

**BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
DIVISION OF INTELLECTUAL/DEVELOPMENTAL DISABILITIES
SPECIALIZED FUNDS POLICY**

Effective Date: September 1, 2012

Intellectual/Developmental Disabilities (I/DD) Wait List Support Grant

PURPOSE

The purpose of the I/DD Wait List Support Grant is to provide needed services/supports, on an interim basis, to individuals who are awaiting access to a WV I/DD Waiver slot. These services are designed to fill some of the applicant's needs, while they await access to the full menu of services provided by the I/DD Waiver.

ELIGIBILITY

This grant targets individuals who have been approved for, but have not been allocated a slot in the WV I/DD Waiver program. The use of grant funding will provide access to such services as Respite, Supported Employment and Facility-Based Day Habilitation. To be eligible for participation in this program, an individual must be:

- On the WV I/DD Waiver waitlist;
- Living in a natural family home setting;
- A citizen of the State of West Virginia; and
- Applying for the Aged and Disabled Waiver (if over 18 years of age) and Personal Care services as offered through the State Medicaid Plan.

FISCAL GUIDELINES

This grant will serve a finite number of applicants from the above identified population. The actual number of awards will be solely based upon the State's current fiscal year funding. All grant approved supports/services will be reimbursed at the current WV I/DD rate scale. If an applicant is awarded services through the Aged and Disabled Waiver/Personal Care Services the Support Grant will be terminated within fifteen (15) days of receipt of these new services. I/DD Division will review utilization of grant dollars on a monthly basis and will contact the service agencies whose grants are not being utilized. **Invoices must be submitted to BHHF within twenty-one (21) days of the following month (beginning with August 2012 invoices). Invoices will not be paid and will be considered null and void if submitted after the 21st day of the following month.** If the grant is not used within ninety (90) days of approval the grant can be terminated and this money will be reallocated.

GRANT AWARDS

Grants will be awarded on a first-come, first-serve basis. Application may be made for more than one service category. Grant amounts will be awarded on the Fiscal Year quarterly basis, (July-September, October-December, January-March, and April-June) based upon the date of grant approval. The following outlines the grant award categories and totals available, per service category, based on a fiscal quarter-use with the exception of Behavior Support Professional and Environmental Accessibility Adaptation which are annual CAPS. Based on number of individuals, usage, and available funds, BHHF has the right to adjust the amount of services being approved.

Service Option 1: Facility-Based Day Habilitation Services**Maximum quarterly award: \$2,724.72**

1. Service Coordination is available up to **6** units per quarter to complete quarterly reviews of services and the six month review of the treatment plan = \$58.20/maximum.
2. Therapeutic Consultant is available up to **24** units per quarter to include program development, staff training and program review = \$249.84 /maximum.
3. Transportation is available up to **900** miles per quarter year and/or trip allowance to cover transportation to and from the facility day program = \$423.00/maximum.
4. Facility-Based Direct Supports is available at the ratio of 1:3-4 or 1:5-6, and available up to 24 units (6 hours) per day, **39** days per quarter = \$1,993.68

Service Option 2: Supported Employment Services**Maximum quarterly award: \$4,578.72**

1. Service Coordination is available up to **6** units per quarter to complete quarterly reviews of services and the six month review of the treatment plan = \$58.20/maximum.
2. Therapeutic Consultant is available up to **24** units per quarter to include program development, staff training and program review = \$249.84 /maximum.
3. Transportation is available up to **900** miles per quarter year and/or trip allowance to cover transportation to and from the facility day program = \$423.00/maximum.
4. Supported Employment is available 1:1 or group, and available up to **768** units per **quarter** = \$3,847.68.

Service Option 3: Respite Services**Maximum quarterly award: \$1,972.34**

1. Service Coordination is available up to **5** units per quarter to complete quarterly reviews of services and the six month review of the treatment plan = **\$48.50** /maximum.
2. Respite is available at the ratio of 1:1, 1:2 or 1:3, and available up to **384** units (96 hours) per quarter = \$1,923.84 /maximum.

