



Virginia Medicaid and Long Term Care Services

Presented to House Appropriations

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Department of Medical Assistance Services

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Today's Presentation

- *Medicaid and Long Term Care Over view*
- *Introduced Budget and Long Term Care Reductions*
- *What is a Home and Community Based Care Waiver*
- *Virginia's Home and Community Based Waiver Programs*




Medicaid Overview – National Data

- Medicaid is the nation's largest public health insurance program that provides insurance coverage and long-term care services to over 58.7 (FY 2006) million low-income Americans:
 - Children
 - Pregnant Women
 - Families
 - Seniors
 - People with disabilities

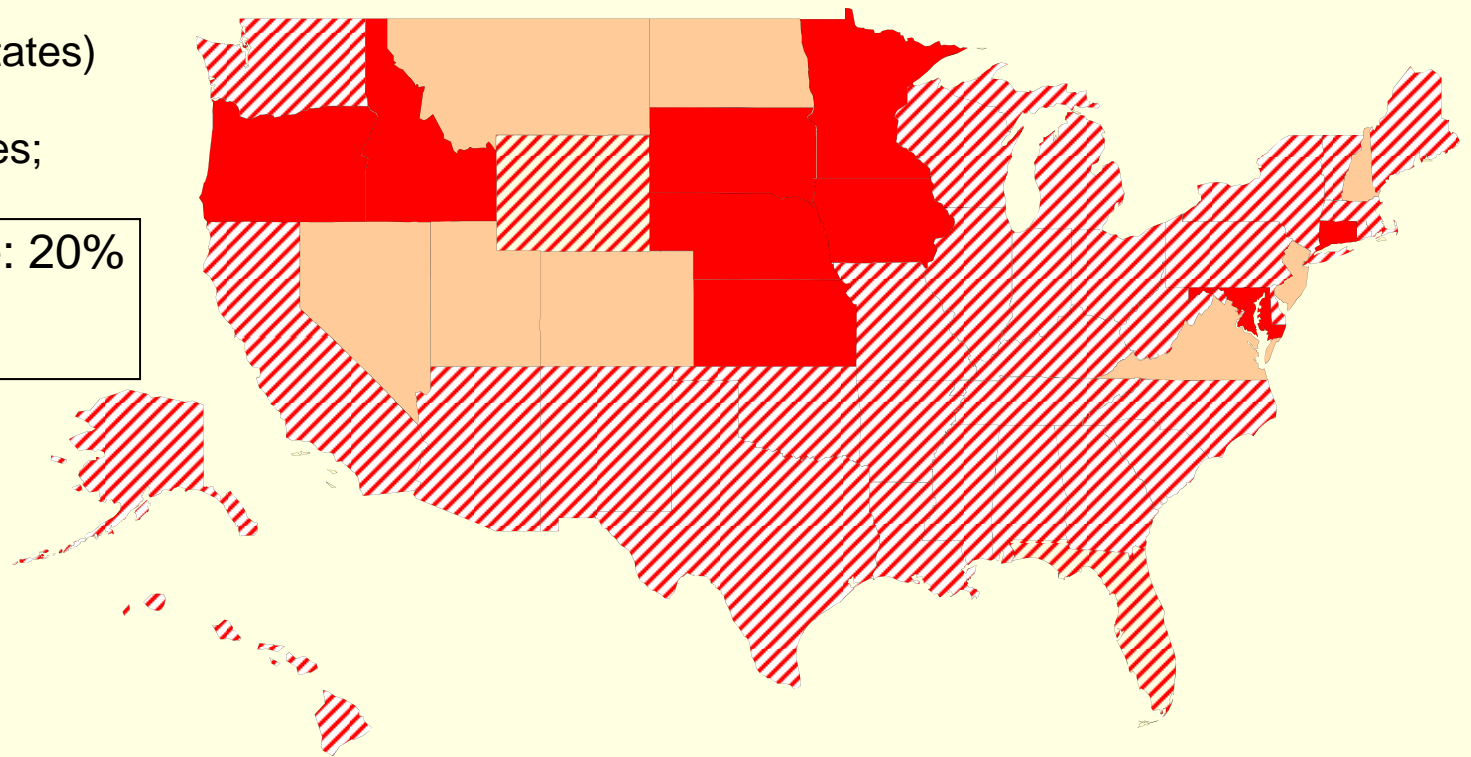
- By comparison, Medicare serves approximately 44 million individuals

- On average, Medicaid covers about one in every five Americans
 - Medicaid covers slightly more than one in every ten Virginians (2006)

Percent of Residents Covered by Medicaid, 2006

-  <13% (8 states)
-  13%-15% (9 states)
-  >15% (33 states; DC)

National Average: 20%
Virginia: 11%



Medicaid Overview – National Data

(continued)

- Medicaid is jointly administered and funded by the federal and state governments
 - States develop and administer their respective Medicaid programs within general guidelines established by the Federal government
 - Federal matching funds range from 50% to 76% of total costs; states pay the remaining costs
 - The recent American Recovery and Reinvestment Act (ARRA – the federal stimulus) provided a temporary increase to the federal medical assistance percentage (FMAP)

- Medicaid is the second largest program in most states' general fund budgets

Program Eligibility Is Organized Around Several Mandatory Groups

- To receive Medicaid recipients must be categorically eligible and meet the program's financial test

