

Date: August 27, 2020

DDSD-SW Numbered Memo 2020-01
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To: Supports Waiver Community Support Coordinators, Providers, Waiver Participants and Interested Parties.

From: Jennifer Roth, DDSD SW Program Manager 

Subject: Supports Waiver Standards

Please find in the grid below updates that are included in the Supports Waiver Standards effective September 2, 2020. Additional updates to the Supports Waiver Standards included correcting general typographical and grammatical errors.

The Supports Waiver Standards effective September 1, 2020 can be found on the [Supports Waiver](#) webpage.

Chapter and Section	Updates: Replacement or new language is in Red
Multiple Sections	Change of budget submission from 45 days to 30 days.
1.6 Prohibition of Restraint, Restriction and Seclusion	On the Supports Waiver the use of any restraints, restrictive interventions, and/or seclusion is not allowed during the provision of Supports Waiver services.
2.3.1 Financial Management Agent	Assist each participant or legal representative acting as Employer of Record to set up a unique Employer Identification Number (EIN).
2.3.2 Employer of Record Responsibilities	Submit all required documents to the FMA. Documents must be completed and provided to the FMA according to the timelines and rules established by the Human Services Department through their contractor.
6.1 Changing Service Delivery Model	Supports Waiver participants may choose to switch between the agency-based service delivery model and the participant-directed service delivery model after meeting medical and financial eligibility and after the original ISP and budget has been submitted and approved.
6.4.1 Changing EORs	A participant may choose to change the EOR under the participant directed model. The CSC should inquire about the reason for the request and attempt to resolve any issues or concerns with the person and/or guardian and the Employer of Record if possible. If there is no resolution of the participant wishes to change EORs.

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6.4.1 Changing EORs	Provides the participant or legal representative , when applicable, with the appropriate forms to enroll as employer of record and forward the necessary enrollment forms to the FMA and to DDS.
7.1 Non-Covered Goods and Services	Purchase of insurance, such as, car, health, life, burial, renter's, homeowner's, service warranties or other such policies. This includes purchase of cell phone insurance;
7.1 Non-Covered Goods and Services	Training time for paid employees and expenses for required OSHA related or other required training;
7.3 Improper Solicitation	Using improper incentives to support or identify an EOR to influence participant directed selection or to provide continued services by a particular agency, employee, or vendor that are EOR responsibilities.
7.4 Conflict of Interest	A new legal relationship which diminishes or influences a person's independence in other areas of life may not be established for the sole purpose of becoming an EOR.
7.4 Conflicts of Interest	A CSC agency may not: Provide any direct support services through the DD or Mi Via Waivers or through any affiliated agency.
8.1 ISP	The participant and CSC may need to research and/or interview Support Consultants to address whether or not the particular behavioral health need can be fulfilled via the BSC of the Supports Waiver, or should be directly asked for of the behavioral health system (via EPSTDT, Medicaid State plan or Medicare).
8.1 ISP Emergency Back-Up Plan	An agency who is providing services is required to be listed on the emergency back-up plan and to provide back-up employees.
8.1 ISP Health and Wellness Supports	The participant and CSC may need to research and/or interview Support Consultants to address whether or not the particular behavioral health need can be fulfilled via the BSC of the Supports Waiver, or should be directly asked for of the behavioral health system (via EPSTDT, Medicaid State plan or Medicare).
9.1 RFA/RFI	Updated section.
9.5 Reconsideration	Reconsideration must be requested and submitted to the TPA within thirty (30) calendar days of the date on the denial notice Reconsideration requests are submitted by the CSC in writing and provide additional documentation

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	or clarifying information regarding the participant’s request for the denied services or goods.
11.6 GER Reporting	The purpose of General Events Reporting (GER) is to report, track and analyze events that concern Supports Waiver Participants. Analysis of GER is intended to identify emerging patterns so that preventative action can be taken at the individual, Provider Agency, regional and statewide level. On a quarterly and annual basis, DDS D analyzes GER data at the provider, regional and statewide levels to identify any patterns that warrant intervention. Provider Agency use of GER in Therap is required as follows: 1. Community Support Coordinator Providers will utilize GER as directed by DDS D.
12 Provider Enrollment, Billing and Record Keeping	Additional information specific to provider enrollment, application, renewal, moratorium and stopping waiver services. Pages 51 -55. See adjusted sentence on page 51 to reflect SW Agency Based Service Model. The Provider Enrollment Unit (PEU) enrolls agencies and sole proprietors to provide services through the SW Waiver Agency Based Service Model and manages numerous processes related to enrollment and Provider Agreements.
12 Billing Requirements	General Billing and Authorization Requirement
12.1	Removed reference to an Appendix A.
13.2 Involuntary Termination	The participant is experiencing significant health or safety needs, and, after having been referred to DDS D assistance, refuses to incorporate recommendations or alternatives into his/her ISP and AAB.
15.1 General Agency Based Requirements	Communicate the agency grievance policy to the Supports Waiver participant; Be listed on the Supports Waiver Emergency Back-up Plan to provide services in the event that a scheduled agency employee is not available to provide services.
15.2.1 Training Requirements	Some service providers are required to acknowledgement receipt of important information about ANE reporting. These are: Environmental modification, AT and VMOD providers who enter the home.
15.3 Core Training	Individuals who are participating in the Participant Directed Service Model will have training that is required and administered through the FMA for the designated EOR for the purpose of directing their plan. CSCs will have training that is required through the FMA and the TPA.

