



TITLE XIX MRDD WAIVER

INDIVIDUAL PROGRAM PLANS (IPP)

INTERDISCIPLINARY TEAM MEETINGS (IDT)

**GUIDELINES FOR DHHR GUARDIANS
AND
HEALTHCARE SURROGATES**

MEETING ATTENDANCE

1. DHHR Guardians and Health Care Surrogates must participate in the IDT meeting (IPP), sign, and approve the IPP in order to implement services.
2. For annual IDT meetings, Waiver Service Coordinators must notify DHHR Guardians and Healthcare Surrogates 30 days before the meeting.
3. For an emergency IDT or Crisis, 30 days notice is not required.
4. As a team member, Guardians and Healthcare Surrogates may request a team meeting at any time (emergency IDT meetings).
5. Guardians and Healthcare Surrogates make healthcare decisions. The IPP is a healthcare service and requires a healthcare decision.
6. Minimally, the Guardian or Healthcare Surrogate must attend the annual IDT, Critical Junctures (changes in service, placement, changes in behavioral or medical status), and Crisis IDT meetings.
7. If DHHR cannot attend the IDT, the staff may request a reschedule of the meeting. Providers are allowed one reschedule and guardians are allowed one reschedule, provided the IPP can be completed on time. It is important to note, in some areas it is difficult to coordinate the schedules of professionals such as the psychologist. The deadline is still 30 days from the IPP date and applies even when it is rescheduled. Beyond 30 days may result in compliance issues with Waiver or OHFLAC.
8. The IDT may occur 30 days before or 30 days after the annual IPP date.
9. Lack of a Guardian/Surrogate signature/approval of the IPP before implementation may result in compliance issues for the MRDD Waiver provider resulting in repayment to BMS by the provider agency or non-compliance with the provider's behavioral health license (OHFLAC).
10. Medley advocates are required to be invited to the meeting for all Medley class members. If the advocate cannot attend the meeting, the advocate must give notice to the team in advance. It is important to note, in some areas it is difficult to coordinate the schedules of professionals such as the psychologist. The deadline is still 30 days from the IPP date and applies even when it is rescheduled. Beyond 30 days may result in compliance issues with Waiver or OHFLAC.

EXTRAORDINARY SITUATIONS

1. It is always preferable that DHHR staff attend the meetings in person. However, if the assigned staff has a conflicting crisis situation at the county office, the staff may participate by telephone conferencing. This also applies to Medley Advocates. If needed, the service coordination agency needs to have the capacity for conference calling. If DHHR staff attends by conference call, the IPP must be signed by DHHR staff within the 14 day time-frame prior to the Service Coordinator's distribution of the

- IPP to all team members. This method should only occur for extraordinary situations and should not occur on a regular basis.
2. If a DHHR staff needs a consult from his/her supervisor, the staff may sign the IPP and mark in attendance only. Staff must choose either agree or disagree within the 14 day time-frame to allow the Service Coordinator's distribution of the IPP to all team members.
 3. The Service Coordinator must note on the IPP that DHHR is obtaining a consult and will make a decision within the 14 day time limit.

SIGNING OF THE IPP DOCUMENT

1. It is necessary to have the Guardian or Healthcare Surrogate signature and agreement on the IPP in order to implement services (see Extraordinary Situations for temporary exemptions).
2. If a Guardian or Healthcare Surrogate disagrees with a portion of the IPP, he/she may mark disagree on the IPP and record on the IPP (DD-5) the section that is in disagreement and indicate the rationale for disagreement.
3. If the guardian signs "in attendance" during the meeting, the guardian must sign the final version of the IPP. The plan is tentative until the final signature. The original plan will continue until a final plan is signed by the guardian.
4. The service coordinator must send a copy of the plan and a new signature sheet to the guardian for signature. The second signature sheet must be attached to the final IPP along with the "in attendance" signature to verify that the guardian agrees to implement the plan.
5. The service coordinator will distribute meeting minutes to team members following the IDT meeting.

DISAGREEMENT OF AN IPP

1. **Resolve at the Team Level:** First, the IDT should discuss issues and seek resolution among the team. It is important to remember that the Guardian may make most decisions, excluding financial, depending upon the type of guardianship. The Healthcare Surrogate makes medical decisions. The guardian shall make decisions in the consumer's best interest, while considering the individual's expressed desires and personal values (Guardianship Act: WV Code, 44A-3-1).
2. **Educate the Guardian/Surrogate:** It is important for the Service Coordinator to educate the Guardian or Surrogate regarding the most integrated options for the person, the consumer's specific needs, available providers in the consumer's area, and service options offered in the Waiver Program. Good information allows for good decision-making.
3. **Policy Clarification:** When there is a question regarding interpretation of policy, staff may contact Jon Sassi, MRDD Waiver Program Manager for clarification.