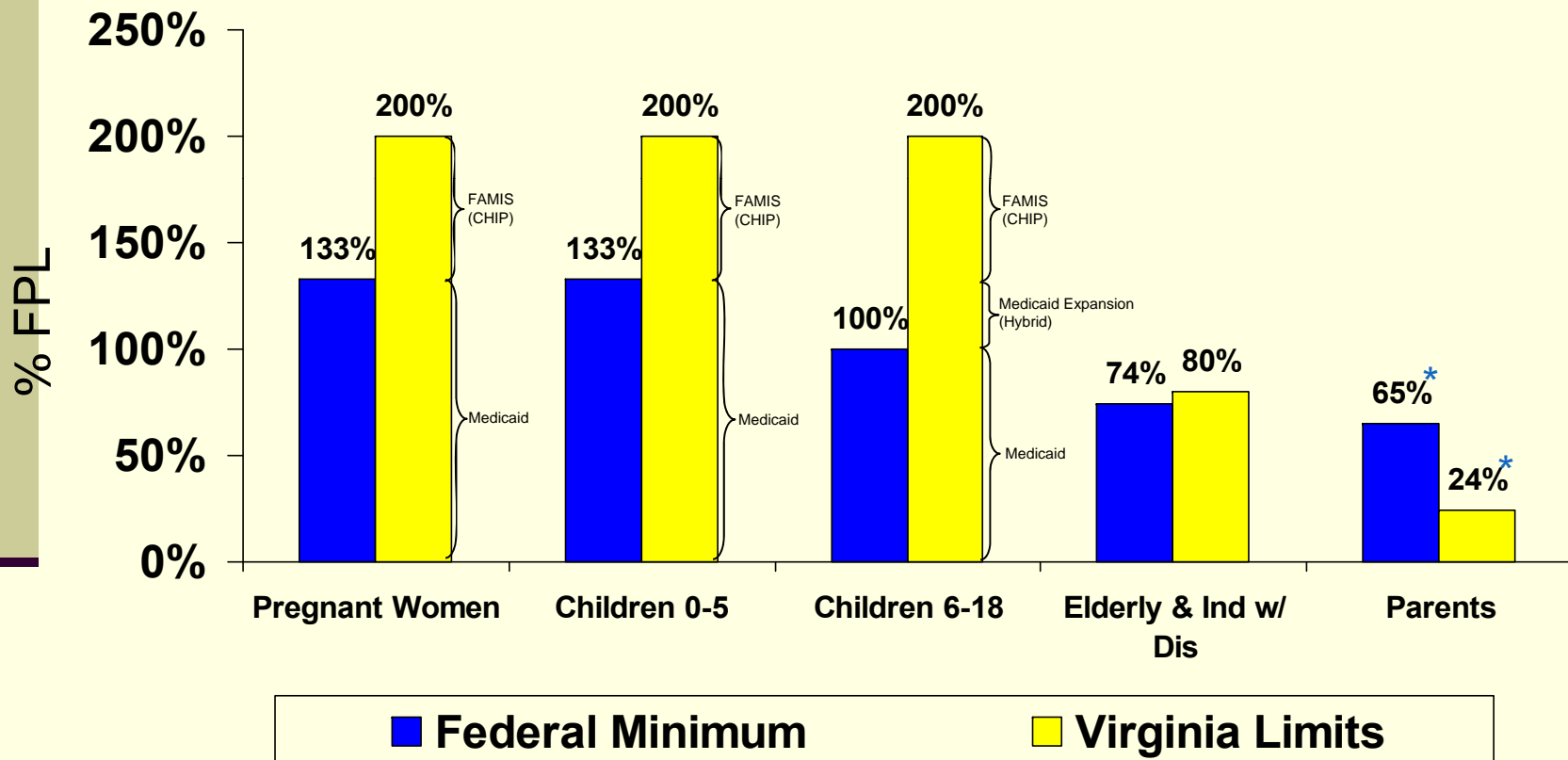
- Eligibility Categories:
 - Aged, blind or disabled
 - Children
 - Member of a family with children
 - Pregnant woman
 - Certain Medicare beneficiaries

- Coverage for persons in these groups is mandatory as long as they meet the financial (income and resource limits) criteria for the program

Virginia Also Covers Groups that are Optional Under Federal Law

- Optional groups include but are not limited to:
 - Medically needy persons whose income exceeds established limits but who are impoverished by medical bills
 - Persons in institutions or Medicaid Home and Community Based waivers (e.g., nursing homes, intermediate care facilities for the mentally retarded)
 - Certain aged, blind, or disabled adults who are not on SSI

Medicaid Eligibility Levels



* National median Medicaid income eligibility level (2007) – Virginia statistic is a weighted average

Source: Kaiser Commission on Medicaid and the Uninsured; DMAS

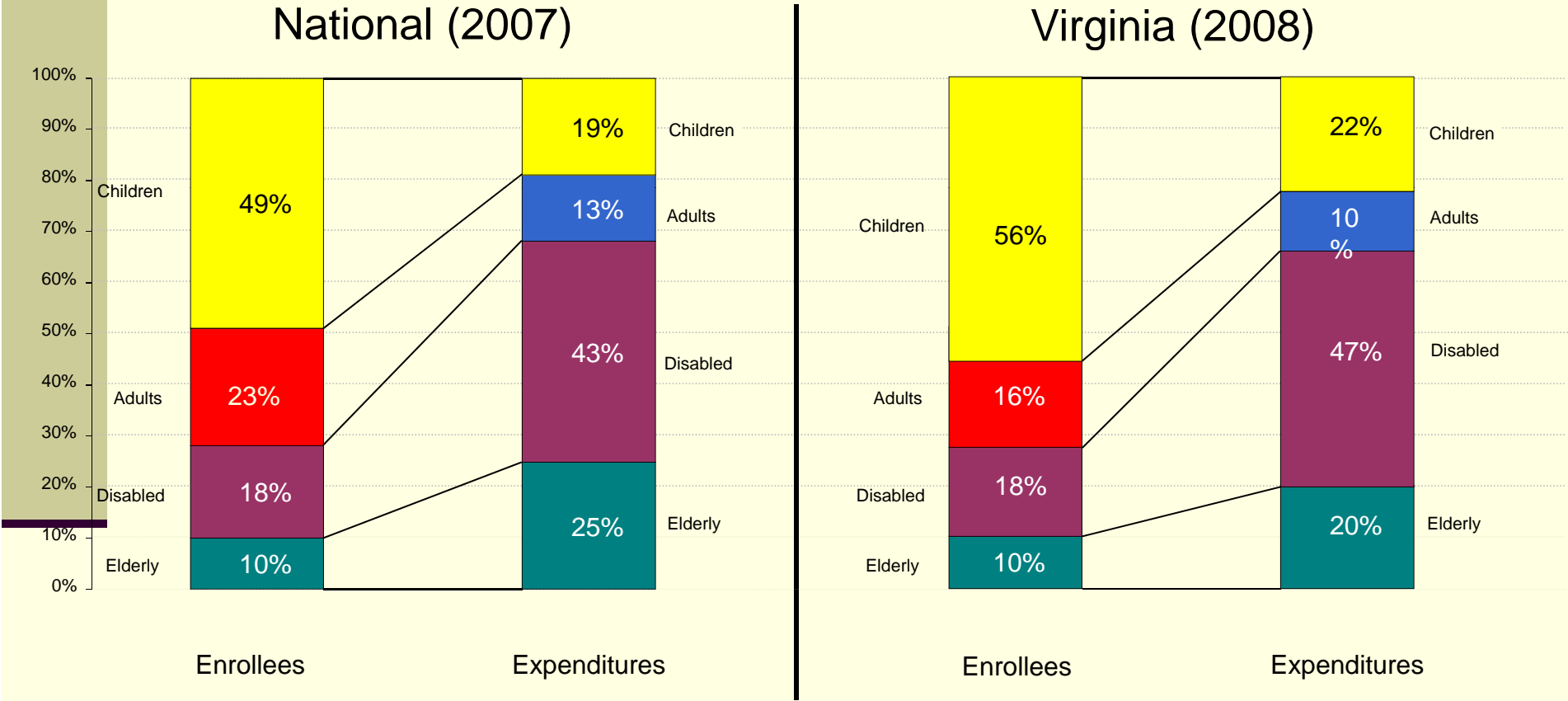
Participating States Must Provide Certain Medicaid Services (referred to as Mandatory Services)

