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**APS UTILIZATION  
MANAGEMENT GUIDELINES  
West Virginia  
Title XIX MR/DD Waiver  
Version 3.0**

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APS Healthcare, Inc.- West Virginia

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**UTILIZATION MANAGEMENT GUIDELINES  
TITLE XIX MR/DD WAIVER  
APS HEALTHCARE, INC.- WV**

Title XIX MR/DD Waiver Program Services

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<b>ADULT COMPANION</b>	
<b>Target Population</b>	WV Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>S5135 UAU4</u> = Adult Companion Level I (1:1) <u>S5135 UAU3</u> = Adult Companion Level I (1:2) <u>S5135 UAU2</u> = Adult Companion Level I (1:3) <u>S5135 UBU4</u> = Adult Companion Level II (1:1) <u>S5135 UBU3</u> = Adult Companion Level II (1:2) <u>S5135 UBU2</u> = Adult Companion Level II (1:3)
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	Maximum 96 units per day or 2616 units per month (combined service limits includes T2017-UA, T2017-U1, T2017-U2, T2017-U3, and T2017-U4).
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT and registered with the ASO.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the Individualized Waiver Budget.</li> <li>• Services selected must be within the boundaries of service limits.</li> <li>• Any exception to the service must be authorized by the ASO.</li> <li>• Service provision by a provider prior to receiving authorization by the ASO is at the provider's own risk.</li> <li>• The ASO will review and determine authorization of selected service(s), service limits, and service providers. If all authorization criteria have been met, the ASO will register the service authorizations with the claims agent. Services not registered with the claims agent will not be</li> </ul>

	<p>reimbursed.</p> <ul style="list-style-type: none"> <li>ASO will issue four (4) quarterly authorizations if all authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at the time of a Critical Juncture
<b>Definition</b>	<p>Adult Companion services are non-medical care, supervision, socialization, monitoring, and assistance as determined by the IDT and specified in the IPP. The purpose of Adult Companion is two-fold:</p> <ul style="list-style-type: none"> <li>To participate in “non-training” activities in the member’s local community that are planned and that do not occur during intermittent periods of time between training activities. Example: staff accompanying a member for a two hour time frame to a swimming activity at a local community pool.</li> <li>To provide assistance with activities that will not have a long-term benefit of training to the member. Example: Staff placing groceries in a kitchen cabinet for a member who has cerebral palsy and is physically unable to reach the upper cabinets without assistance.</li> </ul> <p>Adult Companion services are complimentary to, and not exclusive of Residential Habilitation, Day Habilitation, Prevocational Training, or Supported Employment services as specified by individual needs on the IPP.</p> <p>Adult Companion services must have clinical oversight by a Therapeutic Consultant who ensures the delivery of services in accordance with the MR/DD Waiver Program and the IPP of the member.</p>
<b>Site of Service</b>	<p>Adult Companion services are provided in the following locations:</p> <ul style="list-style-type: none"> <li>In the member’s local community to implement those activities which support a member’s needs and choices</li> <li>Natural or adoptive family homes</li> <li>Specialized Family Care Homes</li> <li>Group Homes licensed by OHFLAC to serve individuals with a diagnosis of mental retardation and/ or developmental disabilities</li> <li>Individualized Support Settings (ISS)</li> </ul>

	<ul style="list-style-type: none"> <li>• BHHF Developmental Disability (DD) funded Crisis Respite sites</li> <li>• Crisis Residential Unit sites</li> </ul>
<b>Documentation</b>	<p>Adult Companion services are documented on the Adult Companion Services documentation form (DD12) by the provider and monitored and reviewed by the Service Coordinator. Documentation shall include the name of the MR/DD Waiver member, the content of the activity, the relationship of that activity to an objective on the IPP, the actual time spent, including start and stop times, date of service, the staff to member ratio, and the signature and credentials of the staff providing the service.</p>
<b>Service Restrictions</b>	<ol style="list-style-type: none"> <li>1. Adult Companion services shall not be billed concurrently with Agency Residential Habilitation, Community Residential Habilitation, Respite, Day Habilitation, Prevocational Training, or Supported Employment services.</li> <li>2. The member is required to have habilitation services (Community or Agency Residential Habilitation)</li> <li>3. Adult Companion providers shall not provide services to members with whom they share a residence.</li> <li>4. This service is not to be provided by a family member residing with the member in a natural, adoptive, or foster care family setting.</li> <li>5. A Specialized Family Care Provider may not provide Adult Companion for a member who lives in his/ her home.</li> <li>6. This service is not to be provided by a family member of a member residing in an agency-operated or agency-staffed residential home such as an ISS or group home.</li> </ol>
<b>Service Combinations and Exclusions</b>	<p>Adult Companion (Levels I and II) cannot exceed 96 units per day or 2616 units per month when combined with:</p> <ul style="list-style-type: none"> <li>• Residential Habilitation (Agency and Community)</li> </ul>

	<p>Adult Companion Levels I and II can be billed concurrently with:</p> <ul style="list-style-type: none"> <li>• Transportation</li> </ul>
<p><b>Additional Criteria</b></p>	<p><b>Adult Companion Level I</b> providers may be individuals contracted by an agency who have been chosen by the member or the member's legal representative. They may not reside with the member. Adult Companion Level I is an optional service for Waiver providers. Prior to the provision of services, the contracted Adult Companion Level I provider must submit verification of the following:</p> <ol style="list-style-type: none"> <li>1. Minimum of 18 years of age.</li> <li>2. Current certification in CPR and First Aid.</li> <li>3. Training in health related issues (medication interactions, seizures, gastrostomy tubes, etc.) as needed per individual Waiver member.</li> <li>4. Criminal Investigation Background Check (CIB). CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing an individual to provide services to the member.</li> </ol> <p><b>Adult Companion Level II</b> providers must be employees of the behavioral health provider chosen by the member for the service. Prior to the provision of services the Adult Companion Level II provider must submit verification of the following:</p> <ol style="list-style-type: none"> <li>1. Minimum of 18 years of age.</li> <li>2. High School diploma or Graduate Equivalence Degree (G.E.D.).</li> <li>3. Training in health related issues (medication interactions, seizures, gastrostomy tubes, etc.) as needed per individual Waiver member.</li> <li>4. Criminal Investigation Background Check (CIB). CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing an individual in a position to provide services to the member.</li> </ol> <p><b>Adult Companion Levels I and II</b> services must have</p>

	clinical oversight by a Therapeutic Consultant who ensures the delivery of services in accordance with the MR/DD Waiver Program and the IPP of the member.
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<b>CRISIS SERVICES</b>	
<b>Targeted Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	T2034= Crisis Services (2:1)
<b>Service Unit</b>	1 hour
<b>Service Limits</b>	14 days annually by calendar year
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT and registered with the ASO.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of service limits.</li> <li>• Any exception to the service must be authorized by the ASO.</li> <li>• The ASO will review and determine authorization of selected service(s), service limits, and service providers. If all authorization criteria have been met, the ASO will register the service authorizations with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• The ASO will issue one (1) authorization if all authorization criteria have been met.</li> <li>• <b>Member must require intensive support:</b> Member requires an acute level of support during periods of time in which the person is presenting episodes of unmanageable behaviors that require an intense level of behavioral or psychiatric care. An individual may display extreme, maladaptive behaviors that are not anticipated, are acute in nature, and are beyond the daily behaviors that are</li> </ul>

	<p>addressed through other supports. Crises of this nature may be due to medication changes, reaction to situation stressors, or environmental trauma. By providing this service, an imminent admission to a hospital or institution facility will be avoided while protecting the person from harming themselves or others. This service is not intended to be ongoing in nature and must include a plan of titration of the level of supports.</p> <ul style="list-style-type: none"> <li>• Behavior Specialist/Analyst may initiate service by providing a written clinical justification within 48 hours (or the next working day) of the onset of need for Crisis Services.</li> <li>• Service Coordinator must submit prior authorization request to ASO within 72 hours of implementation of the service.</li> <li>• Service Coordinator must maintain a record of the authorization for services and clinical justification by the Behavior Specialist/ Analyst.</li> <li>• ASO will issue one (1) authorization if all prior authorization criteria have been met.</li> </ul>
<p><b>Re-Authorization</b></p>	<p>At the time of a Critical Juncture</p>
<p><b>Definition</b></p>	<p>Crisis Services are designed to respond to a crisis immediately, assess the situation, and stabilize as quickly as possible. Crisis Services are utilized during extraordinary circumstances requiring a short-term acute service that utilizes positive behavior support planning, interventions, strategies, and direct care in a 2:1 ratio. The additional staff person is available for the assurance of health and safety in the respective setting. This service requires medical necessity and must follow Behavioral Needs Criteria.</p> <p>All Crisis Services are provided under the supervision of a Behavior Specialist/ Analyst.</p> <p>Crisis Services include formal training, informal training, and behavior support.</p> <p>A maximum of 8 hours per day (32 units) of monitoring and supervision may be provided to the member. The need for monitoring and supervision must be supported by evaluations and included in the IPP.</p>

Justification for such services may include such factors as severe challenging behaviors or life-endangering medical conditions.

**Behavioral Needs Criteria for Crisis Services:**

- The member exhibits severe bodily harm, tissue damage, extreme property destruction, or is an imminent safety concern to self or others
- Member requires a Behavior Support Plan
- Member must have a maladaptive severity rating on the ICAP of four (4), which is described as an extremely serious and critical problem. The behavior is life threatening and the reduction in frequency of the targeted behavior requires vigilance and a highly structured environment. The ICAP must list the targeted behavior, score the frequency and score the severity of the behavior. During the transition to the ASO, members needing crisis services prior to the annual ASO ICAP assessment will require a functional assessment rather than the ICAP for this service. The functional assessment must indicate extremely serious and critical behaviors.
- Eligible ICAP criteria are to be used as a guide when a functional assessment is utilized to determine the need for Crisis Services (Member must have an extremely serious and a critical problem one of the following areas to be eligible for Crisis Services):
  - Hurtful to self
  - Hurtful to others
  - Destructive to property
  - Socially offensive behavior

During Crisis Services, the following training and support activities must be conducted:

- Record behavioral data as indicated by the behavior support plan or initial data collection assessment
- Implement the behavior support plan, behavior protocol, or behavior guidelines. Crisis staff will

	<p>implement the plan(s) that are directed at reducing the member's maladaptive behavior(s) and replacing them with socially valuable, adaptive behavior(s) and skills.</p> <ul style="list-style-type: none"> <li>• Ensure the health and safety of the member.</li> </ul>
<b>Site of Services</b>	<p>Crisis Services are provided in the following settings:</p> <ul style="list-style-type: none"> <li>• Group homes licensed by OHFLAC to serve individuals with mental retardation and/or developmental disabilities.</li> <li>• Individualized Support Settings (ISS) operated by a licensed behavioral health center serving people with mental retardation and/ or developmental disabilities.</li> <li>• The necessary local public community environments, as specified in the IPP.</li> </ul>
<b>Documentation</b>	<p>Following the use of Crisis Services, the member's IPP will be reviewed and updated to reflect a plan for the prevention and interventions to ameliorate subsequent occurrences. The IPP must identify crisis early warning signals, triggers, and the necessary services and supports to ensure the health and safety of the member. Any plan that involves the use of restrictive intervention will be approved by a Behavior Specialist or a Behavior Analyst and must be approved by the Human Rights Committee.</p> <ul style="list-style-type: none"> <li>• Crisis Services providers must maintain detailed documentation (e.g. progress notes, daily activity logs, or behavioral data tracking forms) for residential sites in the center's chosen format. Documentation must include the name of the MR/DD Waiver member, specific activity provided, its relationship to an IPP objective or targeted behavior, the actual time spent (including start and stop times), signatures and credentials of staff providing the service, and the date of service.</li> <li>• A written order is required by a Behavior Specialist or Behavior Analyst for this service.</li> </ul>
<b>Service Restrictions</b>	<ol style="list-style-type: none"> <li>1. Crisis Services may not be provided in a mental health crisis stabilization unit, psychiatric hospital, MR/DD Crisis site, ICF/MR facility, general medical hospital, natural family home, adoptive home, or</li> </ol>

	<p>specialized family care home.</p> <ol style="list-style-type: none"> <li>2. Staff to member ratio is 2:1, up to a maximum of 24 hours per day.</li> <li>3. A member may not receive Residential Habilitation, Day Habilitation, Adult Companion, Nursing Services (less than two hours per day), Respite Care, Prevocational Training, or Supported Employment during the 24 hours when the member is receiving Crisis Services.</li> <li>4. A member may only receive Service Coordination, Therapeutic Consultant and Transportation services during the daily 24 hour time frame that Crisis Services are received.</li> <li>5. Crisis Services are not intended for use as an emergency response for routine and ongoing behavioral challenges.</li> <li>6. The provision of 2:1 staff as the only support to the member may not be the only intervention provided under Crisis Services. Clinical interventions must be present in addition to the staffing support.</li> </ol>
<p><b>Service Combinations and Exclusions</b></p>	<p>The following services may not be provided during the 24 hour time period that Crisis Services are delivered:</p> <ul style="list-style-type: none"> <li>• Residential Habilitation (Community and Agency)</li> <li>• Day Habilitation</li> <li>• Prevocational Training</li> <li>• Supported Employment</li> <li>• Respite Care</li> <li>• Adult Companion</li> <li>• More than 2 hours per day of Nursing</li> </ul>
<p><b>Additional Criteria</b></p>	<ol style="list-style-type: none"> <li>1. Individuals providing Crisis Services must be employees (staff) of the licensed behavioral health provider. This requirement assures the credentialed staff have met specific professional and training requirements and are monitored by the licensed behavioral health provider and meet the criteria establishing an employee- employer relationship as specified by the U.S. Department of Labor (DOL).</li> <li>2. Minimum of 18 years of age.</li> <li>3. High School diploma or Graduate Equivalency Degree (G.E.D.).</li> <li>4. Current certification in CPR and First Aid.</li> </ol>

	<ol style="list-style-type: none"><li>5. Training in health related issues (medication interactions, seizures, gastrostomy tubes, etc.) as needed per individual Waiver member.</li><li>6. Criminal Investigation Background Check (CIB). CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing an individual to provide services to the member.</li><li>7. Specific training on the implementation and documentation of Positive Behavior Support plans.</li></ol>
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<b>DAY HABILITATION</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>T2021 U4</u> = Day Habilitation (1:1) <u>T2021 U3</u> = Day Habilitation (1:2) <u>T2021 U2</u> = Day Habilitation (1:3) <u>T2021 U1</u> = Day Habilitation (1:4)
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	600 units per month, with an annual maximum of 7,200 units inclusive of all staff/member ratios. May not exceed 24 units (6 hours) per day
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/her IDT and registered with the ASO.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the Individualized Waiver Budget.</li> <li>• Services selected must be within the boundaries of the service limits.</li> <li>• Any exception to the service limit or Individualized Waiver Budget must be authorized by the ASO.</li> <li>• Service provision by a provider prior to receiving authorization by the ASO is at the provider's own risk.</li> <li>• The ASO will review and determine authorization of the selected service(s), service limits, and service providers. If all authorization criteria have been met, the ASO will register service authorizations with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue four (4) quarterly authorizations if all authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a Critical Juncture

