

DD Services Overview- 7/1/13-7/1/14

This overview reflects the implementation of the Community First Choice (K-Plan) State Plan

Community First Choice (K-Plan) State Plan Services:

These services are determined by a Functional Needs Assessment Tool (SIS, SNAP, ANA, or CNA) and are delivered in the individual's choice of setting (In-home, Foster Care, Supported Living, 24-hour Group Home, etc.)

- Attendant Care- includes:
 - ADL/IADL Support
 - Skills Training
 - Relief Care
- Behavior Consultation
- Community Transportation (non-medical)
- Assistive Devices
- Assistive Technology
- Chore Services
- Transition Services
- Community Nursing Services
- Emergency Response Systems
- Environmental Modification
- Home Delivered Meals
- Attendant Care Management Support (ex. STEPS)

Comprehensive Service Waiver:

This waiver applies to individuals receiving case management services from a CDDP. This waiver is associated with case management when a residential services setting is selected by the individual, but also includes case management for all children and those adults selecting CDDP case management with in-home service supports.

- Waiver Case Management
- DD54- Vocational Services
 - Employment related support
 - ATE (Alternatives to Employment)
- Family Training
- Extended State Plan Services
 - Speech, Hearing and Language Services
 - Occupational Therapy
 - Physical Therapy

Support Services Waiver:

This waiver addresses individuals selecting in-home services settings and case management from a Support Services Brokerage entity.

- Waiver Case Management
- Vocational Services
 - Employment related support
 - Community Inclusion
- Family Training
- Extended State Plan Services
 - Speech, Hearing and Language Services
 - Occupational Therapy
 - Physical Therapy
- Special Diet
- Specialized Supports

CIIS- Children’s Intensive In-home Services Waivers(DD 145):

Eligibility determined by assessment and each waiver included participant number cap:

- Medically Fragile
- Medically Involved
- Behavior

State Plan Personal Care:

ADL support authorized based on assessed need. Service may be used independent of K-Plan or Waiver services or may be applied to an individual service plan in combination with other state plan or waiver services. The previously administration of a cap of 20 hours per month was removed and additional support hours may be applied with exception. SPPC may include limited IADL supports as well.

General Fund Programs:

- Family Support (DD150)
- Kids’ Long Term Diversion (DD151)

DD Services Overview- 7/1/14

This overview reflects the implementation of the Community First Choice (K-Plan) State Plan & updates to services waivers beginning 7/1/14 (This update is pending waiver approval by CMS)

Community First Choice (K-Plan) State Plan Services:

These services are determined by a Functional Needs Assessment Tool (SIS, SNAP, ANA, or CNA) and are delivered in the individual's choice of setting (In-home, Foster Care, Supported Living, 24-hour Group Home, etc.)

- Attendant Care- includes:
 - ADL/IADL Support
 - Skills Training
 - Relief Care
 - Day Support Activities (DSA)
- Behavior Consultation
- Community Transportation (non-medical)
- Assistive Devices
- Assistive Technology
- Chore Services
- Transition Services
- Community Nursing Services
- Emergency Response Systems
- Environmental Modification
- Home Delivered Meals
- Attendant Care Management Support (ex. STEPS)

Comprehensive Service Waiver:

This waiver applies to individuals receiving case management services from a CDDP. This waiver is associated with case management when a residential services setting is selected by the individual, but also includes case management for all children and those adults selecting CDDP case management with in-home service supports.

- Waiver Case Management
- Employment related support
 - Supported Employment- Individual Employment Supports
 - Supported Employment- Group Employment Supports
 - Employment Path Services
 - Discovery/Career Exploration
- Family Training (Conferences & Workshops)

- Environmental Safety Modifications
- Vehicle Modifications
- Specialized Medical Supplies
- Financial Management Services

Support Services Waiver:

This waiver addresses individuals selecting in-home services settings and case management from a Support Services Brokerage entity.

- Waiver Case Management
- Employment related support
 - Supported Employment- Individual Employment Supports
 - Supported Employment- Group Employment Supports
 - Employment Path Services
 - Discovery/Career Exploration
- Family Training (Conferences & Workshops)
- Environmental Safety Modifications
- Vehicle Modifications
- Specialized Medical Supplies
- Financial Management Services
- Special Diet

CIIS- Children’s Intensive In-home Services Waivers(DD 145):

Eligibility determined by assessment and each waiver included participant number cap:

- Medically Fragile
- Medically Involved
- Behavior

State Plan Personal Care:

ADL support authorized based on assessed need. Service may be used independent of K-Plan or Waiver services or may be applied to an individual service plan in combination with other state plan or waiver services. The previously administration of a cap of 20 hours per month was removed and additional support hours may be applied with exception. SPPC may include limited IADL supports as well.