- Hospital Inpatient, Outpatient, & Emergency Services
- Nursing Facility Services
- Physician Services
- Medicare Premiums, copays and deductibles (Part A and Part B)
- Certified Pediatric Nurse & Family Nurse Practitioner Services
- Certain Home Health Services (nurse, aide, supplies and treatment services)
- Laboratory & X-ray Services
- Early & Periodic Screening, Diagnostic & Treatment (EPSDT) Services
- Nurse-Midwife Services
- Rural Health Clinics
- Federally Qualified Health Center Clinic Services
- Family Planning Services & Supplies
- Transportation

Virginia Also Covers Some Allowable But Optional Services

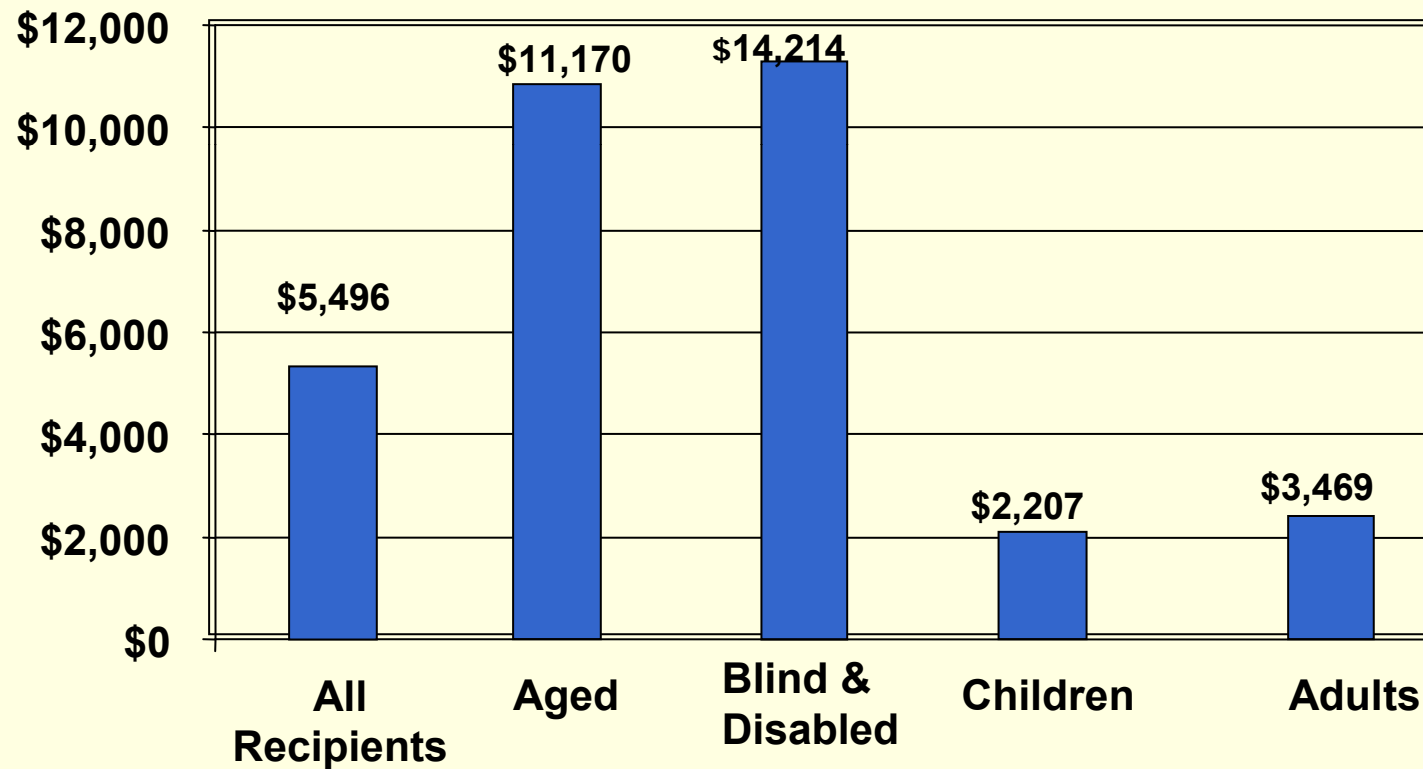
- Prescribed Drugs
- Mental Health & Mental Retardation Services
- Home & Community-Based Care Waiver Services
- Skilled Nursing Facility Care for Persons under age 21
- Dental Services for Persons under age 21
- Physical Therapy & Related Services
- Clinical Psychologist Services
- Podiatrist Services
- Optometrist Services
- Services provided by Certified Pediatric Nurse & Family Nurse Practitioner
- Home Health Services (PT, OT, and Speech Therapy)
- Case Management Services
- Prosthetic Devices
- Other Clinic Services
- Hospice Services
- Medicare Premiums/copays/deductibles

Medicaid Enrollees and Expenditures



Source: Kaiser Commission on Medicaid and the Uninsured; DMAS

Medicaid Cost Per Recipient Type: Virginia, 2008



Medicaid Plays an Essential Role as the Primary Funding Source for Long-Term Care

- In 2004, Medicaid accounted for 47% of national long-term care spending
- Single largest source of financing for long term care
- Medicaid accounts for 67% of financing for institutional care
 - Medicare and private health insurance provide limited coverage
 - Many of the elderly and persons with disabilities with long-term care needs receive help solely from family and friends who are not paid for these efforts
- In FY 2008, 24,042 Virginians received care in a nursing facility, 1,950 in an intermediate care facility for the mentally retarded (ICF/MR), and 24,759 received long term care services in the community.

