The Arc Northern Virginia

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Waiver Personal Care Support Hours

This fact sheet attempts to explain a very complex subject in simple terms. There are additional complexities in each situation that may have an impact on someone's ability to receive and maintain hours of support through their Medicaid Waivers. Look at the resources section at the end of this document for ideas on where to go to best plan for your personal situation.

Understanding Medicaid Waiver Care Hours:

Medicaid Waivers are designed to fund long term support services for people with disabilities. One of the most commonly used Waiver services is hours of personal care, sometimes called attendant care. This service funds a one on one person hired directly by the person with a disability and their support team (called Consumer Directed Services) or a caregiving agency (called Agency Directed Services). The personal care attendant can help with activities of daily living (e.g., dressing, toileting, feeding), instrumental activities of daily living (e.g., making a meal for the person with a Waiver, cleaning up with the Waiver user), and some other tasks in certain cases. These hours are separate from nursing or other Waiver services.

Asking for Service Hours:

The number of authorized hours of weekly care varies based upon the needs and support schedule of the person with a disability. Anyone using a Waiver should be prepared to demonstrate why they need the hours requested. **For individuals using DD or CCC Plus Waiver,** the Waiver Services Facilitator or personal care agency will fill out the Medicaid forms outlining the person's usually daily schedule and support needs on Medicaid forms called the DMAS-97AB and the DMAS-99.

For DD Waiver users, that request will then be submitted and reviewed by the Support Coordinator, and reviewed by the Department of Behavioral Health and Developmental Services (DBHDS) **For CCC Plus Waiver users**, that request will be submitted to the Care Coordinator through your Managed Care Organization for authorization. **For CCC Plus Waiver users with HIPP**, the Department of Medical Assistance Services (DMAS, KEPRO) will review your request. In all cases, the final party to see the request (i.e., DBHDS, your managed care plan, or DMAS) will review what has been submitted and authorize the service in full or part, pend the request and ask for more information, or deny the request. It is imperative that you keep copies of all Waiver related forms, and check your mail frequently for important communication in regards to your Waiver services.

Think about your request ahead of time. Here are some tips to ensure your request goes as smoothly as possible:

- Start planning well in advance of your annual authorization date (90 days), if you think you may need a change
- Create a sample weekly calendar to demonstrate when support hours are needed, showing when natural supports are and are not available
- Write a justification explaining why you need support at certain times (e.g., for help with X task)
- Clearly explain any changes in requests from past authorizations (e.g., change in work schedule or natural support availability, new medical need, change in family demographics, etc.)
- Ensure your request includes what supports personal care attendants are intended to provide through Waiver services and safety needs
- Ask for more frequent contacts with team members all year to establish a strong relationship and ensure they are clear on your needs
- Ask for team members to complete as much of the required paperwork when meeting with you, or on the phone in advance of meetings, so they collect any important up-to-date details and make sure that items get completed in a timely fashion to prevent any lapse in services.
- If working with a Care Coordinator, ask if they have a DD expert on staff they can consult

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Working with Your Support Team:

The more closely a Waiver user works with their Support Team and understands every member's role and the expectations, the better off the system will work. This table can be used to help track that information.

Team Member	Contact Frequency	What Role They Play/Expectations for Help	Contact Information
DD Waiver Support Coordinator			
Waiver Service Facilitator			
Personal Care Agency			
Fiscal Agent			
CCC Plus Care Coordinator			
Other:			
Other:			

Meeting Challenges:

If a Waiver user believes the hours or support needed are not being made available, there are options they can explore.

- If you are struggling to hear back from someone in your support team in a timely manner or with the help/information you need, contact their supervisor and request a call and/or meeting
- If you are working with a Care Coordinator, ask if they have a DD expert on their team who can help lend advice or other support
- Appeal denied or decreased hours within 30 days in writing using the appeal rights sent to you, using the tips on page one of this handout for ideas on what to add to strengthen your appeal request
- Know that denials of services through Managed Care Organizations can then also be appealed to DMAS directly before going to a Circuit Court appeal
- Contact the Care Advocate Program about help with reductions or denials https://www.elderrights.virginia.gov/

Additional Resources:

- To learn more about Medicaid Waivers and other issues in general, visit The Arc of Northern Virginia's online Resource Library at https://thearcofnova.org/resource-library/
- To watch and hear more about Medicaid Waivers and related issues, watch recorded webinars at The Arc of Northern Virginia's YouTube Channel at https://youtube.com/user/VideosatTheArcofNoVA
- To find DMAS forms, including those used to request service hours, visit https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderFormsSearch
- Ask a question on any topic, any time at The Arc of Northern Virginia's Information and Referral Portal at https://thearcofnova.org/answers