Service Option 4: Behavioral Support Professional**Maximum annual award: \$1,430.40**

*This service will not be prorated

1. To access this service at least one other service option must be accessed.
2. This service is available up to **96** units (24 hours) per year to individuals with identified maladaptive behaviors and documented social behavior skills deficits.
3. Individual must currently exhibit maladaptive behaviors so severe that the adaptive functioning and ability to receive training is limited or impossible unless maladaptive behaviors are reduced or eliminated.
4. Individual must have identified behaviors on the IPP that require tracking of behavioral data for the functional assessment.
5. Individual must have a functional assessment that outlines one or more specific target behaviors that are currently or will be addressed in a behavioral protocol or a positive behavior support plan.

Service Option 5: Environmental Accessibility Adaptations**Maximum annual award: \$1,000.00***

Item/service must not be covered by other sources such as Family Support, Medicaid or other, and must fall under the current WV I/DD Waiver guidelines. *This service will not be prorated.

APPLICATION

The Support grant application must be completed and submitted along with the Individual Program Plan (IPP), which addresses the needs for the requested service categories, and the letter confirming that the applicant has been added to the WV I/DD Waiver wait list. Each requested service option must specifically address reasons for the service and accurate time tables for these services (e.g., if applying October 12, 2011, your service time table would be 10/1/2011 – 6/30/2012). The initial IPP development for the purpose of completing the grant application request can be billed at a one-time rate of \$50.00.

***Re Application.** *For individuals currently approved and receiving services, their next quarterly request must be submitted 15 -30 days prior to the next FY quarter to continue services (current fiscal year only).*

Application is forwarded to the Bureau of Health and Health Facilities by mail, email or fax.

Mail: WV Department of Health & Human Resources, Bureau for Behavioral Health & Health Facilities, Division of Intellectual/Developmental Disabilities, *ATTENTION:* I/DD Division Wait List Support Funds, 350 Capitol Street, Room 350, Charleston, WV 25301-3702

Fax: Division of Intellectual/Developmental Disabilities, *ATTENTION:* I/DD Division Wait List Support Funds; 304-356-4811

DOCUMENTATION REQUIREMENTS

Examples of other documentation which should be developed and maintained in the applicant's file:

- Therapeutic Consultant assessments, as applicable
- Functional assessments, data collection, as applicable
- Individual Support Plans, Behavioral Support Plans and other programs, as applicable

FUND DISBURSEMENT

Payment will be made to the agency submitting the application on behalf of the applicant via the State of West Virginia Financial Information Management System (WVFIMS). Each agency who is a vendor with the Bureau for Behavioral Health and Health Facilities has an official vendor name, address and vendor number on file with WVFIMS. Payment will be made to the agency according to arrangements made with WVFIMS. This grant is based upon the availability of State funds, which are designated on a fiscal basis (July 1 – June 30).

I/DD Wait List Support Grant Application

Applicant Name: _____ Address: _____ _____	Date of Birth: _____ Phone: _____ Date placed on Title XIX Wait List: _____
Please do not submit this application until these services have been pursued:	
Does applicant (if over 18 years of age) qualify for Aged and Disabled Waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes,	
Has application been submitted for A & D Waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant on the A & D Waiver wait list?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant receiving A & D Waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant qualify for Personal Care Services (State Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes,	
Has application been submitted for Personal Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What Support Grant services are you applying for?	
Service Option 1: Facility Day Habilitation Option A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Option 1: Facility Day Habilitation Option B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Option 2: Supported Employment Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Option 3: Respite Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Option 4: Behavior Support Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Option 5: Environmental Accessibility Adaptations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Agency/Contact Person:	
Provider Address:	Phone:
	Fax:
	Email:
Attach a Copy of the INDIVIDUAL SUPPORT PLAN identifying the support/ services and proposed outcome(s). The ISP <i>must</i> include the types of services to be provided, the amount of each service that is being requested 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.	