<p><b>Definition</b></p>	<p>The purpose of Day Habilitation is to offer a structured program that is designed to promote the acquisition of skills or maintenance of skills outside the residential home. Day Habilitation activities must occur during naturally occurring routines of the day for the member.</p> <p>Day Habilitation activities in the plan must be developed exclusively to address the habilitation needs of the member.</p> <p>Day Habilitation services must be based on assessment, be person centered/goal oriented, and promote meaningful/ productive activities which are guided by the member's needs, wishes, desires, and goals.</p> <p>Day Habilitation services include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Development of self-care skills</li> <li>• Use of community services and businesses</li> <li>• Emergency skills</li> <li>• Mobility skills</li> <li>• Nutritional skills</li> <li>• Social skills</li> <li>• Communication and speech instruction (as prescribed by a Speech/Language Pathologist)</li> <li>• Therapy objectives (as prescribed by a Physical Therapist, Occupational Therapist, etc.)</li> <li>• Interpersonal skills instruction</li> <li>• Functional academics such as recognizing emergency and other public signs, independent money management skills, etc.</li> <li>• Citizenship, rights, and responsibilities, self-advocacy, etc.</li> <li>• Other habilitation services necessary for an individual to participate in activities in the community settings of his/ her choice</li> <li>• Self medication</li> <li>• Independent living skills</li> <li>• Volunteer services</li> </ul> <p>Physical assistance to assist the individual to achieve</p>

	<p>a specific instructional objective may be included as part of the instructional plan for the activity. Physical assistance must be an integral part of an instructional plan and secondary to learning of a skill to be reimbursed as a Day Habilitation service.</p> <p>Members may participate in either community-based or facility-based Day Habilitation (facility-based Day Habilitation providers must be licensed by OHFLAC).</p> <p>Up to 48 units of Day Habilitation service per 3 months may be charged, if necessary, for the purpose of training the Day Habilitation service provider in person-specific instructional (i.e., behavior intervention plans, medical plans of care, specific instructional activities, etc.) and/ or service objectives. Training received by the Day Habilitation provider must be conducted by a Therapeutic Consultant.</p> <p>Up to 4 units of Day Habilitation service may be charged by the Day Habilitation service provider for active participation in the development of the annual, 3-month, 6-month, and 9-month IPP updates.</p> <p>Day Habilitation must be provided with a sufficient staff to member ratio to ensure the member's health and safety are protected.</p>
<b>Site of Service</b>	<p>Day Habilitation takes place away from a person's home and may include activities in natural community environments to facilitate skill acquisition. Day Habilitation may be provided in a licensed, certified day program site or a natural setting in the community. All facility-based Day Habilitation program sites must be licensed by OHFLAC.</p>
<b>Documentation</b>	<p>Day Habilitation providers (employing organization) must maintain detailed documentation (e.g. progress notes, daily activity logs) for services provided in the provider's chosen format. Documentation shall include the name of the MR/DD Waiver member, the content of the activity, the relationship of that activity to an objective on the IPP, the actual time spent (including start and stop times), date of service, the staff to member ratio, schedule, task analysis, and the signature and credentials of the staff providing the</p>

	<p>service.</p> <p>A weekly schedule of activities linked to the training goals and objectives must be available for Day Habilitation. The schedule must include the activity, the place, and the general time frame that the activity is to occur. The schedule provides direction for staff implementing the training and consistency of training activities. Member's preferences must be included in the development of the weekly schedule.</p>
<p><b>Service Restrictions</b></p>	<ol style="list-style-type: none"> <li>1. Day Habilitation services are analogous to work or instructional classes in skills of daily living necessary to assist the individual with being involved in the community. Individuals who have aged out of school must participate in Day Habilitation, Prevocational Training, or a Supported Employment program.</li> <li>2. Day Habilitation services may not be delivered in a residential site except in rare circumstances where the individual cannot receive Day Habilitation services outside his/her home. Approval for Day Habilitation in a member's home must be requested and authorized by the ASO and the following conditions must be met: <ol style="list-style-type: none"> <li>a. The services are overseen by a Therapeutic Consultant.</li> <li>b. All service providers must meet the qualifications for delivering Day Habilitation services.</li> <li>c. Day Habilitation and Residential Habilitation services are not delivered concurrently.</li> <li>d. The Therapeutic Consultant(s) must ensure the training of staff on appropriate training program goals and that activities occur in a normal community setting.</li> <li>e. Must be ordered by a physician.</li> </ol> </li> <li>3. Day Habilitation services may not take the place of federally funded educational services. Children who do not receive extended school year services may be eligible to receive Day Habilitation during summer months. During the remainder of the year, school is considered Day Habilitation and the child is not eligible for day activities under Waiver both during the week and on weekends (day activities</li> </ol>

	<p>include Day Habilitation, Prevocational Training services, and Supported Employment). The Title XIX MR/DD Waiver Home and Community Based Program cannot provide federal and state mandated education services. The only exception for this would be day activities that would be beneficial for the member directly before or after the traditional school day.</p> <ol style="list-style-type: none"> <li>4. Day Habilitation services must be offered in the most integrated setting available.</li> <li>5. Day Habilitation must be for the member's specific needs, and is not intended for the socialization, shopping, transporting or delivery needs of the staff or family member.</li> <li>6. Day Habilitation provided by means of volunteer work cannot take the place of a paid employment position.</li> <li>7. When a setting is available for a reimbursable Day Habilitation activity in the neighborhood where the member resides, this setting must be utilized (i.e. stores, banks, libraries, etc.). Day Habilitation must occur where the rest of the community typically shops or conducts business utilizing the resources available in the member's neighborhood.</li> </ol>
<p><b>Service Combinations and Exclusions</b></p>	<p>Day Habilitation may not exceed 24 units per day or 600 units per month.</p> <p>Day Habilitation cannot be provided without:</p> <ul style="list-style-type: none"> <li>• Skills Specialist or</li> <li>• Behavior Specialist or</li> <li>• Behavior Analyst</li> </ul> <p>Day Habilitation may be provided concurrently with:</p> <ul style="list-style-type: none"> <li>• Transportation</li> </ul>
<p><b>Additional Criteria</b></p>	<ol style="list-style-type: none"> <li>1. Individuals providing Day Habilitation must be employees (staff) of the licensed behavioral health provider (either Community Day Habilitation or Facility-based Day Habilitation). This requirement assures the credentialed staff has met specific professional and training requirements and is monitored by the licensed behavioral health provider and meets the criteria establishing and employee- employer relationship as specified by</li> </ol>

	<p>the U.S. Department of Labor (DOL).</p> <ol style="list-style-type: none"><li>2. Day Habilitation services must be supervised by a Therapeutic Consultant.</li><li>3. Day Habilitation program service providers must have a minimum of the following qualifications:<ul style="list-style-type: none"><li>• Minimum of 18 years of age</li><li>• High school diploma or Graduate Equivalency Degree (G.E.D.)</li><li>• Criminal Investigation Background Check (CIB): CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing an individual in a position to provide services to the member.</li><li>• Certified in CPR and First Aid</li></ul></li></ol>
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<b>ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>S5165</u> = Environmental Accessibility Adaptation to Home <u>T2039</u> = Environmental Accessibility Adaptation to Vehicle
<b>Service Unit</b>	One dollar (\$1.00)
<b>Service Limits</b>	One thousand dollars (\$1,000.00) per service year (Combined service limits include S5165 & T2039).
<b>Authorizations</b>	<ul style="list-style-type: none"> <li>Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>ASO will issue one (1) annual authorization if all prior authorization criteria have been met.</li> <li>Environmental Accessibility Adaptation has been identified as necessary by the member's IDT to ensure the health, welfare, and safety of the participant –and-</li> <li>Environmental Accessibility Adaptations will enable to member to function with greater independence in the home or vehicle, and without which, the member would require a more restrictive environment.</li> </ul>
<b>Re-Authorizations</b>	Annually, quarterly, or at time of a critical juncture
<b>Definitions</b>	Environmental Accessibility Adaptations are physical adaptations to the home and/ or vehicle required by

	<p>the member's plan of care or IPP, which are necessary to ensure the health, welfare, and safety of the participant. The purpose of this service is accessibility to the home or vehicle only.</p> <p>Additionally, these adaptations enable to member to function with greater independence in the home or vehicle and without which the member would require a more restrictive environment.</p> <p>Environmental Accessibility Adaptations include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Supplies and installation of grab bars</li> <li>• Supplies and installation of ramp(s)</li> <li>• Widening of doorways</li> <li>• Modification of bathroom facilities</li> <li>• Installation of specialized electric and plumbing systems where necessary to accommodate medical equipment and supplies</li> <li>• Vehicle modifications and/ or lifts</li> </ul>
<b>Site of Service</b>	<ol style="list-style-type: none"> <li>1. Member's home: Non-agency operated residence for specific adaptations to meet the member's needs.</li> <li>2. Vehicle: Non-agency operated vehicle for specific adaptations to meet the participant's needs.</li> </ol>
<b>Documentation</b>	<p>The Request for Environmental Accessibility Adaptations form (DD19) must be completed by the Service Coordinator, maintained in the member's file, and have the following items attached:</p> <ul style="list-style-type: none"> <li>• Copy of the IPP detailing the need for the Environmental Accessibility Adaptation</li> <li>• Copy of any assessments detailing the need for the Environmental Accessibility Adaptation</li> <li>• Written documentation supporting the denial or exhaustion of other non-Medicaid and non-family resources</li> <li>• Any and all receipts and/ or invoices for services rendered</li> <li>• Verification by the Service Coordinator that the Environmental Accessibility Adaptations have been purchased and provided</li> </ul> <p>The Agency Contact Person is responsible for</p>

	<p>maintaining a single file with a copy of all DD19 forms (and attachments) completed and submitted for reimbursement. This file shall be made available for review by State and Federal monitors.</p>
<p><b>Service Restrictions</b></p>	<ul style="list-style-type: none"> <li>• Title XIX MR/DD Waiver funds will be used only after all other non-family funding sources have been exhausted.</li> <li>• Provider agencies will be reimbursed through billing Service Coordination for arranging and processing this service, and not from the requested amount.</li> <li>• The Service Coordination agency contact person and the Service Coordinator are responsible for ensuring the request is for only those adaptations covered by this benefit. Any reimbursement for non-covered adaptations will result in the amount of the request being deducted from the agency's Service Coordination billing.</li> <li>• Licensed sites, agency operated sites, or public housing sites are responsible for providing ADA accessible housing. Therefore, this benefit is not allowable for ADA required improvements, state Fire Marshall requirements, or OHFLAC requirements.</li> <li>• Licensed sites or agency operated sites are responsible for providing accessible transportation to those participants who require transportation.</li> <li>• Routine durable medical equipment or routine communication devices are not considered Environmental Accessibility Adaptations services through Wavier. These services may be otherwise available through Medicaid State Plan services.</li> <li>• This benefit is not to be utilized by combining the benefit allocated for more than one (1) member for any Environmental Accessibility Adaptations.</li> <li>• This benefit is not to be utilized by combining the benefit allocated to the member for more than one (1) service year for any Environmental Accessibility Adaptations.</li> <li>• Excluded are those adaptations or improvements to the home of general utility, and are not of direct medical or remedial benefit to the participant (not</li> </ul>

	<p>an all inclusive list):</p> <ul style="list-style-type: none"> <li>○ Carpeting</li> <li>○ Roof repair</li> <li>○ Central air conditioning</li> <li>○ Computers, communication devices, palm pilots, and other technologies</li> <li>○ Capital improvements</li> <li>○ Adaptations that add to the total square footage of the home</li> </ul>
<b>Service Combinations and Exclusions</b>	Combined service limits include S5165 and T2039

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<b>EXTENDED PROFESSIONAL SERVICES</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>97530 GO HI</u> = Occupational Therapist <u>97530 GP HI</u> = Physical Therapist <u>92507 GM HI</u> = Speech/ Language Pathologist <u>97802 AE HI</u> = Registered Dietician <u>T2025</u> = Psychologist Behavioral Consultant
<b>Service Unit</b>	<u>97530 GO HI</u> = 15 minutes <u>97530 GP HI</u> = 15 minutes <u>92507 GM HI</u> = 15 minutes <u>97802 AE HI</u> = Per visit <u>T2025</u> = Per event
<b>Service Limits</b>	<p>Occupational Therapy, Physical Therapy, and Speech/ Language Therapy (when combined) may not exceed 40 units per month or 480 units per year.</p> <p>Registered Dietician services may not exceed 4 units per year.</p> <p>Psychologist Behavioral Consultant may not exceed 4 units per year.</p>
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> </ul>

	<ul style="list-style-type: none"> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definitions</b>	<p>Extended Professional Services are those provided directly to the member which would not otherwise be provided by an alternative source. Extended Professional Services include:</p> <ul style="list-style-type: none"> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> <li>• Speech/ Language Therapy</li> <li>• Registered Dietician</li> </ul> <p>Specialized Consultation to a Therapeutic Consultant by a Licensed Psychologist</p>
<b>Site of Service</b>	The Extended Professional Services provider's office, the member's home, or other community locations which provide the proper equipment and physical facilities to deliver the specific Extended Professional Service.
<b>Documentation</b>	A detailed progress note or evaluation report for each service is required. The documentation should include the description of the service, date, time spent (including start and stop times), and the signature and credentials of the Extended Professional. This service must be linked to a goal on the IPP for the therapy and assessment of progress or lack of progress addressed in the documentation.
<b>Service Restrictions</b>	<ol style="list-style-type: none"> <li>1. Extended Professional Services cannot be conducted concurrently with the same member (i.e. Physical Therapy and Occupational Therapy being implemented with the member concurrently).</li> <li>2. Extended Professional Services may only be provided on a 1:1 staff to member ratio.</li> <li>3. Psychologist Behavioral Consultant services are limited to a member who has a rating of moderate, severe, or critical on the annual ICAP rating of maladaptive behaviors. If member is in crisis, a functional analysis may be utilized to assess the member's maladaptive behaviors.</li> </ol>

<b>Service Combinations and Exclusions</b>	A maximum of 40 units per month may not be exceeded when Occupational Therapy, Physical Therapy, and Speech/ Language Therapy are combined
<b>Additional Criteria</b>	Each service must be performed by a fully licensed, certified and/ or registered: <ul style="list-style-type: none"><li>• Physical Therapist</li><li>• Occupational Therapist</li><li>• Speech/ Language Pathologist</li><li>• Registered Dietician</li><li>• Psychologist</li></ul>

