



**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 Termination Transition Grant Process**

THIS GRANT IS NOT A REPLACEMENT FOR THE TITLE XIX WAIVER AND IS SPECIFICLY TIME AND FISCALLY LIMITED TO ONE LIFETIME AWARD OF A MAXIMUM OF \$4500.00 TO USE AS OUTLINED OVER A MAXIMUM OF SIX MONTHS AFTER THE OFFICIAL TERMINATION OF WAIVER SERVICES.

This grant process is simplified and promotes the opportunity for any individual being terminated from the Title XIX MR/DD Waiver Program access to a minimal level of assistance and support in establishing natural and miscellaneous supports within their community.

The process should be initiated with the receipt of the Notice of Termination of Services (not meeting medical eligibility for annual recertification). This notice will include the right of the individual to appeal and a copy of the Termination Transition Grant application. The individual and/or Service Coordinator should complete the Termination Transition Grant application and return it to DD Termination Grant, 350 Capitol Street, Room 350, Charleston WV 25301. If a response is not obtained in 30 days, a letter will be sent to the individual or guardian and the service coordination agency to inquire of the interest in applying for the Termination Transition Grant.

The application must be resubmitted every six months to maintain an active case with the grant process. Again, a letter will be generated 14 days after the six month period to the applicant or guardian and the service coordination agency to inquire of the continued interest in remaining active in the grant process. Thirty (30) days after the six month date of the receipt of the original application, a letter will be generated to the applicant or guardian and the service coordination agency to inquire of the continued interest in remaining active in the grant.



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**DD Termination Transition Grant**

**Target Population:**

This grant proposal is targeted at the specific population of individuals who become ineligible and are terminated from the Title XIX MR/DD Waiver on or after July 1, 2007.

**Eligibility:**

To access services through this grant, an applicant must have lost their allocated slot in the Title XIX MR/DD Waiver (all appeals and formal judicial proceedings must be finalized at the time of award of this grant) on or after July 1, 2007. Final determination of eligibility and grant awarding will be completed by OBHS. An individual may receive a termination grant award once during their life time.

**Purpose:**

The Termination Grant has a specific purpose to provide a level of transition off the Title XIX MR/DD Waiver for up to a maximum of 37 individuals during the Fiscal Year 2007. The transition is a graduated process in two 3 month steps. The first step is a focus on Service Coordination linkage, referral and application for applicable support resources or the preparation for the following decreased step of support in the last three month period.

**Fiscal:**

State Funds (up to):

\$187,500.00 for Fiscal Year 2008 (minus management/administrative costs)

**Grant Awards:**

Grants will be awarded on a first formal termination, first serve basis. This means that the individuals who are terminated from the MR/DD Waiver program by lack of appeal or completion of the appeal process will be granted awards in order of their formal termination from the Title XIX MR/DD Waiver Program.

**Maximum award:** \$4500.00 covering all identified and applicable services for up to 180 days

**FIRST STEP (UP TO 3 MONTHS)**

\$2640 available for the first 3 month period

Must include a minimum 12 hours of Service Coordination to be used to apply for other possible support programs (personal care, Aged and Disabled Waiver, naturally available supports, Medley Demand monies, Adult Family Care, Foster Care, etc.)

This leaves a maximum of \$2232 for support services (which is limited to respite, adult companion or facility based day habilitation)

If Facility Day Habilitation is chosen then the budget must also allow for a minimum of 3 hours of TC-SS level (\$95.40), this will allow for 63 days of staff support at 1:4 ratio.

**SECOND STEP (UP TO AN ADDITIONAL 3 MONTHS)**

\$1860 available, if required, for final 3 month period

Must include a minimum 6 hours of Service Coordination to assist with any outstanding application processes or staffing coordination.

This leaves \$1656 to be used for support services (which for this period will only involve respite or adult companion type services) or additional service coordination.

