

**UR Lead Call with Central Office
Minutes 11-4-14**

1. Dwayne Shumate, DMH Director of Youth Transition/Employment, shared some information about employment services; this was similar to the webinar presentations that were held in late October 2014. He stated that there are a lot of federal changes around employment related to waiver services. He reiterated that DMH will be providing guidance/technical support/training in the future regarding the focus of employment services and delivery of these services, along with the importance of the services being individualized to the person. They will be providing some examples of goals and fading plans in the future. He communicated that these examples will not be black/white it's going to be very individualized to the needs and situation of the person being served. He discussed the need to start planning the fading-out from the very beginning of starting the employment service. If there are specific questions about employment service delivery, these can be emailed directly to Dwayne Shumate or Cla Stearns.

Dwayne also stated that the Medicaid Waiver manual will be revised in the future, because it states that there has to be documentation that VR has denied services; he stated that under the Federal Law VR can't deny services. He stated that Job Preparation and Co-Worker Supports are not services that VR provides.

2. Children's Division Interdivisional Agreements – CD pays the match for waiver services and as the year goes by, there can be changes to the plan which affects level of services/dollars. CD has asked if anyone from their office is aware of these changes and have approved the plan. As a result it was agreed that signatures would be obtained on the ISP/Addendum from a CD worker or at the very least an email from the CD worker which communicates that they are aware of the changes and agree.

3. The CSR states that the ISP signature is required before submission through URC however there is a "clause" that if obtaining the signature causes a delay in service that the signature can be obtained after going through URC. DMH-DD doesn't have an issue with having this clause, however CMS doesn't have the same expectations for this and when MMAC does an audit they will want to see that the signatures are obtained otherwise it could be a "pay-back" situation.

4. Self-Directed Supports and State Plan services - a review was completed recently and it identified that there were a lot of services being provided through SDS that could have been provided through State Plan services instead. Cla reminded us that that MW services cannot be supplanted when State Plan services are available.

5. Guideline #33 PON Critical Service Situation Guidance – it states in the guideline *"situations in which an individual has been placed in a nursing home in order to receive intensive, time limited (less than 6 month) nursing services do not qualify under this definition."* Cla stated that

there has been a situation in which a family wanted their family member to be placed in an ISL however didn't have a critical status for this to occur. The family placed the person in a nursing home and then after a few months stated that this was an Olmstead issue in order to have the person be eligible to move into an ISL; this was an attempt to circumvent the process and is not considered an Olmstead issue. Additionally, if an individual is placed in a nursing home to address acute medical needs/therapy after a hospitalization, this also isn't considered an Olmstead Issue. If there are questions about specific situations Cla Stearns can be contacted.

The next UR Lead call is scheduled for December 4, 2014 at 2pm. Call in # is 573-526-5622.