4. **Technical Assistance:** The State Waiver Office may provide technical assistance to Service Coordinators or Guardians/Surrogates regarding service or placement options (Beverly Dorcas, Quality Assurance Coordinator at BHHF).
beverlydorcas@wvdhhr.org
5. **Formal Disagreement at IPP Level:** If the Guardian/Surrogate disagrees, he/she must mark disagree on the IPP and indicate the section in disagreement and rationale for disagreement. All team members should be informed of disagreements.
6. **Provider Level Grievance:** Guardian/Surrogate may appeal/grieve at the provider level. This should occur with the Service Coordination agency.
7. **State Waiver Director Appeal:** If the appeal remains unresolved, the Guardian/Surrogate may appeal to the State MRDD Waiver Director (Jon Sassi , BHHF).
jonsassi@wvdhhr.org
8. **State Director of Division of Developmental Disabilities Appeal:** If the appeal remains unresolved, the Guardian/Surrogate may appeal to the State Director of Developmental Disabilities (Frank Kirkland, BHHF)
fkirkand@wvdhhr.org

FAIR HEARING

MRDD Waiver members may request a fair hearing when eligibility is denied or services denied or reduced. This is not an appropriate avenue for disagreement of placement.

WAIVER ASSESSMENTS AND ANNUAL BUDGETS

1. **APS Assessments:** APS Healthcare will conduct assessments for MRDD Waiver recipients on an annual basis. Notices will go to the Service Coordinator. The first year, a sample of assessments will be conducted. Beginning July 1, 2006, Assessments will begin to occur on members annually.
2. **Respondents for the Assessments:** Guardians/surrogates may be respondents for the assessments. 2-3 Respondents are needed for the assessments and it is preferred that the respondents know the member's needs and abilities.
3. **Education Regarding Service and Providers:** APS will provide education regarding the services available and providers available in the area.

4. **Budget:** Service Coordinators will receive a copy of the budget and will present it to the team. Current budgets are based on claims history of services. The team will discuss and recommend services.
5. **Choice of Services:** Once the services have been chosen by the IDT and the guardian, the service coordinator will notify APS regarding the services based on need.
6. **Consumer Need:** Services are based upon member need. If the member has a need that exceeds the budget, the service coordinator must indicate the rationale on the IPP and notify APS of the request (by APS web system or data transfer).
7. **Negotiation of Budget:** The member may access a second level negotiation with APS. Typically, additional information is requested to determine need for the service, provided the service requested meets the manual specifications.

IPP DEFINITION

Individual Program Planning is the process by which the member and his/her IDT develop a plan based on 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 in the member's life with a vested interest in the member. Section 507.2.1 specifically addresses minimum composition requirements of the IDT. The content of the IPP must be guided by the member's needs, wishes, desires, and goals. 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 of service options and training goals, and preparation of interventions or strategies necessary to implement a person centered plan. 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.

The Individual Program Planning includes the development of the initial IPP, annual IPP and subsequent reviews or revisions of the IPP (to include quarterly reviews as warranted).

Any activity that occurs prior to the meeting or after the meeting is **not** considered Individual Program Planning. Activities provided before or after the meeting may meet the criteria for service coordination or Therapeutic Consultant service activities (see applicable sections).

DISTRIBUTION OF THE IPP

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. Goals and objectives that have been approved by the IDT may be written on the plan or attached to the IPP.

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 can result in disallowance for IPP Development Services.

FREQUENCY OF REVIEW OF IPP

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 (refer to definitions for critical juncture).

REVIEW OF THE INDIVIDUAL PROGRAM PLAN – PROGRAM MONITORING AND CHANGE

- 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 services that are not to be implemented at the 90 day interval.
- Situations that may warrant an earlier review include, but are not limited to:
 - The member has successfully completed an objective(s) included in the IPP
 - The member is regressing or losing skills already gained
 - The member is failing to progress toward identified objectives after reasonable efforts have been made
 - The member is being considered for training towards new objectives
 - The member is having a minor or major occurrence in his/her life.
- The review of the IPP needs to include:
 - A summary of the treatment, training, or services provided
 - Document the progress towards each objective
 - Indicate problems that impeded progress, and
 - Provide a decision to continue, modify, or discontinue current objectives.

INTERDISCIPLINARY TEAM (IDT) COMPOSITION

The IDT must be based on person centered philosophy. The development of the IPP by the IDT must be guided by the member's needs, wishes, desires, and goals.

