



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Behavioral Health and Health Facilities
Division of Developmental Disabilities**

350 Capitol Street, Room 350
Charleston, West Virginia 25301
(304) 558-0627
FAX (304) 558-1008

DD Supports Grant

Target Population:

This grant announcement targets West Virginia residents with a valid MR/DD diagnosis, who meet the following requirements:

1. Must be on the Title XIX MR/DD Waiver waiting list.
2. Must be living in a Natural Family Home.

Eligibility:

The applicant must be identified as a member of the Target Population. The applicant must also apply for the Aged and Disabled Waiver and/or Personal Care services (as offered through the State Medicaid Plan) when applicable.

Note: If an applicant is placed on the Aged and Disabled Waitlist and begins to receive services from that Waiver during the span of their award, the grant services will terminate fifteen (15) days after the availability to bill The Aged and Disabled Waiver begins provided there is no duplication in service between the grant and Medicaid services.

Fiscal:

This grant is being developed to serve a finite number of applicants from the identified population. The actual number of awards will be solely based upon available funding for the current State Fiscal year.

Grant Awards:

Each award level will establish utilization caps and fiscal limitations for the services identified for the specific award. The grant program is based upon the 2010 State Fiscal Year period which runs from July 1, 2009 to June 30, 2010. Applications will not be accepted until July 1. The grant will require that other available services/supports be accessed or applied for including, but not limited to the Aged and Disabled Waiver, personal care services, natural supports, family support, foster care, etc. Eligibility and approval for other services may negate participation in the grant project as outlined by each award level.

The following tables identify the potential "Award Levels" that are available through the MR/DD Waiver Wait List Supports Grants. The services, limitations and exclusions are also stipulated for each award level. Award Levels may be mixed and matched. The maximum grant for adults is \$8950.00 and for school age children \$3032 annually. The selection and use of services through the award will be established under a client-driven (person-centered) model. Services must be maintained within the utilization limits for each service as well as the maximum amount of

the award that is granted. The actual number of awards granted will be solely based upon available funding for the current State Fiscal year.

Support Grant Award Services

Service Coordination services incurred for the development of the Annual treatment plan for this grant will be included in the one time administrative costs of the application for the grant. This treatment plan will only identify and specify the specific service(s) obtained and/or provided under the funding of the grant. Training programs will be required for Day Facilities, Pre-voc and supported employment. The treatment plan must be approved, in writing, by the participant and/or legal guardian, Service Coordinator and a representative of any other involved provider.

Direct care service fiscal caps are all based upon agency provided 1:1 services (with the exception of facility day habilitation at a 1:4 ratio). The variation of ratios for respite and adult companion may increase utilization caps (actual hours of service available) for each service. So when the plan is developed, the award level must be selected to identify the available services and establish actual fiscal cap that will be approved. Only the services listed at the selected award level may be included in the Treatment Plan and approved for billing purposes. The Treatment Plan will establish the service utilizations. There will be no exceptions made to the maximum award amounts. This grant is based on the needs of the person at the time of application and is not awarded on a crisis basis.

Award Level 1: Facility Day Habilitation Services

Restrictions:

1. Applicants for this award must be 18 or older, except for those individuals who are in school and day habilitation is utilized as a summer habilitation program.
2. Will be required to participate a minimum of 4 days per week (except on holiday weeks and where restricted by medical reasons).
3. If this is for a summer habilitation program for an individual involved in school, the maximum award will be \$2105.10.

Maximum award: \$8950 per Fiscal Year for adults, \$2105.10 for school age children.

This award would include the following:

1. Service Coordination up to 24 units or 6 hours per year to complete quarterly reviews and a six-month review of the Treatment plan at a cost of \$204.00 annually. (For school age adult, up to 6 units per year at a cost of \$51.00)
2. Direct care habilitation services at a 1:4 ratio, up to 24 units 6 hours for 246 days per year at a cost of \$7970.40 annually. (For school age adult, up to 24 units for 58 days per year at a cost of \$1879.20)
3. Therapeutic Consultant services (Skills Specialist level) up to 96 units or 24 hours annually to include program development, staff training and program review at a cost of \$763.20 annually. (For school age adult, up to 22 units at a cost of \$174.90)

Award Level 2: Community Employment Services

Restrictions:

Applicant must be over 18 and formally exited from the school system.