Virginia Medicaid Provides a Variety of Long Term Care Services

■ Institutional Services

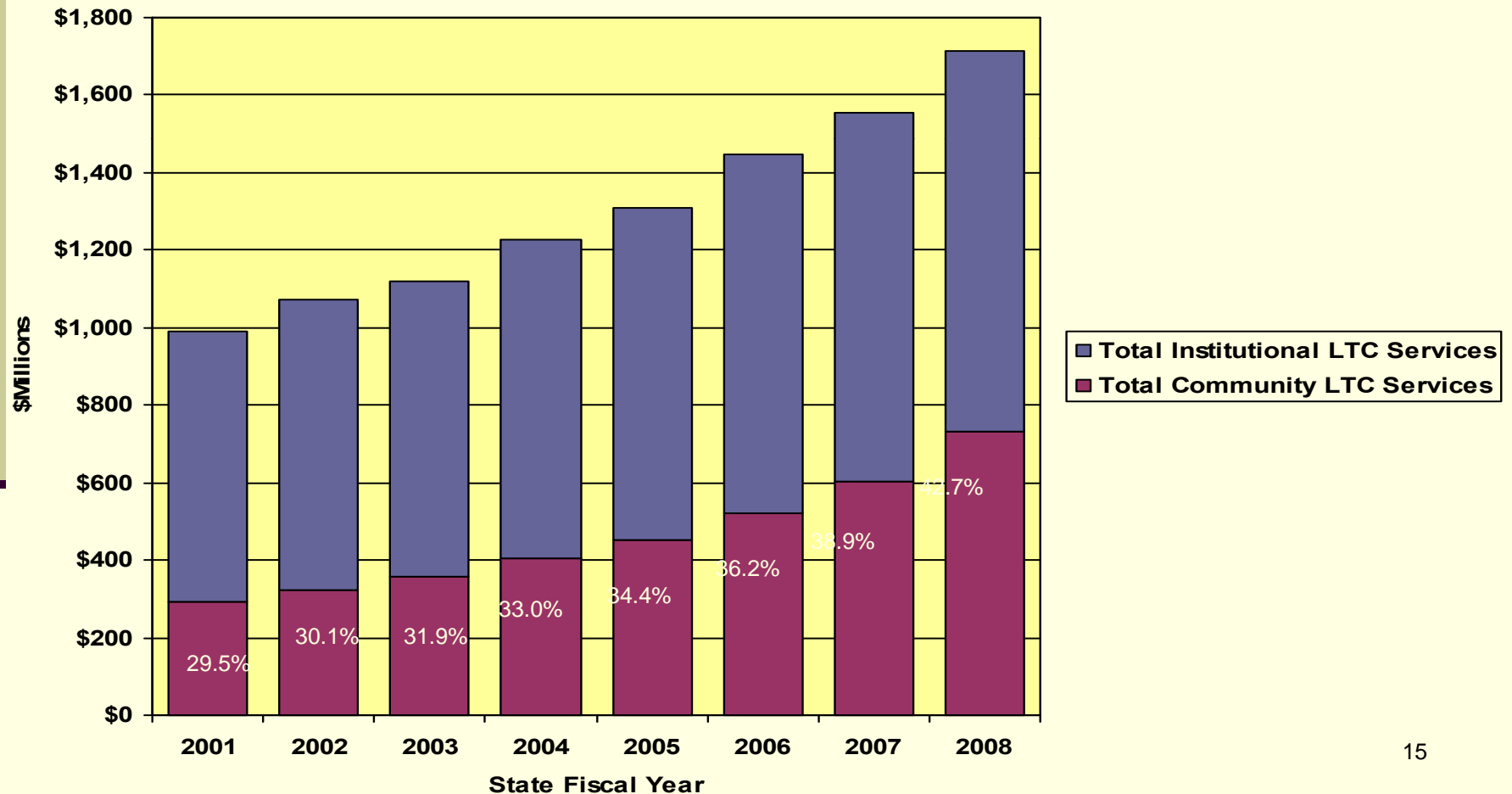
- Nursing Facility Services, including Specialized Care
- Intermediate Care Facilities for the Mentally Retarded (ICF/MR)
- Assisted Living Facilities (limited)
- Long Stay Hospitals