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<b>INDIVIDUAL PROGRAM PLAN DEVELOPMENT</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>T2024 AJ</u> = Social Worker <u>T2024 HN</u> = Service Coordinator <u>T2024 UA UF</u> = Skills Specialist, Day Setting <u>T2024 UA UH</u> = Skills Specialist, Residential Setting <u>T2024 UB UF</u> = Behavior Specialist, Day Setting <u>T2024 UB UH</u> = Behavior Specialist, Residential Setting <u>T2024 UC UF</u> = Behavior Analyst, Day Setting <u>T2024 UC UH</u> = Behavior Analyst, Residential Setting <u>T2024 TD</u> = Registered Nurse <u>T2024 AH</u> = Psychologist <u>T2024 AE</u> = Registered Dietician <u>T2024 GO</u> = Occupational Therapist <u>T2024 GP</u> = Physical Therapist <u>T2024 GN</u> = Speech Therapist <u>T2024 AM</u> = Physician
<b>Service Unit</b>	Event per specialty
<b>Service Limits</b>	<p>This service occurs during the IPP meeting only.</p> <p>A minimum of 2 events per specialty, per IPP meeting will be allocated to the member's Individualized Waiver Budget.</p>
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the</li> </ul>

	<p>claims agent will not be reimbursed.</p> <ul style="list-style-type: none"> <li>ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	<p>Individual Program Plan Development is the process by which the member and his/ her IDT team develop a plan based upon a person centered philosophy. The team should be comprised of the member and his or her "Circle of Support." The Circle of Support may include the service coordinator, professionals, direct care providers, family members, guardian, and significant individuals with a vested interest in the member.</p> <p>The content of the IPP must be guided by the member's wishes, needs, wishes, desires, and goals. See the additional criteria section for the minimum composition requirements of the IDT.</p> <p>This group, that is inclusive of the member, participates in the IPP meeting for the purpose of review of assessments or evaluations, discussion of recommendations or individualized needs, identification of resources or methods of support, outline service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan.</p> <p>The Service Coordinator assumes the role of facilitator and coordinator for the meeting; however, the team is directed by the member utilizing a person centered approach to planning. IPP development occurs when the member is present.</p> <p>Individual Program Plan Development includes the development of the initial IPP, annual IPP, and subsequent reviews or revisions of the IPP as needed.</p>
<b>Site of Service</b>	Individual Program Plan Development may be provided at the office of a provider agency, the member's home, a residential or day program site, clinic or physician office, or any other community setting available to the member.
<b>Documentation</b>	The IPP shall serve as documentation of the IDT meeting. The team member's signature on the IPP

	<p>constitutes participation in the team meeting. Team meeting minutes may be utilized to expand discussion of the meeting or record critical issues from the meeting. The IPP must include the signature of all participants of the IPP meeting, date of the meeting, and the total time spent in the meeting for each team member.</p> <p>If a staff person participates in an IDT meeting from another provider agency, the staff person must record their attendance on a progress note including: date of attendance, provider agency responsible for the IPP, and total time of participation in the IPP.</p> <p>A copy of the IPP will be maintained in all participating provider agency records and distributed to all team members within fourteen (14) business days of the date of the IPP team meeting. A copy of the IPP will be distributed by the Service Coordinator to all team members. Failure to distribute the IPP by the Service Coordinator or maintain the original IPP in the Service Coordination agency record, or a copy of the IPP in a provider agency file may result in disallowance for Individual Program Plan Development services.</p>
<p><b>Service Restrictions</b></p>	<ol style="list-style-type: none"> <li>1. Day Habilitation, Residential Habilitation, Prevocational Training, Adult Companion, Supported Employment, and Respite providers who attend interdisciplinary team meetings must bill the service code for each respective service.</li> <li>2. This service does not include reviews of data or information prior to or after the meeting, notification of team meetings, drafts of strategies or interventions, or distribution of the IPP outside of the team meeting.</li> </ol>
<p><b>Service Combinations and Exclusions</b></p>	<p>Individual Program Plan Development may be billed concurrently with:</p> <ul style="list-style-type: none"> <li>• Residential Habilitation (Community and Agency)</li> <li>• Day Habilitation</li> <li>• Respite Care (Levels I and II)</li> <li>• Prevocational Training</li> <li>• Supported Employment</li> <li>• Adult Companion (Levels I and II)</li> </ul>

<p><b>Additional Criteria</b></p>	<p>At a minimum, the IDT consists of:</p> <ul style="list-style-type: none"> <li>• The member</li> <li>• His/her family and/or legal guardian as applicable</li> <li>• A service coordinator</li> <li>• At least one member of the team must be either the member's Skills Specialist or a Behavior Specialist/Analyst</li> <li>• Representatives of all agencies/providers who provide services to the individual</li> <li>• A physician or registered nurse is required if the member is receiving skilled nursing services on the Waiver Program or if the person has a medical need as determined by the nursing or physician recommendation and team verification</li> <li>• A psychologist is required when the member has the need for specialized psychological evaluation and intervention due to co-existing mental health disorders or behavioral needs</li> <li>• Other members of the IDT must be included, as necessary, to develop a comprehensive IPP and assist the individual</li> </ul> <p>Refer to provider qualifications for specific service for MR/DD Waiver service provider.</p> <p>The IDT is required to convene for the following events: all Initial, Annual, Quarterly, Transfer, Critical Juncture, and Discharge meetings.</p> <p>The IPP is to be developed on an annual basis. Minimally, the annual IPP must be reviewed at a six month interval. IPP reviews should occur on a quarterly basis; however, for those IDT teams that do not review the annual IPP quarterly, a rationale must be given for not reviewing the IPP quarterly. The IPP must be reviewed at critical junctures.</p> <p>Once a member has been awarded a Waiver allocation, the member has 90 days to begin receiving services. The IPP should address implementation dates of service that are not to be implemented at the</p>
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	<p>90 day interval.</p> <ul style="list-style-type: none"><li>• Situations that may warrant an earlier review include, but are not limited to:<ul style="list-style-type: none"><li>○ The member has successfully completed an objective included in the IPP</li><li>○ The member is regressing or losing skills already gained</li><li>○ The member is failing to progress toward identified objectives after reasonable efforts have been made</li><li>○ The member is being considered for training towards new objectives</li><li>○ The member is having a minor or major occurrence in his/her life</li></ul></li><li>• The review of the IPP needs to include:<ul style="list-style-type: none"><li>○ A summary of the treatment, training, or services provided</li><li>○ Documentation of the progress towards each objective</li><li>○ An indication of problems that impede progress, and</li><li>○ A decision to continue, modify, or discontinue current objectives</li></ul></li></ul>
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<b>PREVOCATIONAL TRAINING</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHF BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>T2015</u> = Prevocational Training- Individual (1:1) <u>T2015 HQ</u> = Prevocational Training- Group (1:2-4)
<b>Service Unit</b>	60 minutes
<b>Service Limits</b>	Maximum of 5 units per day or 115 units per month inclusive of both Individual and Group services.
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	<p>Prevocational Training services are planned and designed to assist an individual to acquire and maintain basic work and work- related skills. The service must be an essential component of the IPP, and work activity must be a secondary or tertiary goal of the service, subordinate to the acquisition and retention of work and work- related skills.</p> <p>Prevocational Training service activities include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Training the member to follow directions and carry out assigned duties</li> <li>• Assistance to acquire appropriate attitudes and</li> </ul>

	<p>work habits, such as socially appropriate behaviors on the work site</p> <ul style="list-style-type: none"> <li>• Assistance to adjust to the production and performance standards of the workplace</li> <li>• Mobility training as related to work or work skills</li> <li>• Compliance with workplace rules or procedures</li> <li>• Attendance to work activity</li> <li>• Assistance with workplace problem solving</li> <li>• Instruction in the appropriate use of work-related facilities (e.g. restrooms, cafeteria/ lunch rooms, and break areas)</li> </ul> <p>Up to 12 units (hours) of Prevocational Training service per 3 months may be charged, if necessary, for the purpose of receiving training in person- specific instructional (i.e., behavior intervention plans, medical plans of care, specific instructional activities, etc.) and/ or service objectives. Training received by the Prevocational Training provider must be conducted by a Therapeutic Consultant.</p> <p>Up to 1 unit (hour) of Prevocational Training service may be charged by the Prevocational Training service provider for active participation in the development of Individual Program Plans.</p>
<b>Site of Service</b>	<p>Prevocational Training services may be delivered by day activity centers or adult day services programs operated by behavioral health providers which are licensed by OHFLAC, or acknowledged by the Division of Rehabilitation Services as a vendor prior to October 1, 2006. Those established as a vendor prior to October 1, 2006 will be granted a grandfather status.</p>
<b>Documentation</b>	<p>Prevocational Training service providers (employing organization) must maintain detailed documentation (e.g. progress notes, daily activity logs) for services provided in the provider's chosen format. Documentation shall include the name of the MR/DD Waiver member, the content of the activity, the relationship of that activity to an objective on the IPP, the actual time spent (including start and stop times), date of service, the staff to member ratio, task analysis, and the signature and credentials of the staff providing the service.</p>

	<p>A weekly schedule of activities that is linked to the training goals and objectives must be available for the Prevocational Training provider. The schedule must include the activity, the place, and the general time frame that the activity is to occur. The schedule provides direction for staff implementing the training and consistency of training activities. Member's preferences must be included in the development of the weekly schedule.</p>
<b>Service Restrictions</b>	<p>In order to access Prevocational Training services under the MR/DD Waiver Program, one must first determine if services are currently provided through the Division of Rehabilitation Services (DRS). If services are not provided through DRS, a program funded under the Rehabilitation Act of 1973, the MR/DD Waiver Program provider agency must make a referral to DRS. A copy of the referral must be maintained by the provider agency in the member's record of service. MR/DD Waiver Prevocational Training services must not be utilized concurrently with any DRS Prevocational Training services.</p> <p>If any member is paid less than minimum wage, the program must be certified by the Department of Labor and maintain a current sub-minimum wage certificate.</p>
<b>Service Combinations and Exclusions</b>	<p>Prevocational Training (Individual and Group) may not exceed 5 units per day or 115 units per month.</p> <p>Prevocational Training cannot be provided without:</p> <ul style="list-style-type: none"> <li>• Skills Specialist or</li> <li>• Behavior Specialist or</li> <li>• Behavior Analyst</li> </ul> <p>Prevocational Training may be provided concurrently with:</p> <p>Transportation (A0160 HI and/ or A0120)</p>
<b>Additional Criteria</b>	<ol style="list-style-type: none"> <li>1. Minimum of 18 years of age</li> <li>2. High school diploma or Graduate Equivalency Degree (G.E.D.)</li> <li>3. Criminal Investigation Background Check (CIB): CIB results which may place a member at risk of personal health and safety or have evidence of a</li> </ol>

	<p>history of Medicaid fraud or abuse must be considered by the provider agency before placing an individual in a position to provide services to the member.</p> <ol style="list-style-type: none"><li>4. Certified in CPR and First Aid</li><li>5. Individuals providing Prevocational Training must be employees (staff) of the licensed behavioral health provider or the Division of Rehabilitation Services vendor. This requirement assures the credentialed staff has met specific professional and training requirements and is monitored by the agency, and meets the criteria establishing and employee- employer relationship as specified by the U.S. Department of Labor (DOL).</li><li>6. Documented training or experience in the implementation of Prevocational Training plans of instruction.</li><li>7. Prevocational Training services must be provided by paraprofessionals and supervised by a Therapeutic Consultant.</li></ol>
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<b>EXTENDED PHYSICIAN SERVICES (Annual Medical Evaluation)</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<p><u>99381</u> HI= Infant under one year- New Member  <u>99382</u> HI= Early childhood (1-4 years old)- New Member  <u>99383</u> HI= Late childhood (5-11 years old)- New Member  <u>99384</u> HI= Adolescent (12- 17 years old)- New Member  <u>99385</u> HI= 18- 39 years old- New Member  <u>99386</u> HI= 40- 64 years old- New Member  <u>99387</u> HI= 65 years and older- New Member  <u>99391</u> HI= Infant under one year- Established Member  <u>99392</u> HI= Early childhood (1-4 years old)- Established Member  <u>99393</u> HI= Late childhood (5-11 years old)- Established Member  <u>99394</u> HI= Adolescent (12- 17 years old)- Established Member  <u>99395</u> HI= 18- 39 years old- Established Member  <u>99396</u> HI= 40- 64 years old- Established Member  <u>99397</u> HI= 65 years and older- Established Member</p>
<b>Service Unit</b>	Event
<b>Service Limits</b>	<p>One (1) evaluation annually</p> <p>An Annual Medical Evaluation is required for all members.</p>
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of</li> </ul>

	<p>the individualized Waiver budget.</p> <ul style="list-style-type: none"> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue one (1) annual authorization if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually
<b>Definitions</b>	<p>Extended Physician Services consist of a comprehensive annual medical evaluation performed by a medical or osteopathic physician licensed to practice in WV.</p> <p>This service is used when submitting an initial application packet and to re-establish medical eligibility for recertification on an annual basis.</p> <p>Failure to submit the annual medical evaluation (DD2A) within 30 days of the expiration date for recertification may result in the member losing eligibility for MR/DD Waiver services and the agency being responsible for non-reimbursable Waiver services.</p> <p>The comprehensive annual medical evaluation must include:</p> <ul style="list-style-type: none"> <li>• A physical and developmental examination</li> <li>• Blood levels for medication (if applicable)</li> <li>• Assessment of specialized medical care</li> <li>• Recommendations for additional services</li> <li>• Diagnosis- mental and physical, with prognosis</li> <li>• Recommendation, based on the examination, as to whether the member qualifies for an ICF/ MR level of care and services</li> <li>• Information should also be gathered from the individual or legal guardian on what he/ she wants from services with relation to his/ her goals for home life, day services, social life and/ or other life areas. This service must include a recommendation that the member requires an ICF/MR level of care and services and home and community-based services are appropriate, if the data supports such a recommendation</li> </ul>
<b>Site of Services</b>	The physician's office, individual's home, or other

	applicable community location.
<b>Documentation</b>	Completion of the annual medical evaluation (DD2A) form.
<b>Service Restrictions</b>	None
<b>Service Combinations and Exclusion</b>	None
<b>Additional Criteria</b>	Individual completing Annual Medical Evaluation must be a Medical or Osteopathic Physician licensed to practice in West Virginia.

