the EOR, which will save time getting attendants enrolled. The following slide contains information about obtaining and sending the FARF form.

Finally, schedule a day and time for the Initial Comprehensive Visit – and ensure that there is adequate time for the visit. The time required will, of course, depend on whether the initial comprehensive visit will include EOR Training.
Following the phone conversation, if you identified the EOR, you can complete and send the Fiscal Agent Services Request Form (FARF) to the F/EA. Upon receipt of a completed FARF, the F/EA is to send a Welcome Packet to the EOR. If you did not identify an EOR, you will need to do so at the initial visit and complete and send the FARF form at that time.

You can download the FARF form at the link provided in the "Websites Referenced" document in the Module 1 training materials.

It is important to know that delay in determination of the EOR and completion of the FARF will lead to a delay in the F/EA’s ability to request the required tax ID number from the IRS, which will delay processing of attendant timesheets.
You can use the time between the referral and the initial visit to set up a record.

DMAS prescribes the documentation that must be maintained by Services Facilitators. This slide shows the information DMAS requires you to keep:

- All assessments (in other words, the UAI, LOF or physician’s letter);
- All referral documents, including choice of waiver and choice of provider documents;
- Any service plans;
- Each Individual Service Authorization Request;
- Service Authorizations received;
- For the EDCD Waiver, the current DMAS-225 from the local Department of Social Services;
- Consent and authorization forms;
- Guardianship and Power of Attorney documentation;
- Letter to the physician (if applicable);
- For the EDCD Waiver, the DMAS-95;
- Documentation of all contacts with the individual;
If you work for an agency, it is also important to include any other forms or information your agency might require. Be sure to check with your supervisor.
For additional record-keeping and documentation requirements, always refer to the applicable and current regulations and DMAS Provider Manual for the applicable Medicaid service. You can find all current manuals at the website referenced on this slide.

For the DD Waiver, select Individual and Family Developmental Disabilities Support Waiver Services;

For the EDCD Waiver, select Elderly or Disabled with Consumer Direction Waiver Services;

For the ID Waiver, select Intellectual Disability Waiver Services; and

For EPSDT, select EPSDT Manuals.
When documenting, be sure to:

Sign the forms where appropriate;

Fully complete the form;

Write legibly; and

Be accurate.

Never ask an individual to sign a blank form, and never submit blank or incomplete forms or plans.

Do not white out information.

For additional documentation information, click the link on the slide.

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### Accepting and Processing Referrals

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Congratulations! You have completed Part A of Module 2.

You have now completed Part A of Module 2 of the online training series for meeting the requirements for training as a Services Facilitator.

Please note that all of the web links provided in this Module are contained in the accompanying training materials.

Please complete the learning assessment for Module 2, Part A before proceeding to Module 2, Part B.

Thank you for your participation!