■ Community Services

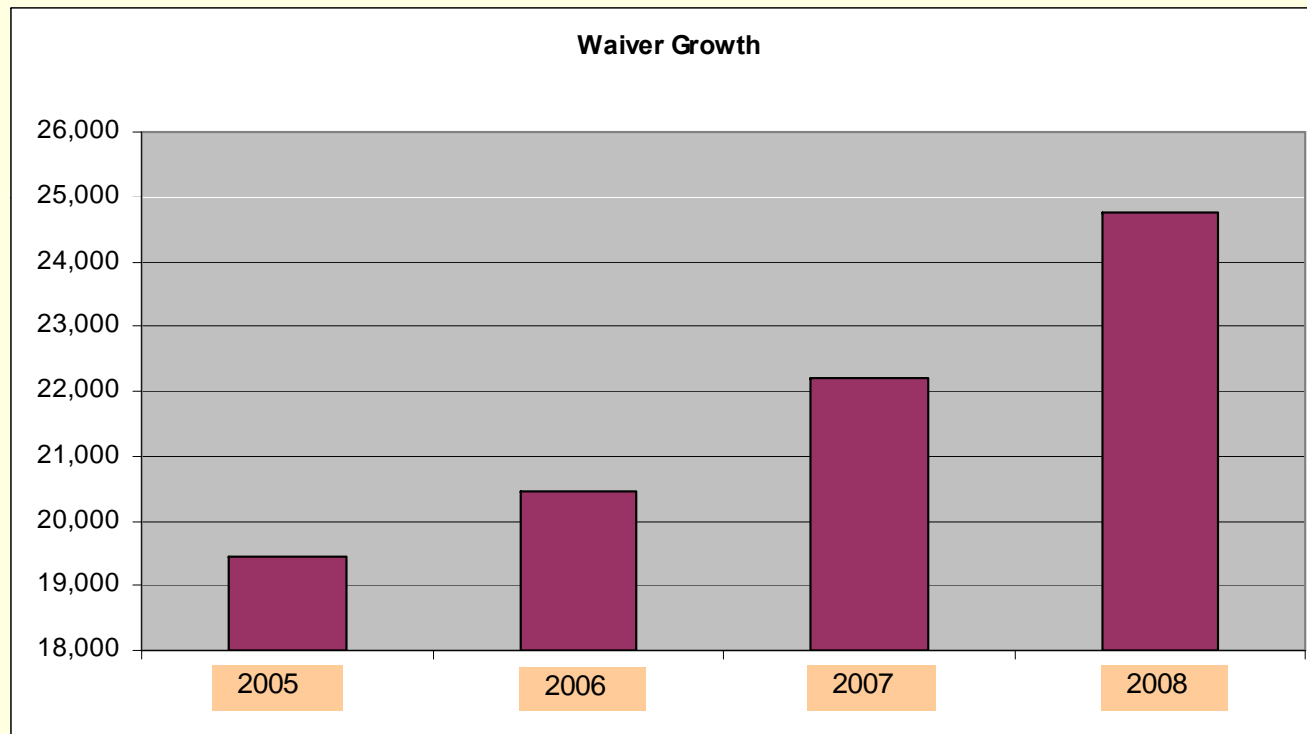
- Home and Community Based Care Waiver Programs (7)
- Program of all Inclusive Care for the Elderly (PACE)

Medicaid Long-Term Care Delivery Virginia, 2001-2008

Community-Based Services as a % of Total
Virginia Medicaid Long-Term Care Expenditures



Medicaid Home and Community Based Care Waiver Enrollment in Virginia, 2005-2008



Average growth has been 8% per year

Today's Presentation

- *Medicaid and Long Term Care Over view*
- *Introduced Budget and Long Term Care Reductions*
- *What is a Home and Community Based Care Waiver*
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Introduced Budget

	General Funds in Millions		
	FY2010	FY2011	FY2012
Base Appropriation	\$2,442.6	\$2,442.6	\$2,442.6
Funding Initiatives	\$99.4	\$689.4	\$1,390.4
Budget Reductions	(\$120.0)	(\$162.8)	(\$258.9)
Total Proposed Budget	\$2,421.9	\$2,969.2	\$3,574.1

*Totals may not sum due to rounding.

Funding Initiatives – Medicaid Forecast

- Medicaid Expenditure Forecast:

Adjustment in DMAS' appropriation for the Medicaid program to reflect the current forecast of expenditures for this program..

	Funds in Millions		
	GF	NGF	Total
FY2010	\$80.1	\$2.0	\$82.1
FY2011	\$654.2	\$134.6	\$788.7
FY2012	\$1,315.1	\$34.2	\$1,349.2

Forecast Drivers

	FY 2011	FY 2012
Total Medicaid Forecast GF Need (\$Millions)	\$654.2	\$1,315.1
Need due to enrollment/utilization	\$211.2	\$391.2
Need due to loss of ARRA stimulus	\$376.8	\$814.7
Need due to provider rate increases	\$54.1	\$81.9
Need due to addition of waiver slots	\$12.1	\$27.2 ¹⁹

Budget Reductions - Introduced Budget

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Budget Reductions: Long Term Care

■ Nursing Facility & Community-Based Long-Term Care:

- Maintain nursing facility rates at FY 2010 level
- Reduce rates for Home and Community-Based Care (HCBC) waiver services by five percent
- **Freeze enrollment in HCBC waivers for one year, beginning Jan 1, 2011***
- Reduce allowable hours for respite services from 720/year to 240/year
- Delay implementation of 200 intellectual disability waiver slots that were scheduled to be released January 1, 2010
- Postpone the annual 400 ID and 67 DD waiver slots added per Chapters 228 and 303 of the 2009 *Virginia Acts of Assembly*
- **Reduce the income eligibility level for HCBC waivers from 300% SSI to 275% SSI***

	Funds in Millions		
	GF	NGF	Total
FY2010	(\$1.9)	(\$1.9)	(\$3.1)
FY2011	(\$72.7)	(\$86.4)	(\$159.2)
FY2012	(\$140.6)	(\$140.6)	(\$281.1)

*Delay due to Stimulus Restrictions

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Home and Community Based Services - 1915(c) Waivers

- Waivers are optional programs that afford States flexibility to develop and implement alternatives to institutionalization (NF, ICF/MRs) and target specific populations (aged, disabled, intellectual disabilities) .
 - Waiver must offer choice to all participants: Between community or institution, between providers, and services received
 - Waiver cannot fund room and board
 - Waiver must be cost effective
- Approved by Centers for Medicare and Medicaid Services (CMS) initially for 3 years, and then renewed in 5 year increments.
- Waivers are a partnership between the family support system and Medicaid providers to safely support an individual living in the community who might otherwise reside in an institution

Home and Community Based Services - 1915(c) Waivers

- An important component of any Home and Community Based Care waiver program is a preadmission screening program that helps divert people from institutional care if they can be served in the community. Applicant must meet same program criteria that is used for admission to institution
- Virginia has had a preadmission screening program in place since 1977 for individuals entering nursing facilities and the waivers. Mandated by Code of Virginia § 32.1-330
- 85% of people screened by community screening teams last year were recommended for care in the community; 85 % of people screened by hospitals are recommended for care in an institution