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<b>PSYCHOLOGICAL TESTING – DEVELOPMENTAL TESTING – LIMITED WITH INTERPRETATION AND REPORT (Annual Psychological Evaluation)</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	96110 HI
<b>Service Unit</b>	One (1) hour
<b>Service Limits</b>	Maximum of four (4) hours per year
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue one (1) authorization per year if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually
<b>Definitions</b>	<p>Psychological Testing- Developmental Testing-Limited With Interpretation and Report (Annual Psychological Evaluation) must include:</p> <ul style="list-style-type: none"> <li>• Specific scores of a standardized adaptive behavioral measure.</li> <li>• Observation of the person.</li> <li>• Prognosis statement regarding how the person will function with continued ICF/MR level of care.</li> <li>• DSM-IV TR format with diagnostic codes and descriptors on all five axes.</li> <li>• Recommendations for adaptive training and behavior supports for instructional services to increase skills and other therapeutic interventions.</li> <li>• Recommendations supported by evaluation results</li> </ul>

	<p>indicating if the individual requires an ICF/MR level of care based on his/her need for habilitative services.</p> <ul style="list-style-type: none"> <li>• Recommendation supported by evaluation results, that home and community-based services are appropriate.</li> </ul>
<b>Site of Services</b>	Psychologist's office, individual's home, or other applicable community locations.
<b>Documentation</b>	Completion of the Psychological Evaluation (DD3) report signed and dated exclusively by the psychologist with the Psychologist's license number.
<b>Service Restrictions</b>	None
<b>Service Combinations and Exclusion</b>	<p>Psychological Testing- Developmental Testing- Limited With Interpretation and Report may not be provided during the same year as:</p> <ul style="list-style-type: none"> <li>• 96111 HI Psychological Testing- Developmental Testing- Extended With Interpretation and Report –and-</li> <li>• 96101 HI Psychological Testing With Interpretation and Report</li> </ul> <p>A comprehensive psychological evaluation must be completed every 3 years for all members. The comprehensive evaluation may be updated by a psychologist, the following 2 years by interviewing the individual, checking the individual's current status, completing adaptive behavior scales and updating all recommendations for children below 18 years of age. An annual psychological evaluation is not required for adults 18 years of age and older.</p>
<b>Additional Criteria</b>	Psychological Evaluations must be provided by a psychologist with at least a Master's Degree in psychology from an accredited program and licensed to practice in WV or eligible to be licensed to practice in WV and under the supervision of a WV licensed psychologist.

<b>PSYCHOLOGICAL TESTING WITH INTERPRETATION AND REPORT (Triennial Psychological Evaluation)</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	96101 HI
<b>Service Unit</b>	One (1) hour
<b>Service Limits</b>	Maximum of four (4) hours per every three year period.
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue one (1) authorization per three year period if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Once, per three year period
<b>Definition</b>	<p>Psychological Testing With Interpretation and Report (Comprehensive Psychological Evaluation) must include:</p> <ul style="list-style-type: none"> <li>• Intellectual testing</li> <li>• Measures of adaptive behavior</li> <li>• Measures of personality and psychopathology (eg, MMPI, Rorschach, WAIS)</li> <li>• Interview with the individual</li> <li>• Other age appropriate and/ or disability-specific evaluation methods</li> <li>• Review of current status</li> <li>• Recommendations for instructional services to increase skills</li> </ul>

	<ul style="list-style-type: none"> <li>• Recommendations for other therapeutic interventions</li> <li>• Diagnostic impressions (DSM-IV TR format with diagnostic codes and descriptors on all five axes)</li> <li>• Statement supported by evaluation results indicating if the individual requires an ICF/MR level of care based on his/ her need for habilitation services</li> <li>• Prognosis statement regarding how the person will function with continued ICF/MR level of care (if applicable)</li> <li>• Recommendation supported by evaluation results to determine if home and community-based services are an appropriate placement. If the recommendation is for an alternative level of care, specific information to support the new placement must be included.</li> </ul>
<b>Site of Service</b>	Psychologist's office, individual's home, or other applicable community locations.
<b>Documentation</b>	Completion of the Psychological Evaluation (DD3) report signed and dated exclusively by the psychologist with the psychologist's license number.
<b>Service Restrictions</b>	None
<b>Service Combinations and Exclusions</b>	<p>Psychological Testing With Interpretation and Report may not be provided during the same year as:</p> <ul style="list-style-type: none"> <li>• 96111 HI Psychological Testing- Developmental Testing- Extended With Interpretation and Report –and-</li> <li>• 96110 HI Psychological Testing- Developmental Testing- Limited With Interpretation and Report</li> </ul> <p>A comprehensive psychological evaluation must be completed every 3 years for all members. The comprehensive evaluation may be updated by a psychologist, the following 2 years by interviewing the individual, checking the individual's current status, completing adaptive behavior scales and updating all recommendations for children below 18 years of age. An annual psychological evaluation is not required for adults 18 years of age and older.</p>
<b>Additional Criteria</b>	Psychological Evaluations must be provided by a psychologist with at least a Master's Degree in

	psychology from an accredited program and licensed to practice in WV or eligible to be licensed to practice in WV and under the supervision of a WV licensed psychologist.
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<b>PSYCHOLOGICAL TESTING- DEVELOPMENTAL TESTING- Extended WITH INTERPRETATION AND REPORT (Triennial Psychological Evaluation)</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	96111 HI
<b>Service Unit</b>	One (1) hour
<b>Service Limits</b>	Maximum of four (4) hours per every three year period.
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue one (1) authorization per three year period if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Once, per three year period
<b>Definition</b>	<p>Psychological Testing- Developmental Testing- Extended With Interpretation and Report (Triennial Psychological Evaluation) must include:</p> <ul style="list-style-type: none"> <li>• Intellectual testing</li> <li>• Measures of adaptive behavior</li> <li>• Interview with the individual</li> <li>• Other age appropriate and/or disability-specific evaluation methods</li> <li>• Review of current status</li> <li>• Recommendations for instructional services to increase skills and other therapeutic interventions</li> <li>• Recommendations for other therapeutic</li> </ul>

	<p>interventions</p> <ul style="list-style-type: none"> <li>• Diagnostic impressions (DSM-IV TR format with diagnostic codes and descriptors on all five axes)</li> <li>• Statement supported by evaluation results indicating if the individual requires an ICF/MR level of care based on his/ her need for habilitation services</li> <li>• Prognosis statement regarding how the person will function with continued ICF/MR level of care (if applicable)</li> <li>• Recommendation supported by evaluation results that home and community-based services are appropriate.</li> </ul>
<b>Site of Service</b>	Psychologist's office, individual's home, or other applicable community locations.
<b>Documentation</b>	Completion of the Psychological Evaluation (DD3) report signed and dated exclusively by the psychologist with the Psychologist's license number.
<b>Service Restrictions</b>	None
<b>Service Combinations and Exclusions</b>	<p>Psychological Testing- Developmental Testing- Extended With Interpretation and Report may not be provided during the same year as:</p> <ul style="list-style-type: none"> <li>• 96101 Psychological Testing With Interpretation and Report</li> <li>• 96110 HI Psychological Testing Developmental Testing- Limited With Interpretation and Report</li> </ul> <p>A Triennial (comprehensive) Psychological Evaluation is required every three (3) years for all members. The Triennial Evaluation must be updated by a psychologist the following two (2) years for all members below 18 years of age. A Psychological Evaluation Update is not required for adults 18 years of age and older.</p>
<b>Additional Criteria</b>	Psychological Evaluations must be provided by a psychologist with at least a Master's Degree in psychology from an accredited program and licensed to practice in WV or eligible to be licensed to practice in WV and under the supervision of a WV licensed psychologist.

<b>PSYCHIATRIC DIAGNOSIS INTERVIEW EXAMINATION</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	90801 HI
<b>Service Unit</b>	Session or event
<b>Service Limits</b>	Once per initial intake with new psychological provider.
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue one (1) authorization per year if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	Psychiatric Diagnostic Interview Examination by a Licensed Psychologist is utilized when a member is new to the provider of service.
<b>Site of Service</b>	Psychologist's office, individual's home, or other applicable community locations.
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• Documentation of member's history</li> <li>• Member's mental status</li> <li>• Member's disposition</li> <li>• Communication with family or other sources</li> </ul>
<b>Service Restrictions</b>	To be utilized only when the member is new to the psychological provider.
<b>Service Combinations and Exclusions</b>	None

<b>Additional Criteria</b>	Service must be provided by a psychologist with at least a Master's Degree in psychology from an accredited program and licensed to practice in WV or eligible to be licensed to practice in WV and under the supervision of a WV licensed psychologist.
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<b>AGENCY RESIDENTIAL HABILITATION</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>T2017 U4</u> = Agency Residential Habilitation (1:1) <u>T2017 U3</u> = Agency Residential Habilitation (1:2) <u>T2017 U2</u> = Agency Residential Habilitation (1:3) <u>T2017 U1</u> = Agency Residential Habilitation (1:4)
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	96 units per day, 2616 units per month (combined service limits include S5135 UA, S5135 UB, and T2017 UA)
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	<p>Agency Residential Habilitation services are support services delivered in a participant's residence and in the member's community which provide instruction and assistance to enable him/ her to acquire and maintain skills which will allow him/ her to live and socialize more independently.</p> <p>Agency Residential Habilitation services may also include behavior support to reduce challenging behaviors and replace them with socially valuable,</p>

	<p>adaptive behaviors and skills. Training must be age appropriate, and functional and natural in terms of materials, location, and times.</p> <p>Up to 12 hours (48 units) of Agency Residential Habilitation services per three months per member may be charged for the purpose of receiving training concerning the member-specific instructional objectives from a Therapeutic Consultant.</p> <p>Up to 1 hour (4 units) of Agency Residential Habilitation may be charged by the service provider to participate in the development of Individual Program Plans. Billing may occur only for program planning meetings outlined above and only for the actual time participating in such meetings.</p> <p>Agency Residential Habilitation services must be developed exclusively to address the identified habilitation needs of the member. Agency Residential Habilitation services must be based on assessment, be person-centered/ goal oriented, and provide meaningful/ productive activities that are guided by the member's needs, wishes, desires, and goals.</p> <p>Examples of skills which may be taught include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Personal grooming</li> <li>• Dressing</li> <li>• Meal preparation</li> <li>• Emergency skills</li> <li>• Self- medication</li> <li>• Social skills</li> <li>• Interpersonal skills</li> <li>• Household skills</li> <li>• Community access skills</li> <li>• Independent travel</li> <li>• Independent living skills</li> <li>• Communication skills</li> <li>• Self-advocacy skills</li> <li>• Mobility skills</li> <li>• Fine/ gross motor skills</li> </ul>
<b>Site of Service</b>	<ul style="list-style-type: none"> <li>• The member's own home or apartment that is</li> </ul>

	<p>his/ her primary residence.</p> <ul style="list-style-type: none"> <li>• Biological or adoptive family home that is the member's primary residence.</li> <li>• Specialized Family Care Homes certified by the SFCP administered by the WV University Center for Excellence in Disabilities (WVUCED) and DHHR, Bureau for Children and Families.</li> <li>• Group homes licensed by OHFLAC to service individuals with mental retardation and/ or developmental disabilities.</li> <li>• Individualized Support Settings (ISS) staffed or operated by a licensed behavioral health center serving people with mental retardation and/ or developmental disabilities (ISS setting is defined as a home setting with 1-3 people living in the home).</li> <li>• Necessary local public community environments as specified in the IPP.</li> </ul>
<p><b>Documentation</b></p>	<p>Providers must maintain detailed documentation (e.g. progress notes, daily activity logs) for residential sites in the center's chosen format. Documentation must include the name of the MR/DD Waiver member, specific activity provided, its relationship to an IPP objective, the actual time spent, including start and stop times, signatures and credentials of staff providing the service, task analysis, and the date of service. When transportation is provided in conjunction with habilitation, the transportation must be linked to a goal in the IPP.</p> <p>A weekly schedule of activities that is linked to the training goals and objectives must be available for the Agency Residential Habilitation provider. The schedule must include the activity, the place, and general time frame that the activity is to occur. The schedule provides direction for the staff implementing the training and consistency of training activities. Member's preference must be included in the development of the weekly schedule.</p>
<p><b>Service Restrictions</b></p>	<ol style="list-style-type: none"> <li>1. May not be provided in a Foster Care Home.</li> <li>2. May not be provided in an Adult Family Care Home.</li> <li>3. May not be delivered in a residence that endangers</li> </ol>

	<p>the health or safety of the member or staff.</p> <ol style="list-style-type: none"><li>4. It is not the member's or member's legal representative's responsibility to provide or arrange for Residential Habilitation services. It is the responsibility of the Service Coordination provider agency to provide or arrange for Residential Habilitation services with trained and qualified Medicaid providers.</li><li>5. Agency Residential Habilitation activities should not be integrated to occur concurrently with personal or work activities of a staff member. This includes activities such as socialization, shopping, and transporting or delivery needs of the staff member.</li><li>6. Members may receive Agency Residential Habilitation in the form of assistance by staff as they participate in activities at home or in the local community. This assistance provides the individualized support necessary for participation in the activity. Unlike Residential Habilitation training, this assistance is not presented in a training format with formal training objectives. Based upon evaluations, the IDT (1) determines if the individual requires assistance to participate in non-training Residential Habilitation activities; (2) identifies on the ISP those activities for which this support would be provided ; and (3) specifies the amount of support (units per month). Residential Habilitation assistance is to be provided in combination with daily Residential Habilitation training. A member must have a current residential training program to qualify for Residential Habilitation Assistance and is to be maintained as described in the documentation section of Residential Habilitation.</li><li>7. A maximum of 8 hours per day (32 units) of monitoring and supervision may be provided to the member. The need for monitoring and supervision must be supported by evaluations and included in the IPP. Justification for such services may include such factors as severe challenging behaviors or life-endangering medical conditions. Residential Habilitation monitoring and supervision in a family home or a Specialized Family Care Home (SFCH) may not be provided by a family member or the SFCH.</li></ol>
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	<p>8. Providers of Agency Residential Habilitation can only be reimbursed for services considered extraordinary, as evidenced by the Extraordinary Care Assessment.</p>
<p><b>Service Combinations and Exclusions</b></p>	<p>Agency Residential Habilitation may not exceed 96 units per day or 2616 units per month when combined with:</p> <ul style="list-style-type: none"> <li>• Adult Companion (Levels I and II)</li> <li>• Community Residential Habilitation (T2017 UA)</li> </ul> <p>Agency Residential Habilitation cannot be provided without:</p> <ul style="list-style-type: none"> <li>• Skills Specialist or</li> <li>• Behavior Specialist or</li> <li>• Behavior Analyst</li> </ul> <p>Agency Residential Habilitation may be provided concurrently with:</p> <ul style="list-style-type: none"> <li>• Transportation (A0160 HI and/ or A0120)</li> </ul>
<p><b>Additional Criteria</b></p>	<ol style="list-style-type: none"> <li>1. Minimum of 18 years of age</li> <li>2. High School diploma or Graduate Equivalency Degree (G.E.D.)</li> <li>3. Criminal Investigation Background Check (CIB). CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing an individual in a position to provide services to the member.</li> <li>4. Certification in CPR and First Aid</li> <li>5. Agency Residential Habilitation service providers must be employed by the licensed behavioral health provider agency which the member has chosen to provide the service(s). This requirement assures the credentialed staff has met specific professional and training requirements and is monitored by a licensed behavioral health provider, and meets the criteria establishing an employee-employer relationship as specified by the U.S. Department of Labor (DOL)</li> <li>6. Agency Residential Habilitation services must be supervised by a Therapeutic Consultant.</li> </ol>

<b>COMMUNITY RESIDENTIAL HABILITATION</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	T2017 UA
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	16 units (4 hours) per day (Combined limit with T2017 U4, T2017 U3, T2017 U2, T2017 U1).
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• Any units in excess of four (4) hours per day up to six (6) hours per day must be approved by the local waiver contact person prior to October 1, 2006 and by the ASO October 1, 2006 and beyond.</li> <li>• ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	<p>Community Residential Habilitation services are support services delivered in a member's residence and in the community which provide instruction and assistance to enable him/ her to acquire and maintain skills which allow him/ her to live and socialize more independently.</p> <p>Community Residential Habilitation services may also include behavior support to reduce challenging behaviors and replace them with socially valuable,</p>