Maximum award: \$6915 per Fiscal Year

This award would include the following maximum service utilizations:

1. Service Coordination up to 20 units or 5 hours per year to complete Quarterly reviews of services and a six-month review of the Treatment plan at a cost of \$170.00 annually.
2. Direct care services to provide “community” based Pre-voc and/or supported employment services at a 1:1 ratio, up to 128 units or 32 hours per month at a cost of \$6067.20 annually.
3. Therapeutic Consultant services (Skills Specialist level) up to 80 units or 20 hours annually to include job/program development, staff training and program review at a cost of \$636.00 annually (Note: If behavioral needs are identified, the TC level will increase to Behavior Specialist allotted 80 units or 20 hours for functional analysis, positive behavior support plan, job/program development and behavioral/program review at a cost of \$676.00).

Award Level 3: Respite

Maximum award: \$2780.00 per Fiscal Year

This award would include the following maximum service utilizations:

1. Service Coordination up to 20 units or 5 hours per year to complete Quarterly reviews of services and a six-month review of the Treatment plan at a cost of \$170.00 annually.
2. Direct care respite services at a 1:1 ratio, up to 168 units (averages 18 hours per month) at a cost of \$2419.20 annually.
3. Therapeutic Consultant services (Skills Specialist level) up to 24 units or 6 hours annually to include job/program development, staff training and program review at a cost of \$190.80 annually.

Award Level 4: Elderly/Disabled parents “Care Crisis”

Maximum award: \$2700 per Fiscal Year (this award may only be used for crisis)

This award would include the following maximum service utilizations:

1. Service Coordination up to 20 units or 5 hours per year to complete a six-month review and coordinate crisis services when required at a cost of \$170.00.
2. Direct care respite services to provide intermittent/emergency in-home respite at a 1:1 ratio, up to 672 units or 168 hours per year at a cost of \$2553.60 annually. This direct care service is for periods of time when the primary caregiver becomes unable to provide the basic health and safety oversight for the applicant.

Award Level 5: Environmental Accessibility Adaptations (EAA)

An applicant may apply for up to **\$1000** for item(s) that would typically fall under an EAA application. It is suggested that the individual/family apply for assistance with EAA through Family Supports in their region. As any funds approved for EAA under the grant will be subtracted from the total Award level funding. (e.g., if \$750 is approved for EAA on this grant and the person is awarded a grant at Award level 2, the total funding would be reduced to \$8200 rather than the \$8950 due to the use of the \$750 for EAA purchase)

Fund Disbursement:

This will be completed through the use of a fiscal intermediary. Billing will be submitted as a packet on a monthly basis by the involved Service Coordination Agency for all services (regardless of provider). All agencies accepting payment to provide services under the Wait List Support Grant are subject to financial and/or service reviews by a representative of WVDHHR-BHFF.

To assist with the initial development of the application for the grant, the Service Coordination Agency assisting with the process will receive an initiation cost of \$50.00 dollars for each submitted, properly completed and approved application (verification of denial to the Aged and Disabled Waiver and State Plan Personal Care must be included or forwarded when available). The application fee will be released upon verification of information submitted with the application.

Approved EAA Needs which are approved, will be made available with the application fee.

All service rates for this grant will be based upon the rates established under the Title XIX MR/DD Waiver program.

All billing will be forwarded to the following address:

**Community Supports Coordinator
DD Supports Grant
WVDHHR – BHFF
350 Capitol Street, Room 350
Charleston, WV 25301**

Application:

To promote immediate implementation of services and supports, it will be required that applications only be submitted by a Title XIX MR/DD Waiver Service Coordination provider.