Alternate Institutional of Choice

<u>Waiver</u>	<u>Alternate Institutional Placement</u>
AIDS/HIV	Nursing Facility/ Hospital
Alzheimer's Assisted Living	Nursing Facility
EDCD	Nursing Facility
Developmentally Disabled	Intermediate Care Facility for the Mentally Retarded (ICF/MR)
Mental Retardation/ Intellectual Disability	Intermediate Care Facility for the Mentally Retarded (ICF/MR)
Day Support	Intermediate Care Facility for the Mentally Retarded (ICF/MR)
Technology Assisted	Specialized Care in Nursing Facility for adult / Hospital for children

Eligibility For Virginia Home and Community Based Care Waivers

- Qualify for Medicaid both categorically and financially; and
- Meet specified long term care program criteria according to a standardized long term care assessment instrument.
 - Meet age criteria
 - Meet diagnosis/need criteria
 - Meet alternate institution criteria
 - Uniform Assessment Instrument (UAI) for nursing facility level of care.
 - Level of Functioning (LOF) Survey for ICF/MR level of care.

Two Service Delivery Models


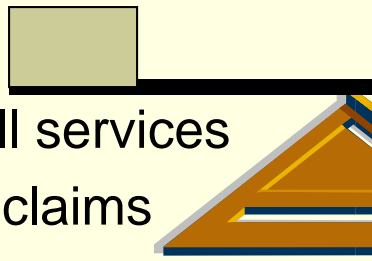
- **Agency Directed**

- Services provided by an agency to Medicaid recipients.

- **Consumer Directed (EDCD, ID, DD, HIV)**

- A service model which empowers the Medicaid recipient to hire, train, supervises and terminates attendants who provide the services (personal care, respite care, and companion).

Checks and Balances

- Prior Authorization (contractor KePRO, DMAS, DBHDS) 
 - All waiver services require prior authorization before delivery
- Fiscal Agents 
 - Contractor PPL-consumer direction payroll services
 - First Health: payment of all other agency claims
- Quality Management Reviews/Provider Audits(DMAS)
 - These reviews are conducted to insure health, safety and welfare and appropriate use of Medicaid funds
 - Level of care reviews performed at least annually

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Virginia's Home and Community Based Waivers

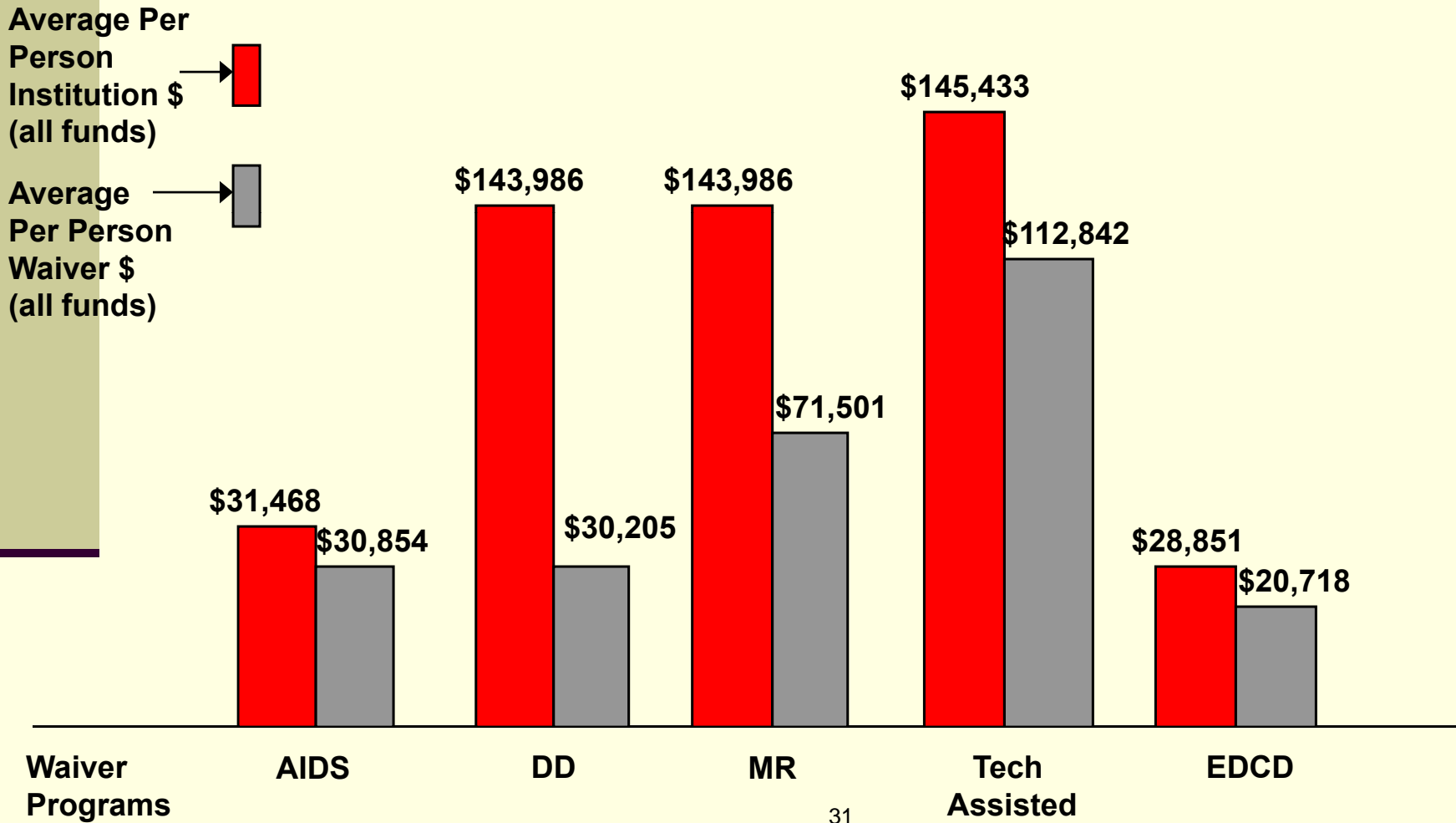
[1915 (c) Waivers]