	<p>adaptive behaviors and skills. Training must be age appropriate, and functional and natural in terms of materials, location, and times.</p> <p>Community Residential Habilitation services must be developed exclusively to address the identified habilitation needs of the member. Community Residential Habilitation services must be based on assessment, be person-centered/ goal oriented, and provide meaningful/ productive activities that are guided by the member's needs, wishes, desires, and goals.</p> <p>Examples of skills which may be taught include but are not limited to:</p> <ul style="list-style-type: none"><li>• Personal grooming</li><li>• Dressing</li><li>• Meal preparation</li><li>• Emergency skills</li><li>• Self- medication</li><li>• Social skills</li><li>• Interpersonal skills</li><li>• Household skills</li><li>• Community access skills</li><li>• Independent travel</li><li>• Independent living skills</li><li>• Communication skills</li><li>• Self-advocacy skills</li><li>• Mobility skills</li><li>• Fine/ gross motor skills</li></ul> <p>Up to 12 hours (48 units) of Community Residential Habilitation services per three months may be charged for the purpose of receiving training concerning the member-specific instructional and/or service objectives. Only Therapeutic Consultants, either the Skills Specialist or the Behavior Specialist/Analyst may provide training to the Community Residential Habilitation provider.</p> <p>Up to 1 hour (4 units) of Community Residential Habilitation may be charged by the service provider to participate in the development of the Individual</p>
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	<p>Program Plan Billing may occur only for program planning meetings outlined above and only for the actual time participating in such meetings.</p>
<b>Site of Service</b>	<ul style="list-style-type: none"> <li>• Biological/ adoptive/ natural family home that is the primary residence of the member.</li> <li>• Specialized Family Care Homes certified by the SFCP administered by WV University Center for Excellence in Disabilities (WVUCED) and DHHR, Bureau for Children and Families.</li> </ul>
<b>Documentation</b>	<p>Providers must complete the Community Residential Habilitation Documentation Form (DD12) and task analysis.</p>
<b>Service Restrictions</b>	<ul style="list-style-type: none"> <li>• May not be provided in a Foster Care Home.</li> <li>• May not be provided in an Adult Family Care Home.</li> <li>• May not be provided to individuals living in an Individualized Support Setting (ISS) or Group Home setting.</li> <li>• It is not the member's or member's legal representative's responsibility to provide or arrange for Residential Habilitation services. It is the responsibility of the Service Coordination provider agency to provide or arrange for Residential Habilitation services with trained and qualified Medicaid providers.</li> <li>• Community Residential Habilitation includes only activities that are considered "active treatment." Routine monitoring or support will not be considered. Members may only receive Community Residential Habilitation during the times they participate in training activities at home or in their local community.</li> <li>• Providers of Community Residential Habilitation can only be reimbursed for services that have been identified as necessary on the Extraordinary Care Assessment.</li> <li>• Community Residential Habilitation cannot replace the routine care and supervision which would be expected to be provided by a legally responsible caretaker.</li> <li>• Activities should not be integrated to occur concurrently with personal or work activities of a staff or family member. This includes such</li> </ul>

	<p>activities as socialization, shopping, transporting or delivery needs of the staff or family member.</p>
<p><b>Service Combinations and Exclusions</b></p>	<p>Community Residential Habilitation may not exceed approved service limit when combined with:</p> <ul style="list-style-type: none"> <li>• Agency Residential Habilitation</li> </ul> <p>May not exceed 2616 units per month when combined with:</p> <ul style="list-style-type: none"> <li>• Adult Companion (Levels I and II)</li> </ul> <p>Cannot be provided without:</p> <ul style="list-style-type: none"> <li>• Skills Specialist or</li> <li>• Behavior Specialist or</li> <li>• Behavior Analyst</li> </ul> <p>Community Residential Habilitation may be provided concurrently with:</p> <ul style="list-style-type: none"> <li>• Transportation A0160 HI</li> </ul>
<p><b>Additional Criteria</b></p>	<ul style="list-style-type: none"> <li>• Provider must be a minimum of 18 years of age</li> <li>• Provider must be a biological/adoptive family member or a Specialized Family Care Provider</li> <li>• Certification in CPR and First Aid</li> <li>• Community Residential Habilitation services must be supervised by a Therapeutic Consultant</li> </ul>

<b>RESPIRE CARE</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>T1005 UAU4</u> = Respite Care Level I (1:1) <u>T1005 UAU3</u> = Respite Care Level I (1:2) <u>T1005 UAU2</u> = Respite Care Level I (1:3) <u>T1005 UBU4</u> = Respite Care Level II (1:1) <u>T1005 UBU3</u> = Respite Care Level II (1:2) <u>T1005 UBU2</u> = Respite Care Level II (1:3)
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	A maximum combined limit of 6,912 units per year for Respite Level I and Respite Level II.
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue one (1) annual authorization if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	<ul style="list-style-type: none"> <li>• Respite Care is specifically designed to provide temporary, substitute care for a member whose primary care is normally provided by the family or other primary caregiver of a member. The service is to be used on a short-term basis due to the absence of or need for relief of the primary caregiver.</li> <li>• Respite is designed to focus on the needs of the caregiver for temporary relief and to help prevent</li> </ul>

	<p>the breakdown of the caregiver due to the physical burden and emotion stress of providing continuous support and care to the dependent member. Respite Care consists of temporary care services for an individual who cannot provide for all of his/ her own needs.</p> <p>Respite Care may be used to:</p> <ul style="list-style-type: none"> <li>• Allow the primary caregiver to have planned time from the caretaker role for him/ herself and/ or other family members.</li> <li>• Provide assistance to the primary caregiver or member in crisis and emergency situations.</li> <li>• Ensure the physical and/ or emotion well-being of the primary caregiver or the member by temporarily relieving the primary caregiver of the responsibility of providing care.</li> <li>• Up to 48 units of Respite Care per 3 months may be charged, if necessary, for the purpose of training the Respite Care service provider in person-specific and respite-relevant instructional (i.e. behavioral intervention plans, medical plans of care, specific instructional activities, etc.), and/ or service objectives. Training received by the Respite Care provider must be provided by a Therapeutic Consultant, either the Skills Specialist or Behavior Specialist/Analyst.</li> <li>• Up to 4 units of Respite Care may be charged for participation in the development of the Individual Program Plan. Billing may occur only for program planning meetings required by the MR/DD Waiver Program as outlined above</li> </ul>
<p><b>Site of Service</b></p>	<ul style="list-style-type: none"> <li>• A member may receive Respite Care services in his/ her residence from a qualified Respite Care provider.</li> <li>• The home of a Specialized Family Care Provider.</li> <li>• A group home licensed by OHFLAC to deliver services to people with Mental Retardation/ Developmental Disabilities.</li> <li>• An ICF/ MR group home or facility.</li> <li>• A general medical hospital when the member warrants the need of additional assistance by a familiar staff person that would not otherwise be</li> </ul>

	<p>provided by hospital staff.</p> <ul style="list-style-type: none"> <li>• A Day Habilitation program licensed by OHFLAC to deliver services to people with Mental Retardation/ Developmental Disabilities (where age appropriate).</li> <li>• A licensed day care program (for children only on a short- term basis). Example: “Mother’s Day Out” program when the member receives intermittent Respite Care at a day care program which does not occur on a daily or routine basis.</li> <li>• In the local public community environment.</li> </ul>
<b>Documentation</b>	<p>Documentation shall include the name of the MR/DD Waiver member, the content of the activity, the relationship of the activity to an objective on the IPP, the actual time spent (including start and stop times), the date of service, the staff to member ratio, and the signature and credentials of the staff providing the service on the Respite Documentation Form (DD12). Transportation mileage must be included on the DD12. Travel destinations to and from must be listed on the form.</p>
<b>Service Restrictions</b>	<ol style="list-style-type: none"> <li>1. Respite Care may not be used as a routine service in a group home, ISS, or a residence where the individual lives alone or with other service members because these settings have staff that may work shifts and are not the single, primary caregiver for the individual. Respite Care may only be used in the above settings in an emergency to allow the individual to go to another site for temporary care, or to cover services in a crisis while a new IPP is developed which covers services in a crisis while a new IPP is developed which covers the changes in the member’s circumstances and/or the services. As an exception Respite Services may be utilized in a DD Crisis Respite Site location that is a BHHF contracted DD Crisis Respite site.</li> <li>2. Respite Care cannot be utilized for the every day provision of care for a child or adult in the absence of a parent(s) or primary caregiver(s) when the parent(s) or caregiver(s) goes to work</li> <li>3. Specialized Family Care Providers who provide Respite Care may not provide service at a 1:3 ratio</li> <li>4. The Respite Care Level I provider cannot reside</li> </ol>

	with the member.
<b>Service Combinations and Exclusions</b>	<p>Respite Care (Level I and Level II combined) cannot exceed 6912 units per year.</p> <p>Respite Care Level I and Respite Care Level II cannot be provided without:</p> <ul style="list-style-type: none"> <li>• Skills Specialist or</li> <li>• Behavior Specialist or</li> <li>• Behavior Analyst</li> </ul> <p>Respite Care can be billed concurrently with:</p> <ul style="list-style-type: none"> <li>• Transportation</li> </ul>
<b>Additional Criteria</b>	<ol style="list-style-type: none"> <li>1. All Respite Care providers must have oversight by a Therapeutic Consultant for training in “respite relevant” habilitation goals</li> <li>2. Minimum of 18 years of age</li> <li>3. High School diploma or Graduate Equivalence Degree (G.E.D.)</li> <li>4. Certification in CPR and First Aid</li> <li>5. Training in health related issues (medication interactions, seizures, gastrostomy tubes, etc) or respite relevant training procedures and protocols as needed by the member.</li> <li>6. Criminal Investigation Background Check (CIB). CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing an individual in a position to provide services to the member.</li> <li>7. All Respite Care Level II providers must be employees of the behavioral health provider and must meet the above requirements.</li> </ol>

<b>SERVICE COORDIATION</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	T1016 HI
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	<p>70 units per month up to a maximum of 840 units per year.</p> <p><b>Service Coordination is a required service.</b> A minimum of 20 units per month will be allotted on the member's budget.</p>
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	<p>Service Coordination activities are services are activities to establish, along with the member, a life-long, person-centered, goal-oriented process for coordinating the supports (both natural and paid), range of services, instruction and assistance needed by persons with developmental disabilities. It is designed to ensure accessibility, accountability and continuity of support and services.</p> <p>This service also ensures that the maximum potential</p>

and productivity of a person with developmental disabilities in making meaningful choices with regard to his/her life, and his/her inclusion in the community are achieved. Each member will be assigned a single service coordinator.

**Application and Eligibility:**

- Accept referrals and provide the applicant and his/her family with the information necessary to choose between an institutional level of care in an ICF/MR facility or home and community-based services under the MR/DD Waiver Program. The Service Coordinator will conduct an interview with the applicant, his/her family, and/ or legal representative to explain the choice between ICF/MR institutional and Waiver services and obtain a written informed consent for the applicant to receive Waiver services.
- Coordinate the initial medical evaluation (DD2A), psychological evaluation (DD3), Social History (DD4) {if applicable and available}, IEP, psycho-educational assessment for school-age children {if applicable and available}, Birth To Three assessments {if applicable and available} as well as arrange/ collect other necessary evaluations and information to establish eligibility.
- Submit the Annual Medical Evaluation (DD-2A), Psychological Evaluation (DD3) {if applicable}, for re-certification to the State office no later than 30 days past the expiration date. Services may not be reimbursed if an individual's certification has expired past the 30-day time frame.
- Ensure application for financial eligibility at the DHHR office in the county where the applicant lives or ensure that the applicant, his/her family, and/or legal representative make the financial application.
- Ensure that every six months thereafter that the individual, his/her family, and/or legal representative re-establish financial eligibility at the county DHHR office or annually for individuals who are currently receiving SSI.
- Ensure the completion/maintenance of all

required MR/DD Waiver evaluations (Annual Medical Evaluation, DD2A and the Psychological Evaluation, DD3); IPP, Consents and Rights, and disseminate documents to IDT members as appropriate.

- Service Coordination providers must begin the discharge process and provide linkage to services appropriate to level of need when a member is initially found to be ineligible for MR/DD Waiver Services.

**Linkage/Referral and Rights:**

- Provide oral and written information on the MR/DD Waiver Program provider agency's rights and grievance procedures for members served by the agency.
- Procure all medically necessary services for children through the age of 21 within and beyond the scope of the MR/DD Waiver Program, in accordance with the Federal regulations and mandate for the Early Periodic Screening, Diagnosis & Treatment (EPSDT) Program.
- Inform families or custodians of children less than three years of age about the availability of Birth to Three Services. Medicaid will not reimburse these providers for Birth to Three Services for children enrolled in the MR/DD Waiver program. However, reimbursement may be available from other funding services.
- Must act as an advocate for the member. The MR/DD Waiver Program must not be substituted for entitlement programs funded under other Federal public laws such as Special Education under P.L. 99-457 or 101-476 and rehabilitation services as stipulated under Section 110 of the Rehabilitation Act of 1973. (Public schools can currently bill for specific medical services under their own Medicaid provider numbers). Therefore, it is necessary for the Service Coordinator to advocate within these systems to obtain the required and appropriate services.
- Provide education, linkage, and referral to community resources.