All service reimbursement rates will be based upon the current Title XIX MR/DD Waiver rates (Service Coordination, Therapeutic Consultant – Skills Specialist, Day Habilitation for 1:4 ratio in facility only, Respite and Adult Companion)

The use of grant funding must promote the completion of transition and linkage to non-Waiver resources and supports and the provision of limited direct care services during the termination transition. No extensions or additional funding will be approved beyond the initial grant award. If, during the transition period, the applicant is approved for The Aged and Disabled Waiver, State Plan Personal Care and/or any other funded supports, the grant funding must be discontinued within fifteen days from the initial receipt of any other funded support services.

The funding for these awards will end on June 30, 2008. All services in process at that time will be based upon the prorated period of service time as of the ending date. As a grant based upon the State funding available during the State Fiscal Year July 1, 2007 through June 30, 2008, continuance of this or any similar grant and related award availability will be dependent on year to year funding within the operational budget of the Bureau of Health and Health Facilities, Division of Developmental Disabilities.

**Application:**

To promote immediate implementation of services and supports, it will be required that application be submitted only by a Title XIX MR/DD Waiver Service Coordination provider. If a provider is not available, the regional Behavior Health Center will be responsible to submit the application. The application should be completed as soon as an initial termination notice is received.

Applications will be submitted to:  
DD Termination Grant  
350 Capitol Street, Room 350  
Charleston WV 25301.

The Termination Transition Grant application will be included in each Notice of Termination sent out between July 1, 2007 and June 30, 2008.

**Liabilities:**

Since the individuals of this target population have been found not to need 24 hour supervision (or the level of care afforded by an Intermediate Care Facility for the Mentally Retarded), the Department nor any provider will be responsible for the individual during times that services are not identified by a treatment plan. Emergencies and problems that arise outside of scheduled service provision should be met through the usual community response systems.

**Fund Disbursement:**

This will be completed through the use of a fiscal intermediary. Billing will be completed on a monthly basis by the involved Service Coordination Agency for all services (regardless of provider).

Any Agency accepting payment to provide services under this Supports Grant is subject to financial and/or service reviews by a representative of WVDHHR-OBHS.

*All service rates for this grant will be based upon the similar rate under the Title XIX MR/DD Waiver program. The transition of billing from the MR/DD Waiver to the grant must occur by the tenth day as stated in the Termination Hearing notice (it must be the final appeal, including Circuit Court or higher if appealed to such level).*

All billing will be forwarded to the following address:  
Community Supports Coordinator  
Termination Grant Billing  
WVDHHR – OBHS  
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 collected, each award will require a chart that contains the following:

1. Identification the Chart is for the “DD Termination Grant Program”
2. Title XIX MR/DD Waiver Termination Letter
3. Grant application
4. Letter of Termination Grant award
5. Assessments as applicable (**if** TC services are accessed)
6. **Transitional Treatment Plan to support all billing** (this document is only required to contain the supports provided through the Termination Grant and does not have to address any other services)
7. **Six Month Discharge Plan** (this review need only be completed by the Service Coordinator and the participant and/or legal guardian)
8. Professional progress notes, **where** applicable, to support all billing
  - a. Service Coordinator must have a quarterly review of services
  - b. TC must have a monthly summation of progress **when** applicable
  - c. TC must complete training form/note **when** applicable (for any formal training)
9. Training programs **when** applicable
10. Data collection sheets for training **when** applicable
11. **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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**DD TERMINATION TRANSITION GRANT APPLICATION**

<b>Applicant:</b> <b>Address:</b>	<b>Date of Birth:</b> <b>Phone:</b> <b>Termination Date from Title XIX:</b>
<b>Provider Agency/Contact Person:</b> <b>Provider Address:</b>	
	<b>Phone:</b> <b>Fax:</b> <b>Email:</b>
<b>Attach a Copy of an TRANSITIONAL TREATMENT PLAN identifying the Support services and proposed outcome(s).</b> This section <u>must</u> 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 also sign the Transitional Treatment Plan.	



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**DD TERMINATION 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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**DD TERMINATION TRANSITION GRANT BILLING FORM**

<b>AGENCY:</b>		
<b>Participant:</b>		
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	
<b>TOTAL BILLING SUBMISSION:</b>		

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