- Elderly or Disabled with Consumer Direction Waiver
- Technology Assisted Waiver
- HIV/AIDS Waiver
- Intellectual Disability (Mental Retardation) Waiver
- Individual and Family Developmental Disabilities Support Waiver (DD Waiver)
- Day Support Waiver
- Alzheimer's Waiver



Waivers are listed in order of development

Virginia's Waiver Programs for the Elderly and Disabled Are Very Expensive but Still Less Costly than Comparable Institutional Care



Elderly or Disabled with Consumer Direction (EDCD) Waiver (administered by DMAS)

■ Eligibility:

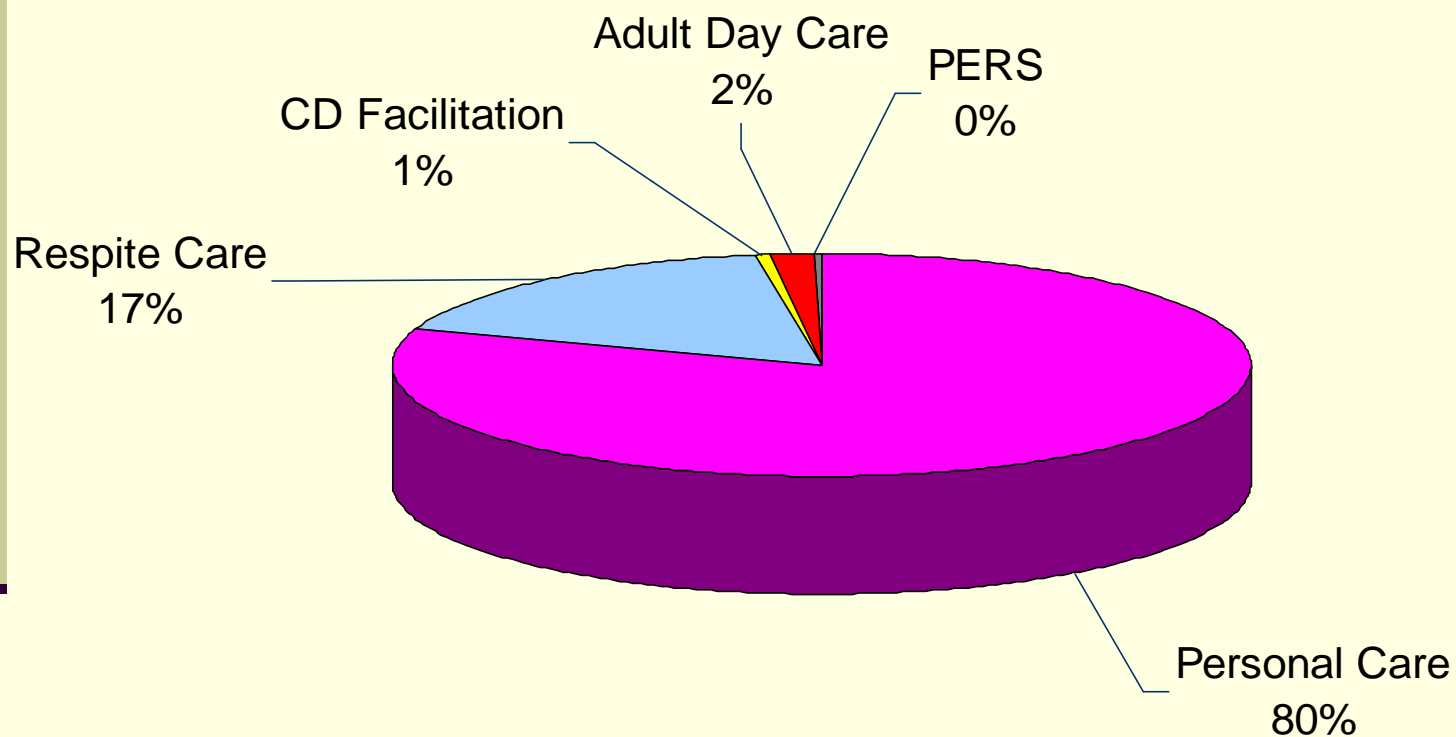
- No age limit, elderly or disabled
- meets nursing facility criteria
- **Current total enrollment is 17,015**

■ Services:

- Personal Care (consumer/agency directed)
- Respite care (consumer/agency-directed)
- Adult Day Health Care
- Personal Emergency Response System and Medication Monitoring
- Transition Coordination
- Transition Services



EDCD Waiver - Service Percentages by Expenditures



Notes:

Personal Care and Respite reflect both agency and consumer-directed services

EDCD Service Definitions

- **Personal care services:** Assistance with personal care needs, such as bathing, dressing, eating (known as Activities of Daily Living), monitoring of self-administered medications or other medical needs, and the monitoring of health status and physical conditions
- **Respite care:** Short term personal care services for the relief of those unpaid caregivers who also provide care
- **Adult day health care center:** Congregate daytime setting, which provides a variety of health, therapeutic, and social services.

EDCD's unique role

- NO wait list
- This waiver can be used for persons who qualify for other Medicaid HCBC waivers and are on a waiting list
- No limiting diagnosis (no exclusions if a person has a disability or a diagnosis of Intellectual Disability)
- Conditions :
 - If they meet ALL of the criteria for both waivers
 - Will receive only EDCD services

Meet Mrs. J: Face of an EDCD Client

Mrs. J. is a 76-year-old female with a diagnosis of congestive heart failure and she is a diabetic. She was independent and enjoyed spending time with her grandchildren and playing the organ for her church until a stroke left her dependent on others for bathing, dressing, toileting. Mrs. J. did not want to enter a nursing facility. Her medications must be administered/monitored by professional nursing staff.

The EDCD waiver permitted Mrs. J to remain in her home with personal care services and services of an adult day health care center to assist with her personal care needs, monitoring her health status and medical needs, and socialization needs.