	<ul style="list-style-type: none"><li>• Promote a valuable and meaningful social role for the member in the community while recognizing the member's unique cultural and personal value system.</li></ul> <p><b>Development of the IPP and the IDT Meeting:</b></p> <ul style="list-style-type: none"><li>• Coordinate evaluations annually to be utilized as a basis of need and recommendation for services in the development of the IPP.</li><li>• Notify, convene, coordinate, and chair the meeting with the IDT. The Service Coordinator and the individual may wish to coordinate the annual IPP with the planning process for other service systems.</li><li>• Coordinate the development of a new IPP at least annually, with a 6 month update and in accordance with the definition and requirements for IPPs stipulated in the Individualized Program Plan Development section of this guideline.</li><li>• Access the necessary resources detailed in the IPP, make referrals to qualified service providers and resources, and ensure that service providers implement the instructional (behavioral) and service objectives of the IPP.</li><li>• Monitor the instructional (behavioral) and service objectives to ensure that objectives are implemented according to the IPP.</li><li>• Disseminate copies of the IPP to the member or member's legal representative and all provider agencies indicated on the IPP.</li><li>• Disseminate evaluations or assessments to provider agencies indicated on the IPP.</li></ul> <p><b>Evaluation of the Implementation of the IPP and Services:</b></p> <ul style="list-style-type: none"><li>• Ensure the health and safety of the member.</li><li>• Ensure the implementation of services as indicated on the IPP.</li><li>• Visit the member monthly at his/her residence to personally meet with the individual and service providers to verify that services are being delivered in accordance with the IPP in a safe environment and check that documentation of</li></ul>
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	<p>services is occurring. Visits with the individual, his/her family and/or legal representative will be utilized by the Service Coordinator to update progress towards obtaining services and resources and discuss progress towards achieving objectives contained in the IPP. The Service Coordinator will also elicit information from the individual, his/her family and/or legal representative on their assessment of services, achievements, and/or unmet needs.</p> <ul style="list-style-type: none"><li>• Visit the individual at his/her day activity every other month to verify that services are being delivered in accordance with the IPP, in a safe environment, and check that documentation of services is occurring. The Service Coordinator is encouraged to visit the supported employment setting if the visit will not be disruptive to the setting or member, assist with the problem solving and engage in linkage and referral when needed.</li><li>• Advocate on behalf of the individual and his/her family within the behavioral health service delivery system and community services and resources.</li><li>• Provide planning and coordination before, during, and after crises.</li><li>• Coordinate discharge/transitional planning meetings to ensure the linkage to new service providers and access to services when transferring services from one provider agency to another. Coordination efforts will continue until the transfer of Service Coordination is finalized.</li><li>• Travel to and from home visits, day habilitation program visits, and other locations necessary to complete duties related to the IPP.</li></ul> <p><b>Self-Direction:</b></p> <ul style="list-style-type: none"><li>• Facilitate the member and/or family learning about self-directed service coordination, which they can use to independently and fully participate in systems processes and obtain and advocate for needed resources and services.</li><li>• Work with the individual, his/her family,</li></ul>
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	providers, and others to initiate, facilitate, and maintain collaborative working relationships among individuals and service agencies.
<b>Site of Service</b>	Any location required in order to complete all necessary duties for the member.
<b>Documentation</b>	<p>Service recording or progress/ case notes shall include, at a minimum, the following:</p> <ul style="list-style-type: none"> <li>• Name of MR/DD member</li> <li>• Service Code</li> <li>• Date of service</li> <li>• Duration of service</li> <li>• Start and stop times</li> <li>• Type of service delivered</li> <li>• Type of activity (assessment, service planning, linkage, referral, advocacy, crisis response planning, service plan evaluation, and travel)</li> <li>• Type of contact (face-to-face, phone, written)</li> <li>• Summary of service delivered</li> <li>• Outcome and/ or result of service</li> <li>• Signature and credentials of provider</li> </ul>
<b>Service Restrictions</b>	<ol style="list-style-type: none"> <li>1. Payee services are not reimbursable as a service coordination activity.</li> <li>2. MR/DD Waiver Service Coordinators may not provide services for more than 20 people, inclusive of all people served by the Service Coordinator at any time.</li> <li>3. The Service Coordinator must not provide Therapeutic Consultant services for members to whom they provide Service Coordination.</li> <li>4. Service Coordinators may not evaluate the IPP implementation by means of review of “billing or documentation” or other auditing activities.</li> </ol>
<b>Service Combinations and Exclusions</b>	None
<b>Additional Criteria</b>	<p><b>Provider Degree Requirements:</b></p> <ol style="list-style-type: none"> <li>a. Four year degree in a human service field and one or more years of experience in the MR/DD Waiver field.</li> <li>b. Four year degree in a human service field and less than one year of experience in the MR/DD field (Restriction: Must be under the supervision of the Service Coordinator Supervisor. Clinical supervision involves review of clinical activities,</li> </ol>

	<p>review of case notes and review of treatment plans for six (6) months. This must be verified by supervisory documentation once per month).</p> <ul style="list-style-type: none"><li>c. Four year degree in a non-human service field and one year experience in the MR/DD field (Restriction: Must be under the supervision of the Service Coordinator Supervisor. Clinical supervision involves review of clinical activities, review of case notes and review of treatment plans for six (6) months. This must be verified by supervisory documentation once per month).</li><li>d. No degree or two year degree and is a Licensed Social Worker grandfathered in by the WV Board of Social Work Examiners due to experience in the MR/DD field. (Restrictions-none).</li><li>e. A Registered Nurse who has one or more years of experience working in the MR/DD field (Restriction: Must be under the supervision of the Service Coordinator Supervisor. Clinical supervision involves review of clinical activities, review of case notes and review of treatment plans for six (6) months. This must be verified by supervisory documentation once per month).</li></ul> <p><b>Criminal Investigation Background Check (CIB):</b> CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing any individual in a position to provide services for the member.</p>
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<b>SKILLED NURSING SERVICES BY RN</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	T1002 HI
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	40 units per month
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	<p>Skilled Nursing Services by RN are restricted to those nursing services that are outside the scope and practice of a LPN. Skilled Nursing Services by RN include but are not limited to:</p> <ul style="list-style-type: none"> <li>• AMAP required RN duties</li> <li>• Annual nursing assessment (required for all members)</li> <li>• Self-medication administration assessment</li> <li>• Completing forms necessary for prior authorization for nursing services</li> <li>• Nursing plan of care, including measurable goals and objectives</li> <li>• Monthly nursing summaries</li> <li>• Direct supervision of AMAPs, LPNs</li> <li>• Work directly with physicians and specialists to</li> </ul>

	<p>plan medical treatment</p> <ul style="list-style-type: none"> <li>• Train providers on client-specific health and safety issues</li> </ul>
<b>Site of Service</b>	<p>Skilled Nursing Services can be provided in the following settings:</p> <ul style="list-style-type: none"> <li>• The member's own home or apartment that is his/ her primary residence.</li> <li>• Natural family home that is the member's primary residence.</li> <li>• Specialized Family Care Home certified by the Specialized Family Care Program administered by WV University Center for Excellence in Disabilities (WVUCED) and DHHR, Bureau for Children and Families.</li> <li>• Group homes licensed by OHFLAC to serve individuals with mental retardation and/ or developmental disabilities.</li> <li>• Individualized Support Settings (ISS) operated by a licensed behavioral health center serving people with mental retardation and/ or developmental disabilities.</li> <li>• The necessary local public community environments, as specified in the IPP.</li> </ul> <p>Nursing services may not be delivered in a residence that endangers the health or safety of the participant or staff. If applicable for the safety of the member, there needs to be an assurance that the home has the following:</p> <ul style="list-style-type: none"> <li>• Adequate electrical power including back-up power system (generator and/ or battery)</li> <li>• Adequate space for equipment and supplies</li> <li>• Adequate fire safety and adequate exits for medical and other emergencies</li> <li>• Clean environment to the extend that the individual's life and health are not at risk</li> </ul>
<b>Documentation</b>	<p>A detailed progress note or evaluation report for each service is required. The documentation should include the description of the service, member name, date, time spent (including start and stop times), and signature and credentials of the nurse. Service units are to be rounded on a monthly basis, not daily.</p>

	Physician's order that the member requires nursing services.
<b>Service Restrictions</b>	<ol style="list-style-type: none"> <li>1. Nursing services are not intended to replace the natural supports of the member. Nursing is considered supportive to the care provided to an individual by the individual's family, foster parents, and/ or delegated caregivers, as applicable.</li> <li>2. Nursing services shall be based on medical necessity.</li> <li>3. Increases in the level of care and number of hours or visits authorized shall be based on a change in the condition of the member, limitations of the program, and the ability of the family, foster parents, or delegated caregivers to provide care.</li> <li>4. RN Skilled Nursing Services are restricted to those services that are outside the scope and practice of a LPN. If the RN provides a Skilled Nursing service that is within the scope of practice for a LPN, they must utilize the LPN code.</li> </ol>
<b>Service Combinations and Exclusions</b>	None
<b>Additional Criteria</b>	<ol style="list-style-type: none"> <li>1. Current WV Registered Nursing license.</li> <li>2. Criminal Investigation Background Check (CIB): CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing an individual in a position to provide services to the member.</li> <li>3. RN must be under the direction of a physician.</li> </ol>

<b>SKILLED NURSING SERVICES BY LPN</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>T1003 HIU4</u> = Skilled Nursing Services by LPN (1:1) <u>T1003 HIU3</u> = Skilled Nursing Services by LPN (1:2) <u>T1003 HIU2</u> = Skilled Nursing Services by LPN (1:3)
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	Based upon the medical need for skilled nursing, the member may receive up to 24 hours of skilled nursing (ratios combined) per day. The nurse will also be expected to provide habilitation training (which is active treatment) when the member receives 8 hours or more of skilled nursing services per day.
<b>Authorization</b>	<ul style="list-style-type: none"> <li>Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	<p>Skilled Nursing Services by RN and/or LPN are those nursing services that are within the scope and practice of a LPN. Skilled Nursing Services by RN and/ or LPN include but are not limited to:</p> <ul style="list-style-type: none"> <li>Routine monitoring (data collection) of specific medical symptoms such as seizures, bowel habits, blood pressure, diet, and exercise</li> <li>Taking off physician orders if only nurses are</li> </ul>

	<p>administering medications</p> <ul style="list-style-type: none"> <li>• Ensuring physician orders are current, properly documented and communicated to direct care staff and others per agency policy</li> <li>• Direct nursing care including medication or treatment administration</li> <li>• Monitoring and review of MARs, medication storage, and documentation (when no AMAPs are administering medication)</li> <li>• Ensure medical appointments have been kept and information communicated to all others per agency policy</li> <li>• Assist in obtaining informed consent for medication and/ or treatments</li> <li>• Facilitate procurement of and monitoring of medical equipment</li> <li>• Keeping emergency sheets updated and accurate</li> <li>• Training and education of members regarding health or medical issues</li> </ul>
<p><b>Site of Service</b></p>	<p>Skilled Nursing Services can be provided in the following settings:</p> <ul style="list-style-type: none"> <li>• The member's own home or apartment that is his/ her primary residence.</li> <li>• Natural family home that is the member's primary residence.</li> <li>• Specialized Family Care Home certified by the Specialized Family Care Program administered by WV University Center for Excellence in Disabilities (WVUCED) and DHHR, Bureau for Children and Families.</li> <li>• Group homes licensed by OHFLAC to serve individuals with mental retardation and/ or developmental disabilities.</li> <li>• Individualized Support Settings (ISS) operated by a licensed behavioral health center serving people with mental retardation and/ or developmental disabilities.</li> <li>• The necessary local public community environments, as specified in the IPP.</li> </ul> <p>Nursing services may not be delivered in a residence that endangers the health or safety of the participant or</p>

	<p>staff. If applicable for the safety of the member, there needs to be an assurance that the home has the following:</p> <ul style="list-style-type: none"> <li>• Adequate electrical power including back-up power system (generator and/ or battery)</li> <li>• Adequate space for equipment and supplies</li> <li>• Adequate fire safety and adequate exits for medical and other emergencies</li> <li>• Clean environment to the extend that the individual's life and health are not at risk</li> </ul>
<b>Documentation</b>	A detailed progress note or evaluation report for each service is required. The documentation should include the description of the service, member name, date, time spent (including start and stop times), and signature and credentials of the nurse.
<b>Service Restrictions</b>	<ol style="list-style-type: none"> <li>1. Nursing services are not intended to replace the natural supports of the member. Nursing is considered supportive to the care provided to an individual by the individual's family, foster parents, and/ or delegated caregivers, as applicable.</li> <li>2. Nursing services shall be based on medical necessity.</li> <li>3. Increases in the level of care and number of hours or visits authorized shall be based on a change in the condition of the member, limitations of the program, and the ability of the family, foster parents, or delegated caregivers to provide care.</li> <li>4. Skilled Nursing Services by LPN and/ or RN will be reimbursed at the LPN rate, regardless of whether the provider is a Registered Nurse.</li> <li>5. If a member receives eight (8) hours or more of Skilled Nursing by RN/LPN per day, the nurse will be expected to provide habilitation training (active treatment).</li> </ol>
<b>Service Combinations and Exclusions</b>	None
<b>Additional Criteria</b>	<ol style="list-style-type: none"> <li>1. Current WV Licensed Practical Nurse</li> <li>2. Criminal Investigation Background Check (CIB): CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing an individual in a position to provide services to the</li> </ol>

	member. 3. Must be under the supervision of a Registered Nurse under the direction of a physician.
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<b>SOCIAL HISTORY</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>H0031 HI</u> = Initial Social History <u>H0031 HITS</u> = Social History Update
<b>Service Unit</b>	Event
<b>Service Limits</b>	<u>H0031 HI</u> = One Initial Social History upon receipt of allocation (slot) per member, per provider, per lifetime; Initial Social History is a required service.  <u>H0031 HITS</u> = Annually Social History update is an optional service.
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue one (1) annual authorization if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	An Initial Social History is performed for the initial comprehensive evaluation and must include: <ul style="list-style-type: none"> <li>• Developmental history</li> <li>• Family history and description of home and family life</li> <li>• Educational history and achievements</li> <li>• Functional/ life/ vocational skills status</li> <li>• Recreational interests</li> <li>• History of hospitalizations, and</li> </ul>

	<ul style="list-style-type: none"> <li>• Legal status and other relevant information</li> </ul> <p>Information should also be gathered from the member or legal guardian on what he/ she wants from services with relation to his/ her goals for home life, day services, social life and/ or other life areas. This service must include a current social information review of historical social information, findings and assessments, recommendations, and verification that the data supports such recommendations.</p> <p>The Social History Update may be completed as indicated by the IPP team members. It should include an update of the information collected in the Initial Social History.</p>
<b>Site of Service</b>	Social Worker's office, member's home, or any other applicable community location.
<b>Documentation</b>	Completion of the Social History (DD4) dated and signed exclusively by a Licensed Social Worker or a Temporary Licensed Social Worker under the supervision of a Licensed Social Worker.
<b>Service Restrictions</b>	<p>The initial social history service must be provided by a Therapeutic Consultant with at least a Bachelor's degree in social work from an accredited college and/or WV licensure in social work. The initial social history is required for all new enrollees of the program.</p> <p>An annual social history may be performed for evaluation and planning purposes but is not required for the annual determination of level of care (medical eligibility).</p>
<b>Service Combinations and Exclusions</b>	None
<b>Additional Criteria</b>	Provider must be a Licensed Social Worker –or- Temporary Licensed Social Worker under the supervision of a Licensed Social Worker.