General Fund Programs:

- Family Support (DD150)
- Kids’ Long Term Diversion (DD151)

DD Services prior to 7/1/13

Comprehensive Service Waiver:

- DD50- 24-hour Group Homes
- DD58- Foster Care
- DD51- Supported Living
- DD49- Adult In-home Comprehensive Services
- DD54- Vocational Services
 - Employment related support
 - ATE (Alternatives to Employment)
- DD53- Transportation (non-medical)
- DD 141- State Operated Community Program (SOCP)
- DD142- Children's Residential Services
- DD143- Children's Proctor Care Services

Support Services Waiver (DD 149):

Implemented as individualized discreet services budgets, determined by the individual and limited by a total services funding cap.

Brokerage services included:

- Chore Services
- Community Living and Inclusion Supports
- Environmental Accessibility Adaptations
- Family Training
- Homemaker
- Occupational Therapy
- Personal Emergency Response Systems
- Physical Therapy
- Respite Care
- Special Diet
- Specialized Medical/Other Equipment & Supplies
- Specialized Supports
- Speech & Language Therapy
- Supported Employment
- Transportation

CIIS- Children’s Intensive In-home Services Waivers(DD 145):

Eligibility determined by assessment and each waiver included participant number cap:

- Medically Fragile
- Medically Involved
- Behavior

State Plan Personal Care (PC-20):

ADL support authorized up to 20 hours per month

General Fund Programs:

- Family Support (DD150)
- Kids’ Long Term Diversion (DD151)

ODDS Services Overview

General Fund:

- Case Management
- Family Support (*children only*)

Eligibility Criteria:

- Eligible for DD Services
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State Plan Personal Care (SPPC)

- ADL assistance support w/ some supplemental IADL supports allowed

Eligibility Criteria:

- Active OHP Medical Assistance
- Meet assessment needs criteria

Community First Choice (K-Plan) State Plan:

- Attendant Care- includes:
 - ADL/IADL Support
 - Skills Training
 - Relief Care
 - Day Support Activities (DSA)
- Behavior Consultation
- Community Transportation
- Assistive Devices
- Assistive Technology
- Chore Services
- Transition Services
- Community Nursing Services
- Emergency Response Systems
- Environmental Modification
- Home Delivered Meals
- Attendant Care Management Support (ex. STEPS)

Eligibility Criteria:

- Eligible for DD Services
- Active Medicaid TXIX Medical Benefits for K-Plan
- Determined to meet Level of Care

Waiver Services:

- Supported Employment- Individual Employment Supports
- Supported Employment- Group Employment Supports
- Employment Path Services
- Discovery/Career Exploration Services
- Family Training (Conferences and Workshops)
- Environmental Safety Modifications
- Vehicle Modifications
- Specialized Medical Supplies
- Financial Management Services
- Special Diets (*Support Services Waiver only*)

Eligibility Criteria:

- Eligible for DD Services
- Active Medicaid OSIP-M
- Determined to meet Level of Care

Considerations for selection of Case Management Type
(Waiver vs. Non-Waiver Case Management)

Reasons Waiver Case Management may be selected:

- Individual requires access of a monthly waiver service to be considered eligible for Medicaid under 300% financial eligibility criteria (access to OSIP-M eligibility)
- Individual's situation presents with numerous risk factors which ensure that a minimum of monthly case management contact will occur (resulting in a "qualified encounter" for case management service billing)
- Individual is enrolled in and consistently receives waiver Employment-related services supports (waiver services include Individual Supported Employment, Small Group Supported Employment, Discovery and Career Path activities).

Waiver case management allows access to greater federal match funding for case management activities. Waiver case management generates a 60% match from Medicaid and non-waiver case management is administrative and generates 50% funding from Medicaid).

Situations where Non-waiver case management may be more appropriate:

- Individual is eligible for Community First Choice (K Plan) state plan services through SSI Medicaid determination where the individual is not requiring the 300% rule consideration for eligibility –or- the individual has access to TXIX Medicaid Benefits through financial eligibility for Medicaid healthcare benefits (usually OHP)

AND

- The individual is not choosing to utilize any current waiver services (such as Employment)

AND/OR

- The individual's situation does not present with significant risk factors that would warrant monthly or more frequent contact. (It is anticipated that routine case management contact resulting in a qualified encounter with this individual will occur less than monthly).

In situations where the individual does not require a monthly waiver service in order to be eligible for Medicaid under the 300% rule allowance and the individual is not consistently receiving a monthly waiver service in addition to case management (Employment, not DSA), it may be more appropriate to select Non-waiver case management as the service type. This considers the cost of efforts to ensure monthly billable contacts occur under the waiver in order to maintain the service (and possible associated actions with suspending, terminating and re-enrolling the waiver whenever monthly waiver services are not received) versus the lesser match (10% less for non-waiver case management) when the case management contact is a Non-waiver case management activity.

**Ultimately, the individual should be selecting the desired case management option as part of the choice advising process. This summary is intended to provide a brief explanation of situations where waiver or non-waiver case management would most appropriately apply to individual situation. The case management service itself should be identical to the individual receiving the service, regardless of the funding source associated with the Medicaid billing.