At a minimum, the IDT consists of:

- The member
- His/her family and/or legal guardian as applicable
- A service coordinator
- At least one member of the team must be either the member's Skills Specialist or a Behavioral Specialist/Analyst
- Representatives of all agencies/providers who provide services to the individual
- - A physician or registered nurse is required if the member is receiving skilled nursing services, or medical services that require RN oversight. The IDT may choose to

invite the nurse and/or physician for other reasons when the team indicates that the need exists.

- A psychologist is required when the member has the need for specialized psychological evaluation and intervention due to co-existing (DSM IV TR Axis I diagnosis of Schizophrenia and other psychotic disorders and mood disorders) mental health disorders or behavioral needs. The only exception is if the member resides with a natural or adoptive family who addresses the DSM IV TR Axis I mental health disorder and/or behavioral needs independent of the MR/DD Waiver program through a physician/psychiatrist; and the team agrees to the exception.
- Other members of the IDT must be included, as necessary, to develop a comprehensive IPP and assist the individual. Such members may include:
 - Professionals, such as a Physical Therapist, Occupational Therapist, Speech Therapist, Registered Dietician, Social Worker, etc.
 - Paraprofessionals
 - Direct service providers, such as Day Habilitation Program providers, Residential Habilitation providers, LPN's responsible for habilitation programs when the member receives eight (8) hours or more nursing in one day, and counselor
 - Service providers from other systems such as the local education agency/public schools, DRS, or Birth to Three (provided that no duplication of service exists)
 - Family Based Care Specialist (when applicable)
 - Advocate (when applicable. (Medley Advocates are required team members for Medley class members).
 - Involved parties such as friends, extended family, the representative payee and the individual's significant other

IDT MEETING ATTENDANCE

Any individual who is part of the team is very important; therefore attendance at the IDT meeting is extremely important. The IDT meeting attendance is a responsibility of each of the team members. Strong efforts must be made in scheduling an IDT to secure the attendance of all members of the Interdisciplinary Team. The IDT should only be rescheduled for extenuating circumstances. A total of two (2) requests to re-schedule the IDT may occur when extenuating circumstances exist. IDTs **must** be rescheduled to **occur** within 30 days of the expiration date. The following conditions exist:

- The Provider agencies may request to reschedule the IDT only once for an IPP.
- The member or member's legal representative (guardian) may request to re-schedule the IDT meeting only once for an IPP.
- The service coordinator is responsible for the coordination of the IDT meeting for the IDT team members.
- In extremely extenuating circumstances, family members, guardians or other team members may participate by teleconferencing or video conferencing if the family member,

guardian or other team member does not bill for the time spent in the IDT. The member, the service coordinator, and the other designated members must be physically present during the IDT.

MEDICAID CANNOT REIMBURSE FOR SERVICES RENDERED WHEN THE IPP HAS EXPIRED OR IS INVALID

The IDT will convene at ninety (90) day intervals to develop, review, and update the IPP. The only exception is when the IDT has agreed to meet at longer intervals based on the needs of the member; such reviews shall occur at least every 180 days or every six (6) months. The annual, six month and quarterly IDT meetings are billable under the MR/DD Waiver Program.

The IDT is also required to convene for the following events:

INITIAL OR TRANSFER MEETINGS

Seven (7) Day IDT Meeting – This is a mandatory meeting when a member first receives agency or Medicaid services. This is the plan initially developed within the first seven days of the intake interview.

- **Thirty (30) Day IDT Meeting** – The seven (7) day IPP must be finalized within thirty (30) days of the intake interview.
- **Transitional IDT Meeting** – Mandatory meeting when a member is having a change among services or service providers. (Example: a change in where the member lives, when a new service is being added or deleted or a change is being requested for a service provider).

CRITICAL JUNCTURE MEETINGS

A critical juncture constitutes a change in the member's needs such as behavioral, mental health or physical health, service/service units, support, setting, or a crisis.

- **Crisis IDT Meeting** – This type of IDT Meeting occurs when a member is experiencing a crisis (example: behavioral, medical, housing and service provision). In the event that all team members cannot be present (for a crisis IDT meeting only), a written report of the crisis IPP must be disseminated to all members within five (5) working days.

DISCHARGE MEETING

- **Discharge Planning IDT Meeting** - This type of meeting must be held when a member is being discharged from MR/DD Waiver Services. This must also occur if the member is transferring to services outside of the Waiver program. (Example: discharge from MR/DD Waiver services into an ICF-MR facility).