<b>SUPPORTED EMPLOYMENT</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>T2019</u> = Supported Employment- Individual (1:1) <u>T2019 HQ</u> = Supported Employment- Group (1:2-4)
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	32 units per day or 576 units per month inclusive of both Individual and Group services
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	<p>Supported Employment services are services that enable individuals to engage in paid, competitive employment in integrated community settings. The services are for individuals who have barriers with obtaining employment due to the nature and complexity of their disabilities, regardless of age or vocational potential. The services are designed to assist individuals for whom competitive employment at or above the minimum wage is unlikely without such support and services and need ongoing post-employment support based upon their level of need.</p> <p>Supported Employment services include, but are not</p>

	<p>limited to:</p> <ul style="list-style-type: none"> <li>• Vocational counseling (Example: Discussion of the member's on-the-job work activities)</li> <li>• Job development and placement for a specific waiver member with the member present</li> <li>• On-the-job training in work and work-related skills</li> <li>• Accommodation of work performance task</li> <li>• Supervision and monitoring by a job coach</li> <li>• Intervention to replace inappropriate work behaviors with adaptive work skills and behaviors</li> <li>• Retraining as jobs change or job tasks change</li> <li>• Training in skills essential to obtain and retain employment, such as the effective use of community resources</li> <li>• Transportation to and from job sites when other forms of transportation are unavailable or inaccessible</li> </ul> <p>Natural work settings supports are to be considered prior to the utilization of Supported Employment.</p> <p>There must be sufficient numbers of competent, trained staff to provide Supported Employment services and to protect the member's health and safety.</p>
<b>Site of Service</b>	Integrated community work setting
<b>Documentation</b>	<p>Supported Employment service providers (employing organization) must maintain detailed documentation (e.g. progress notes, daily activity logs) for services provided in the center's chosen format. Documentation shall include the name of the MR/DD Waiver member, the content of the activity, the relationship of that activity to an objective on the IPP, the actual time spent (including start and stop times), date of service, the staff to member ratio, task analysis, and the signature and credentials of the staff providing the service.</p> <p>A weekly schedule of activities that is linked to the training goals and objectives must be available for the Supported Employment provider. The schedule must include the activity, the place, and the time that the activity is to occur. The schedule provides direction for</p>

	<p>staff implementing the training and consistency of training activities. Member's preferences must be included in the development of the weekly schedule.</p>
<b>Service Restrictions</b>	<p>In order to access Supported Employment services under the MR/DD Waiver Program, one must first determine if services are currently provided through DRS. If services are not provided through DRS, a program funded under Section 110 of the Rehabilitation Act of 1973, the MR/DD Waiver Program provider agency must make a referral to DRS. A copy of the referral must be maintained by the provider agency in the member's record of service. MR/DD Waiver Supported Employment services must not be utilized concurrently with any DRS Prevocational Training services.</p>
<b>Service Combinations and Exclusions</b>	<p>Supported Employment (Individual and Group) may not exceed 32 units per day or 576 units per month.</p> <p>Supported Employment cannot be provided without:</p> <ul style="list-style-type: none"> <li>• Skills Specialist or</li> <li>• Behavior Specialist or</li> <li>• Behavior Analyst</li> </ul> <p>Supported Employment may be provided concurrently with</p> <ul style="list-style-type: none"> <li>• Transportation</li> </ul>
<b>Additional Criteria</b>	<ol style="list-style-type: none"> <li>1. Minimum of 18 years of age</li> <li>2. High school diploma or Graduate Equivalency Degree (G.E.D.)</li> <li>3. Criminal Investigation Background Check (CIB): CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing an individual in a position to provide services to the member.</li> <li>4. Certified in CPR and First Aid</li> <li>5. Individuals providing Supported Employment must be employees (staff) of the licensed behavioral health provider or the Division of Rehabilitation Services vendor. This requirement assures the credentialed staff has met specific professional and</li> </ol>

	<p>training requirements and is monitored by the agency, and meets the criteria establishing and employee- employer relationship as specified by the U.S. Department of Labor (DOL).</p> <ol style="list-style-type: none"><li>6. Documented training or experience in the implementation of Supported Employment plans of instruction.</li><li>7. Supported Employment services must be supervised by a Therapeutic Consultant.</li></ol>
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<b>BEHAVIOR ANALYST</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>T2021 U9-UF</u> = Behavior Analyst, Day setting <u>T2021 U9-UH</u> = Behavior Analyst, Residential setting <u>T2021-U6-UF</u> = Behavior Analyst , Psychologist, Day setting <u>T2021-U6-UH</u> = Behavior Analyst, Psychologist, Residential setting
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	<p>120 units per month up to 200 units per month with ASO approval (combined with Behavior Specialist T2021 U8)</p> <p><b>Therapeutic Consultant is a required service.</b>            A minimum of 20 units per month will be allotted in the member's Individual Waiver Budget (Combined with T2021 U8)</p>
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• Eligibility for Behavior Analyst services requires a rating of moderate, severe, or critical on the annual ICAP rating of maladaptive behaviors (as completed by the ASO). <b>Exception:</b> When a member is in crisis, a functional analysis may be</li> </ul>

	<p>utilized for assess the member’s maladaptive behaviors. The ASO must have verification.</p> <ul style="list-style-type: none"> <li>• During the transition to the ASO, a functional analysis must be utilized to assess the need for Behavior Analyst services. Following the establishment of the member’s individualized Waiver budget, the annual ICAP assessment will be required for all routine use of Behavior Specialist services.</li> <li>• ASO may prior authorize a maximum of 200 units per month.</li> <li>• ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<p><b>Re-Authorization</b></p>	<p>Annually, quarterly, or at time of a critical juncture</p>
<p><b>Definition</b></p>	<p>Therapeutic Consultant services are those provided by a Qualified Mental Retardation Professional to develop and monitor a plan of intervention or instruction.</p> <p>The ASO will provide ICAP adaptive and maladaptive findings to the IDT. The IDT may use these findings to assist in prioritizing the member’s habilitation and training needs. Plans must correlate with results found in both the adaptive and maladaptive findings of the ICAP assessment.</p> <p>The Behavior Analyst provides training in the person-specific aspects and method of a plan of intervention or instruction to the primary care providers (i.e. family, residential habilitation providers, day habilitation providers, prevocational training providers, supported employment providers). Also the Behavior Analyst provides training for respite and adult companion providers (if applicable for respite-relevant training objectives). This service is provided to members with the primary need for both maladaptive interventions and adaptive skills training. The Behavior Analyst also provides evaluation/ monitoring of the effectiveness of the plan of intervention or instruction. The plan of intervention will require a behavioral guideline, protocol, or plan dependent on the member’s need.</p> <p>A <b>Behavioral Guideline</b> is a written instruction for</p>

staff. Written instructions describe methods or interventions that have worked for the member in the past or methods/ interventions that have not worked in the past. Written instructions may include “helpful hints” for direct support staff or family members who work directly with the member. The written instruction will address members with the following:

- Mildly challenging behaviors
- Behaviors that occur on an infrequent basis
- Behaviors that have occurred in the past
- Behaviors that are not life threatening

A **Positive Behavior Support Plan** is a written document that summarizes strategies that assist in preventing challenging behavior(s) from occurring and helps the consumer learn new skills. The plan must be developed within a 90-day time frame. Development and implementation of a plan is as follows:

- Gather information, data collection/ functional analysis
- Develop hypothesis
- Build a support plan
- Obtain Human Rights committee approval
- Train staff
- Implement the plan
- Evaluate effectiveness and modify support plan- review data

Behavior Analyst Core Job Functions:

- Responsible for all aspects of positive behavior support services
- Behavioral assessment or evaluation consisting of activities such as functional analysis of targeted behavior or evaluation of behavioral data
- Behavior support plan or protocol development
- Training of providers to implement behavioral plan
- Development of behavioral protocols and behavioral guidelines for direct care staff or families
- Development of task analysis and/or

	<p>methodology for implementation of intervention or instruction to an individual</p> <ul style="list-style-type: none"> <li>• Train primary care providers (i.e. family, residential habilitation providers, day habilitation providers, prevocational training providers, supported employment providers, respite care providers, adult companion providers) in person-specific aspects and methods of intervention or instruction plans (Individualized Habilitation Plans, staff directions/ guidelines, behavior plans/ protocols or guidelines)</li> <li>• Prevocational Training and Supported Employment training</li> <li>• Assessment, evaluation, and monitoring of the effectiveness of intervention or instruction plans (Individualized Habilitation Plans, staff directions/ guidelines, behavior plans/ protocols or guidelines)</li> <li>• Job placement activities with a limit of 20 units per quarter (for members receiving either Prevocational Training or Supported Employment services only)</li> </ul>
<b>Site of Service</b>	<p>The Behavior Analyst's office, the member's home, or other community locations which provide the proper equipment and physical facilities to deliver the specific Behavior Analyst's service.</p>
<b>Documentation</b>	<p>A detailed progress note or evaluation report for each service is required. The documentation should include the service code, description of the service, date, time spent (including start and stop times), and the signature and credentials of the Behavior Analyst. All data obtained for a functional analysis must be maintained in the member's record. Service units are to be rounded on a monthly basis, not daily or weekly.</p> <p>All habilitation plans must be developed in collaboration among all Therapeutic Consultants (point of collaboration is the IDT). All Therapeutic Consultants involved in the member's habilitation plans must sign each part of the plan indicating the plans are consistent with adaptive training methodologies, strategies, areas of skill improvement,</p>

	and maladaptive issues or interventions.
<b>Service Restrictions</b>	<ol style="list-style-type: none"> <li>1. Behavior Analyst does not apply to the direct training of the member (cannot provide direct service). The Behavior Analyst may coach or model the training activity as an integral part of the training of the direct service provider. Methods such as coaching or modeling are intermittent activities that do not occur over extended periods of time. The direct service provider must be present during coaching or modeling of training activities.</li> <li>2. Behavior Analysts may not provide service to more than one member at a specific time. Behavior Analyst is a 1:1 provider to member ratio service.</li> <li>3. Behavior Analysts may not provide: aquatic therapy, art/ crafts therapy, dance therapy, music therapy, aroma therapy or equestrian therapy. Additionally, skill-building instruction or activities around these types of therapies may not be provided.</li> <li>4. Each member may have no more than two (2) Therapeutic Consultants. If two Therapeutic Consultants are utilized, one may provide service in the member's residential environment, and one may provide service in the member's day environment (if the member is receiving Day Habilitation, Prevocational Training, or Supported Employment). The residential environment Therapeutic Consultant will act as the primary consultant responsible for coordinating the collaboration of the total habilitation plans and behavior plan, protocol, or guidelines.</li> <li>5. A member who does not require intervention for significant maladaptive behaviors may not utilize a Behavior Analyst. He/ she would utilize the services of a Skills Specialist.</li> <li>6. An individual provider with Behavior Analyst credentials who provides Therapeutic Consultant services to a member without significant maladaptive behaviors must bill as a Skills Specialist.</li> <li>7. The residential setting consultant and the day environment consultant may collaborate no more than eight (8) units per calendar year for the</li> </ol>

	purpose of plan development.
<b>Service Combinations and Exclusions</b>	<p>Behavior Analyst may not be utilized with:</p> <ul style="list-style-type: none"> <li>• Skills Specialist</li> </ul> <p>Behavior Analyst may not exceed approved service limit when combined with:</p> <ul style="list-style-type: none"> <li>• Behavior Specialist</li> </ul>
<b>Additional Criteria</b>	<ol style="list-style-type: none"> <li>1. Minimum of a Master's Degree in a human service field with a graduate level course in applied behavioral analysis or positive behavior support – or-</li> <li>2. Minimum of a Bachelor's Degree in a human service field with a graduate level course in applied behavioral analysis or positive behavior support – and-</li> <li>3. Minimum of three years of professional work experience working with individuals with mental retardation/ developmental disabilities –and-</li> <li>4. Must be a Qualified Mental Retardation Professional.</li> <li>5. Must have demonstrated competencies (course work, training) in the area of positive behavior support and skills development.</li> <li>6. Criminal Investigation Background Check (CIB): CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing any individual in a position to provide services for the member.</li> </ol>

<b>BEHAVIOR SPECIALIST</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot)</li> </ul>
<b>Procedure Code</b>	<u>T2021 U8-UF</u> = Behavior Specialist, Day setting <u>T2021-U8-UH</u> = Behavior Specialist, Residential setting
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	<p>120 units per month; up to 200 units per month with ASO approval (combined with T2019 U9 Behavior Analyst).</p> <p><b>Therapeutic Consultant is a required service.</b>            A minimum of 20 units per month will be allotted in the member's Individual Waiver Budget (Combined with T2021 U9).</p>
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• Eligibility for Behavior Specialist services requires a rating of moderate, severe, or critical on the annual ICAP rating of maladaptive behaviors (as completed by the ASO). <b>Exception:</b> When a member is in crisis, a functional analysis may be utilized for assess the member's maladaptive behaviors. The ASO must have verification.</li> <li>• During the transition to the ASO, a functional</li> </ul>

	<p>analysis must be utilized to assess the need for Behavior Specialist services. Following the establishment of the member's individualized Waiver budget, the annual ICAP assessment will be required for all routine use of Behavior Specialist services.</p> <ul style="list-style-type: none"> <li>• ASO may prior authorize a maximum of 200 units per month.</li> <li>• ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	<p>Therapeutic Consultant services are those provided by a Qualified Mental Retardation Professional to develop and monitor a plan of intervention or instruction.</p> <p>The ASO will provide ICAP adaptive and maladaptive findings to the IDT. The IDT may use these findings to assist in prioritizing the member's habilitation and training needs. Plans must correlate with results found in both the adaptive and maladaptive findings of the ICAP assessment.</p> <p>Behavior Specialist provides training in the person-specific aspects and method of a plan of intervention or instruction to the primary care providers (i.e. family, residential habilitation providers, day habilitation providers, prevocational training providers, supported employment providers) for members with significant maladaptive behaviors. The plan of intervention will require a behavioral guideline, protocol, or plan dependent on the member's need. The Behavior Specialist also provides evaluation/ monitoring of the effectiveness of the plan of intervention or instruction.</p> <p>A <b>Behavioral Guideline</b> is a written instruction for staff. Written instructions describe methods or interventions that have worked for the member in the past or methods/ interventions that have not worked in the past. Written instructions may include "helpful hints" for direct support staff or family members who work directly with the member. The written instruction will address members with the following:</p> <ul style="list-style-type: none"> <li>• Mildly challenging behaviors</li> </ul>

- Behaviors that occur on an infrequent basis
- Behaviors that have occurred in the past
- Behaviors that are not life threatening

A **Positive Behavior Support Plan** is a written document that summarizes strategies that assist in preventing challenging behavior(s) from occurring and helps the consumer learn new skills. The plan must be developed within a 90-day time frame. Development and implementation of a plan is as follows:

- Gather information, data collection/ functional analysis
- Develop hypothesis
- Build a support plan
- Obtain Human Rights committee approval
- Train staff
- Implement the plan
- Evaluate effectiveness and modify support plan- review data

Behavior Specialist Core Job Functions:

- Responsible for all aspects of positive behavior support services
- Behavioral assessment or evaluation consisting of activities such as functional analysis of targeted behavior or evaluation of behavioral data
- Behavior support guideline, plan, or protocol development for direct support staff and families
- Training of providers to implement behavioral plan
- Development of task analysis and/or methodology for implementation of intervention or instruction to an individual
- Train primary care providers (i.e. family, residential habilitation providers, day habilitation providers, prevocational training providers, supported employment providers, respite providers, adult companion providers) in person-specific aspects and methods of intervention or instruction plans (Individualized