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15.3 Core Training	Any additional trainings identified in the SW participant’s ISP through the person-centered planning process will be the responsibility of the agency or the participant directed Employer of Record.
15.3 Core Training	<p>Personal Care Service and any service that allows PCS as an element and has approved Personal Care Services approved in the ISP will require the following Personal Care Discipline Specific Training. This Personal Care discipline specific training is the discipline specific training that is referenced in the CORE training grid.</p> <p>If DDSD sponsored training is unavailable, then the agency or EOR is responsible for referring or coordinating training that covers the required PCS discipline specific topics. The required PCS discipline specific areas are HIPPA, ADL, iADL, nutrition, housekeeping skills, lifting and transferring, emergency response, CPR and First Aid, universal precautions, infectious diseases and basic infection control, home safety including oxygen and fire safety and wheelchair tie down. A competency test is required to be taken through the DDSD training database to satisfy and record these requirements. CPR and First Aid requires independent certification.</p>
15.3 Core Training	SW CORE Training must be completed prior to working with the Supports Waiver Participant.
16.2 Initial Waiver Activities	Initial Waiver Eligibility and Waiver Enrollment Services are intended to provide information, support, guidance, assistance and monitoring to individuals during the Supports Waiver initial enrollment and Medicaid eligibility process
16.2 Initial Waiver Activities	so that it will be in effect within ninety (90) calendar days of eligibility.
16.4 Administrative Requirements	VMOD, EMOD and AT Verification and Waiver Change Form as applicable
16.3.4 Program Training	<ol style="list-style-type: none"> 1. For Participant Directed participants, CSC enters and removes the participant, employee, EOR and any plan participant necessary in the training system within the timeframes established by DOH/DDSD so that they may have access to on-line trainings. 2. Establish a process to monitor on at least a monthly basis that the individuals entered into the training system have completed trainings. If they have not, then = removed. CSCs provide communication and support to the participant, EOR and the individual entered into the training system to ensure that the trainings are completed within the timeframes established by the DOH/DDSD. 3. Follow DOH/DDSD training instructions and guidance regarding DDSD database, participant notification and compliance.

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17.1 Assistive Technology	<p>1. Assistive Technology (AT) is intended to increase the individual's physical and communicative participation in functional activities at home and in the community. Items purchased through the AT service assist the individual to meet outcomes outlines in the ISP, increase functional participation in employment, community activities, activities of daily living, personal interactions, and/or leisure activities, or to increase the individual's safety during participation of the functional activity.</p> <p>2. Remote video, audio or other monitoring systems will not be placed in a person's bedroom or bathroom without the individual or guardian's consent.</p> <p>3. Training or Technical Assistance for the participant and when appropriate, family members, guardians, advocates or authorized representatives of the participants, professionals.</p>
17.1 Assistive Technology	<p>All technology is not AT. If the item is used by persons without a disability in a similar way and for a similar function it is most likely not Assistive Technology. AT must have a specific adaptation or feature that assists in compensating for a disability experienced by the individual. 2. Warranty Fees covered</p> <p>Included in services allowed: Purchase of items meeting AT scope through a purchasing agent.</p>
17.6 Personal Care	<p>Personal Care Services are provided on an intermittent basis to assist the Supports Waiver participant with a range of activities of daily living, performance of incidental homemaker and chore service tasks if they do not comprise of the entirety of the service, and enable the Supports Waiver participant to accomplish tasks as indicated in the ISP he or she would normally do for himself or herself if they did not have a disability.</p>
17.8 Supported Employment	<p>1.with the goal of obtaining and maintaining competitive employment at or above minimum wage</p> <p>2.Supports are provided at the work site for the individual to learn and perform the job specific to the Supports Waiver participants disability and not part of the job-training for the general public.</p> <p>3.Increasing participants independence on the job to support fading of supports.</p> <p>4.Personal Care Services cannot be billed as a concurrent service to Supported Employment.</p> <p>5. Supported Employment service documentation for each Supports Waiver individual should include documentation that the service is not available</p>

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	<p>under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq). 6. Transportation between residence and worksite is not included in the Supported Employment rate.</p> <p>7. All Supported Employment services are available only when service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).</p> <p>8. In scope of service: integration of behavior consultation strategies.</p>
17.9 Respite	or at a center in which other individuals are provided care.
17.9 Respite	Respite cannot be billed at the same time as any other Supports Waiver services.
17.7 Non-Medical Transportation	Mileage reimbursement or hourly driver reimbursement is not available while (Removed CCSI) CCS-Group is provided because it is incidental to the scope of the service.