Applications will be submitted to the following address:

**DD Supports Grant
WVDHHR - BHFF
350 Capitol Street, Room 350
Charleston, WV 25301**

Documentation Requirements:

Since the services are based upon the current Title XIX MR/DD Waiver and the applicants will already have initial information (DD-2A and DD-3 at a minimum) collected, each award will require a chart that contains the following:

1. Identification that the Chart is for the “DD Supports Grant Program”
2. Grant application
3. Letter of award
4. DD-2
5. DD-3
6. Other assessments as applicable (specific training/behavioral assessments are required when TC services are accessed)
7. **Individual Support Plan to support all Direct Care Staff billing** (this document is only required to contain the supports provided through the DD Supports Grant and does not have to address all recommendation for service)
8. **Six Month Review of Support Plan** (this review need only be completed by the Service Coordinator and the participant and/or legal guardian)
9. Professional progress notes, **where** applicable, to support all billing
 - a. Service Coordinator must have a quarterly review of services
 - b. Therapeutic Consultant must have a monthly summation of progress **when** applicable
 - c. TC must complete training form/note **when** applicable (for any formal training or positive behavioral support program)
10. Training programs **when** applicable
11. Data collection sheets for training **when** applicable
12. Functional analysis **when** applicable
13. Positive behavior support plan/behavioral guidelines **when** applicable
14. Behavioral Data collection **when** applicable
15. HRC approval **when** applicable
16. **Billing Submissions/reports**

All related documentation will support the billing of services and must be available in a Grantee’s chart within 14 days of the provided service(s).



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SUPPORTS TRANSITION GRANT APPLICATION

Applicant:	Date of Birth:
Address:	Phone:
	Date placed on Title XIX Wait List:
Information for preliminary Award Level establishment:	
Applicant qualifies for Aged and Disabled Waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will apply for Aged and Disabled Waiver (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was placed on the Aged and Disabled Waiver Waitlist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant qualifies for Personal Care Services (State Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will apply Personal Care (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will applicant participant in Facility-based Day Habilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will applicant receive Employment based services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will applicant apply for Environmental Accessibility Adaptations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will applicant apply to Family Support for Respite Care Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will applicant apply for Elderly/Disabled parents "Care Crisis"	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Agency/Contact Person:	
Provider Address:	Phone:
	Fax:
	Email:
Attach a Copy of an INDIVIDUAL SUPPORT PLAN identifying the Support services and proposed outcome(s). This section <i>must</i> include the types of services to be provided, the utilization of each service and the provider of each service. If the provider of service is different than the Service Coordination Agency, a representative of the other Agency (ies) must sign the Individual Support Plan.	



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SUPPORTS TRANSITION GRANT BILLING FORM
Instructions

1. Each agency will complete a billing form for service(s) performed.
2. Agencies must proactively agree to submission procedures as billing packets will only be accepted from the Service Coordination Agency involved.
3. Any billing that is outside prorated levels for the year may require supportive documentation prior to payment.
4. Any incomplete/incorrect Billing Form will not be paid and will be returned to the billing agency for completion/correction.
5. Payments will be mailed to each agency at the address listed on the Billing Form.



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SUPPORTS TRANSITION GRANT BILLING FORM

AGENCY:		
Participant:		
ADDRESS:		Billing Period:
Provided Service	Number of Units Billed	Billing Submission Per Support Service
Service Coordination		
Therapeutic Consultant		
Skills Specialist		
Behav. Specialist		
Direct Care Staff		
Respite	1:1	
	1:2	
	1:3	
	1:4	
(Facility)Day Habilitation	1:4	
Supported Employment	1:1	
	Group	
Pre-Vocational	1:1	
	Group	
TOTAL BILLING SUBMISSION:		

OFFICE USE ONLY	Initials		Initials
Date Received:		A&D Waiver Info Received:	
Date Additional Info Requested:		State Plan Info Received:	
Date Additional Info Received:			
Date Approved:			