	<p>Habilitation Plans, staff directions/ guidelines, behavior plans/ protocols or guidelines)</p> <ul style="list-style-type: none"> <li>• Assessment, evaluation, and monitoring of the effectiveness of intervention or instruction plans (Individualized Habilitation Plans, staff directions/ guidelines, behavior plans/ protocols or guidelines)</li> <li>• Job placement activities with a limit of 20 units per quarter (for members receiving either Prevocational Training or Supported Employment services only)</li> </ul>
<b>Site of Service</b>	The Behavior Specialist's office, the member's home, or other community locations which provide the proper equipment and physical facilities to deliver the specific Behavior Specialist's service
<b>Documentation</b>	<p>A detailed progress note or evaluation report for each service is required. The documentation should include the service code, description of the service, date, time spent (including start and stop times), and the signature and credentials of the Behavior Specialist. The progress note must include an analysis of the data or problem, the clinical outcome, and the plan of intervention as the result of the analysis. All data obtained for a functional analysis must be maintained in the member's record.</p> <p>All habilitation plans must be developed in collaboration among all Therapeutic Consultants (point of collaboration is the IDT). All Therapeutic Consultants involved in the member's habilitation plans must sign each part of the plan indicating the plans are consistent with adaptive training methodologies, strategies, areas of skill improvement, and maladaptive issues or interventions.</p>
<b>Service Restrictions</b>	<ol style="list-style-type: none"> <li>1. Behavior Specialist does not apply to the direct training of the member (cannot provide direct service). The Behavior Specialist may coach or model the training activity as an integral part of the training of the direct service provider. Methods such as coaching or modeling are intermittent activities that do not occur over extended periods of time. The direct service provider must be present during coaching or modeling of training activities.</li> </ol>

	<ol style="list-style-type: none"> <li>2. Behavior Specialists may not provide service to more than one member at a specific time. Behavior Specialist is a 1:1 provider to member ratio service.</li> <li>3. Behavior Specialists may not provide: aquatic therapy, art/ crafts therapy, dance therapy, music therapy, aroma therapy or equestrian therapy. Additionally, skill-building instruction or activities around these types of therapies may not be provided.</li> <li>4. Each member may have no more than two (2) Therapeutic Consultants. If two Therapeutic Consultants are utilized, one may provide service in the member's residential environment, and one may provide service in the member's day environment (if the member is receiving Day Habilitation, Prevocational Training, or Supported Employment). The residential environment Therapeutic Consultant will act as the primary consultant responsible for coordinating the collaboration of the total habilitation plans and behavior plan, protocol, or guidelines</li> <li>5. A member who does not require intervention for significant maladaptive behaviors may not utilize a Behavior Specialist. He/ she would utilize the services of a Skills Specialist.</li> <li>6. An individual provider with Behavior Specialist credentials who provides Therapeutic Consultant services to a member without significant maladaptive behaviors must bill as a Skills Specialist.</li> <li>7. The residential setting consultant and the day setting consultant may collaborate no more than eight (8) units per calendar year for the purpose of plan development.</li> </ol>
<p><b>Service Combinations and Exclusions</b></p>	<p>Behavior Specialist may not be utilized with:</p> <ul style="list-style-type: none"> <li>• Skills Specialist</li> </ul> <p>Behavior Specialist may not exceed approved service limit when combined with:</p> <ul style="list-style-type: none"> <li>• Behavior Analyst</li> </ul>
<p><b>Additional Criteria</b></p>	<ol style="list-style-type: none"> <li>1. Minimum of a Bachelor's degree in a human service field such as psychology, social work, education, or counseling.</li> </ol>

	<ol style="list-style-type: none"><li>2. Staff hired prior to October 1, 2006 may be grandfathered into the Behavior Specialist position. Within one year, all Therapeutic Consultant Behavior Specialists grandfathered into the position must have taken the "Overview of Positive Behavior Support" as developed by the WV Positive Behavior Support Network.</li><li>3. Must be a Qualified Mental Retardation Professional.</li><li>4. Must have two years of professional experience working with individuals with mental retardation/developmental disabilities.</li><li>5. Must have demonstrated competencies as determined by the provider that the individual can perform the core job functions of a Behavior Specialist.</li><li>6. Criminal Investigation Background Check (CIB): CIB results which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the provider agency before placing any individual in a position to provide services for the member.</li></ol>
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<b>SKILLS SPECIALIST</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot).</li> </ul>
<b>Procedure Code</b>	<u>T2021 U7-UF</u> = Skills Specialist, Day setting <u>T2021 U7-UH</u> = Skills Specialist, Residential setting
<b>Service Unit</b>	15 minutes
<b>Service Limits</b>	80 units per month; up to 140 units per month with ASO approval.  <b>Therapeutic Consultant is a required service.</b> A minimum of 20 units per month of Skills Specialist (Combined day and residential setting) will be allotted in the member's Individual Waiver Budget.
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO may prior authorize a maximum of 140 units per month.</li> <li>• ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	Therapeutic Consultant services are those provided by a Qualified Mental Retardation Professional to develop and monitor a plan of intervention or instruction.  The ASO will provide ICAP adaptive and maladaptive

findings to the IDT. The IDT may use these findings to assist in prioritizing the member's habilitation and training needs. Plans must correlate with results found in both the adaptive and maladaptive findings of the ICAP assessment.

Skills Specialist provides training in the person-specific aspects and method of a plan of intervention or instruction to the primary care providers (i.e. family, residential habilitation providers, day habilitation providers, prevocational training providers, supported employment providers). This service is provided to members with the primary need for adaptive skills training and the absence of significant maladaptive behaviors. The Skills Specialist also provides evaluation/ monitoring of the effectiveness of the plan of intervention or instruction.

Skills Specialist Core Job Functions:

- Development of task analysis and person-specific strategy or methodology for implementation of intervention or instruction plans for an individual (habilitation plans or staff/caretaker directions/ guidelines) for an individual without significant maladaptive behaviors
- Evaluate the environment(s) for implementation of the plan to ensure an optimal environment for learning
- Train primary care providers (i.e. family, residential habilitation providers, day Habilitation providers, prevocational training providers, supported employment providers, respite care providers, adult companion providers) in person-specific aspects and methods of intervention or instruction plans (habilitation plans or guidelines)
- Assessment, evaluation, and monitoring of the effectiveness of intervention or instruction plans for habilitation training
- Job placement activities with a limit of 20 units per quarter (for members receiving Prevocational Training and Supported

	Employment services only)
<b>Site of Service</b>	The Skills Specialist's office, the member's home, or other community locations which provide the proper equipment and physical facilities to deliver the specific Skills Specialist's service.
<b>Documentation</b>	<p>A detailed progress note or evaluation report for each service is required. The documentation should include the service code, description of the service, date, time spent (including start and stop times), and the signature and credentials of the Skills Specialist. All data obtained for a functional analysis must be maintained in the member's record.</p> <p>All habilitation plans must be developed in collaboration among all Therapeutic Consultants (point of collaboration is the IDT). All Therapeutic Consultants involved in the member's habilitation plans must sign each part of the plan indicating the plans are consistent with adaptive training methodologies, strategies, areas of skill improvement, and maladaptive issues or interventions.</p>
<b>Service Restrictions</b>	<ol style="list-style-type: none"> <li>1. Skills Specialist does not apply to the direct training of the member (cannot provide direct service). The Skills Specialist may coach or model the training activity as an integral part of the training of the direct service provider. Methods such as coaching or modeling are intermittent activities that do not occur over extended periods of time. The direct service provider must be present during coaching or modeling of training activities.</li> <li>2. Skills Specialists may not provide service to more than one member at a specific time. Skills Specialist is a 1:1 provider to member ratio service.</li> <li>3. Skills Specialists may not provide: aquatic therapy, art/ crafts therapy, dance therapy, music therapy, pet therapy, aroma therapy or equestrian therapy. Additionally, skill-building instruction or activities around these types of therapies may not be provided.</li> <li>4. Each member may have no more than two (2) Therapeutic Consultants. If two Therapeutic Consultants are utilized, one may provide service in the member's residential environment, and one may provide service in the member's day</li> </ol>

	<p>environment (if the member is receiving Day Habilitation, Prevocational Training, or Supported Employment). The residential environment Skills Specialist will act as the primary consultant responsible for coordinating the collaboration of the total habilitation plans and behavior guidelines.</p> <ol style="list-style-type: none"> <li>5. A member who requires intervention for significant maladaptive behaviors may not utilize a Skills Specialist. He/ she would utilize the services of a Behavior Specialist and/ or a Behavior Analyst for all adaptive and maladaptive habilitation plans.</li> <li>6. An individual provider with Behavior Specialist/ Behavior Analyst credentials who provides Therapeutic Consultant services to a member without significant maladaptive behaviors must bill as a Skills Specialist.</li> <li>7. The residential setting consultant and the day setting consultant may collaborate no more than eight (8) units per calendar year for the purpose of plan development.</li> </ol>
<p><b>Service Combinations and Exclusions</b></p>	<p>Skills Specialist may not be utilized with:</p> <ul style="list-style-type: none"> <li>• Behavior Specialist</li> <li>• Behavior Analyst</li> </ul>
<p><b>Additional Criteria</b></p>	<ol style="list-style-type: none"> <li>1. Minimum of a Bachelor's degree in a human service field such as psychology, social work, education or counseling.</li> <li>2. Staff hired prior to October 1, 2006 may be grandfathered into the Skills Specialist position. Within one year, all Therapeutic Consultant Skills Specialists grandfathered into the position must have taken the "Overview of Positive Behavior Support" as developed by the WV Positive Behavior Support Network.</li> <li>3. Must be a Qualified Mental Retardation Professional.</li> <li>4. Must have one year of professional experience working with individuals with mental retardation/ developmental disabilities.</li> <li>5. Must have demonstrated competencies as determined by the provider that the individual can perform the core job functions of a Skills Specialist.</li> <li>6. Criminal Investigation Background Check (CIB): CIB results which may place a member at risk of personal health and safety or have evidence of a</li> </ol>

	history of Medicaid fraud or abuse must be considered by the provider agency before placing any individual in a position to provide services for the member.
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<b>TRANSPORTATION</b>	
<b>Target Population</b>	Title XIX MR/DD Waiver
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Member has been identified by WV DHHR BHHF as medically and financially eligible for the Title XIX MR/DD Waiver Program –and-</li> <li>• Member has been enrolled by BHHF in WV Title XIX MR/DD Waiver program and has received an allocation (slot).</li> </ul>
<b>Procedure Code</b>	<u>A0120 HI</u> = Transportation per trip <u>A0160 HI</u> = Transportation per mile
<b>Service Unit</b>	<u>A0120 HI</u> = Trip <u>A0160 HI</u> = Mile
<b>Service Limits</b>	<u>A0120 HI</u> = 6 one-way trips per day; 77 one-way trips per month <u>A0160 HI</u> = 700 miles per month up to 1300 miles per month with prior approval from ASO that is based on the member's need
<b>Authorization</b>	<ul style="list-style-type: none"> <li>• Effective with all Annual and Critical Juncture IPPs conducted on or after October 1, 2006, the services will be selected by the member in conjunction with his/ her IDT.</li> <li>• The service must be based upon the assessed need and take into account the needs, wishes, desires, and goals of the member.</li> <li>• Services selected must be within the boundaries of the individualized Waiver budget.</li> <li>• The ASO will register the selected service(s) with the claims agent. Services not registered with the claims agent will not be reimbursed.</li> <li>• ASO may exceed service limit (A0160 HI) to a maximum of 1300 miles per month.</li> <li>• ASO will issue four (4) quarterly authorizations if all prior authorization criteria have been met.</li> </ul>
<b>Re-Authorization</b>	Annually, quarterly, or at time of a critical juncture
<b>Definition</b>	Transportation services are provided to a MR/DD member for the sole purpose of transporting the member to or from a service that is reimbursed by Medicaid such as Day Habilitation services, medical appointments, Respite Care, and/ or to or from specific Residential Habilitation activities which are detailed as an objective in the IPP.

<b>Site of Service</b>	To and from Medicaid reimbursable services as outlined on the member's IPP.
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• Community Residential Habilitation, Adult Companion, and Respite providers must complete the Progress Report (DD12).</li> <li>• Transportation mileage must be included on the DD12. Travel destinations to and from the destination must be listed on the form. Specific locations where the activity took place must be documented.</li> <li>• The agency must develop a system to document/justify the units of transportation billed (i.e. transportation log).</li> <li>• The IPP (DD5) must specify the maximum units to be used for each Waiver service within the total units to meet the transportation service designated on the IPP (DD5).</li> </ul>
<b>Service Restrictions</b>	<ol style="list-style-type: none"> <li>1. Transportation may not be billed in place of school-age entitlement services</li> <li>2. Transportation may not be billed out-of-state with the exclusion of transportation billed on behalf of the member who resides in a WV state border county and allows for access to community-based habilitation and vocational needs, and is general practice for any other state citizen to cross the state borders and is directly related to the IPP (e.g., Supported Employment job site or store located within 30 miles of WV's state border).</li> <li>3. If the destination to a medical appointment is beyond 30 miles out of state (for members living in any WV county), the member must access Non-emergency Medical Transportation services (NEMT) and must not access Waiver transportation for this type of trip. NEMT would only be applicable for medical appointments. For members who do not live in bordering counties and who travel out of state for medical appointments, it will also be necessary to access NEMT for this type of trip.</li> <li>4. Transportation must be directly linked to an IPP goal or objective or a medical services. The IPP must address goals or objectives or medical services requiring transportation services to access the training or medical service. The IPP must also</li> </ol>

	<p>address the specific provider(s) responsible for providing the transportation</p> <ol style="list-style-type: none"> <li>5. The implementation of goals or objectives must be carried out in close proximity to the member's residence. If a setting is available for a reimbursable activity (i.e. habilitation, Adult Companion, Respite) close to where the member resides, this setting must be utilized. Settings may include, but are not limited to: stores, banks, libraries, work site, etc. Transportation must occur where the rest of the community typically does their local shopping or conducts local business utilizing the resources available in the member's neighborhood, town, city, or county.</li> <li>6. Transportation must be exclusively for the member's specific needs that are addressed in the IPP and is not intended for the personal or work activities of a staff member or family members. This includes activities such as socialization, shopping, transporting or delivery needs of the staff member or family member.</li> <li>7. Transportation cannot be billed when the member is not in the vehicle.</li> </ol>
<p><b>Service Combinations and Exclusions</b></p>	<p>Transportation may be billed concurrently with:</p> <ul style="list-style-type: none"> <li>• Service Coordination</li> <li>• Residential Habilitation (Community and Agency)</li> <li>• Adult Companion (Levels I and II)</li> <li>• Day Habilitation</li> <li>• Supported Employment</li> <li>• Prevocational Training</li> <li>• Respite Care (Levels I and II)</li> <li>• Crisis Services</li> </ul>
<p><b>Additional Criteria</b></p>	<ol style="list-style-type: none"> <li>1. Drivers must be at least 18 years of age and have a valid driver's license (copy to be kept on file).</li> <li>2. Vehicles must have valid state inspection sticker as applicable to the state and be inspected annually in accordance with state law.</li> <li>3. Drivers and vehicles must be insured as required by the regulations of the WV Department of Motor Vehicles (DMV) or the state in which the vehicle is registered.</li> <li>4. Drivers and vehicles for agencies must be in</li> </ol>

	compliance with policies for qualifications for drivers and aides, safety regulations, emergency procedures, and vehicle maintenance schedules of Section 11.1 of the licensing regulations for community behavioral health providers.
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