Virginia's First Money Follows the Person Participant Goes Home with EDCD Services



- Mrs. W, a 97 year old widow, lived in her home until a fall caused a week long hospitalization in January 2008
- She was transferred to a nursing facility where she continued rehabilitation for the next 6 months
- In July 2008, Mrs. W working with the facility discharge planner, a transition coordinator, and Mrs. W's Power of Attorney, Mrs. W elected to participate in the MFP Project
- Mrs. W developed her service plan with assistance from a transition coordinator and was able to purchase needed household items to re-establish her home prior to her discharge through Transition Services/Funding
- Arrangements were also made to have needed environmental modifications made to her home
- She moved home in late July and now receives personal care services through the Elderly or Disabled with Consumer Direction waiver

Individual and Family Developmental Disabilities Waiver (administered by DMAS)

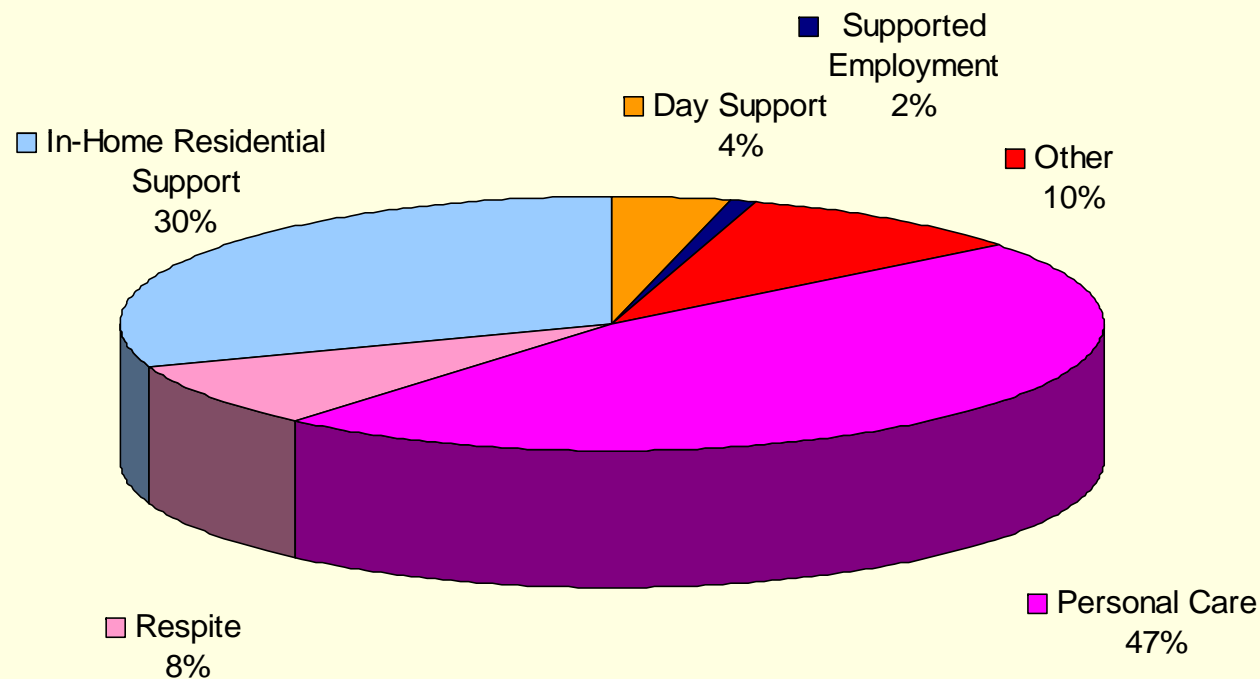
■ Eligibility:

- Individuals Age 6 or older with Diagnosis of Developmental Disability (not MR/ID) as defined in American Association on Intellectual and Developmental Disabilities (aaidd).

■ Services:

- Adult companion services
- Assistive technology
- Crisis stabilization
- Crisis supervision
- Environmental modifications
- In-home residential support
(The DD waiver does not pay for group homes.)
- Prevocational
- Medication Monitoring
- Companion care
- Day Support
- Skilled nursing
- Supported employment
- Therapeutic consultation
- PERS
- Family/caregiver training
- Respite care (Agency/CD)
- Personal attendant services (Agency/CD)
- Transition services

DD Waiver - Service Percentages by Expenditures



Notes:

Personal Care and Respite reflect both agency and consumer-directed services

Other includes Family Caregiver Training, Private Duty Nursing, Prevocational Services, Therapeutic Consultation, Crisis Intervention & Stabilization, PERS, Environmental Modifications, Assistive Technologies, Companion Care, and Consumer Directed Facilitation services.

DD Waiver Services Definitions

- **Personal Care Services:** Assistance with activities of daily living, instrumental activities of daily living, and access to community, medication or other medical needs, and monitoring health status and physical condition.
- **In-Home Residential Support Services:** Training, assistance, and specialized supervision to enable the individual to maintain or improve his health, assisting in performing individual care tasks, training in activities of daily living, training and use of community resources, providing life skills training, and adapting behavior to community and home-like environments

Characteristics of Clients on the DD Waiver

- There are 595 slots for the DD Waiver. All are filled. Waitlist is 857. Slots are filled on a first come, first serve basis.
- Make up of the DD Waiver:
 - 67% are age 6 through 21
 - 33% are age 22 and over
 - 50% have a diagnosis of autism
 - 25% have a diagnosis of cerebral palsy
 - 8% have a diagnosis of traumatic brain injury
 - other diagnoses include spina bifida, muscular dystrophy, epilepsy, and spinal cord injury.

Meet John: Face of a DD Client

- John is 19 year old male with a diagnosis of Asperser's, Attention Deficit Hyperactivity Disorder (ADHD), and accompanying behaviors of defiance, mood swings, anger outbursts, aggression, and inappropriate conduct in public. He is very loud and easily agitated by others. He must be prompted to dress himself, complete his daily hygiene, prepare his meals, and do his laundry. He has great difficulty staying on task and needs almost constant supervision due to his poor judgment. He frequently spends a great deal of time obsessing over minute details of things and loses perspective on more significant tasks at hand.
- He requires the assistance of a DD Waiver attendant to complete his activities of daily living such as bathing, dressing, and eating. He also requires assistance with community living activities such as preparing simple foods, recognizing signs of danger, completing his laundry and making minor purchases.

Mental Retardation/Intellectual Disability Waiver Services (MR/ID) (Administered by the DBHDS)

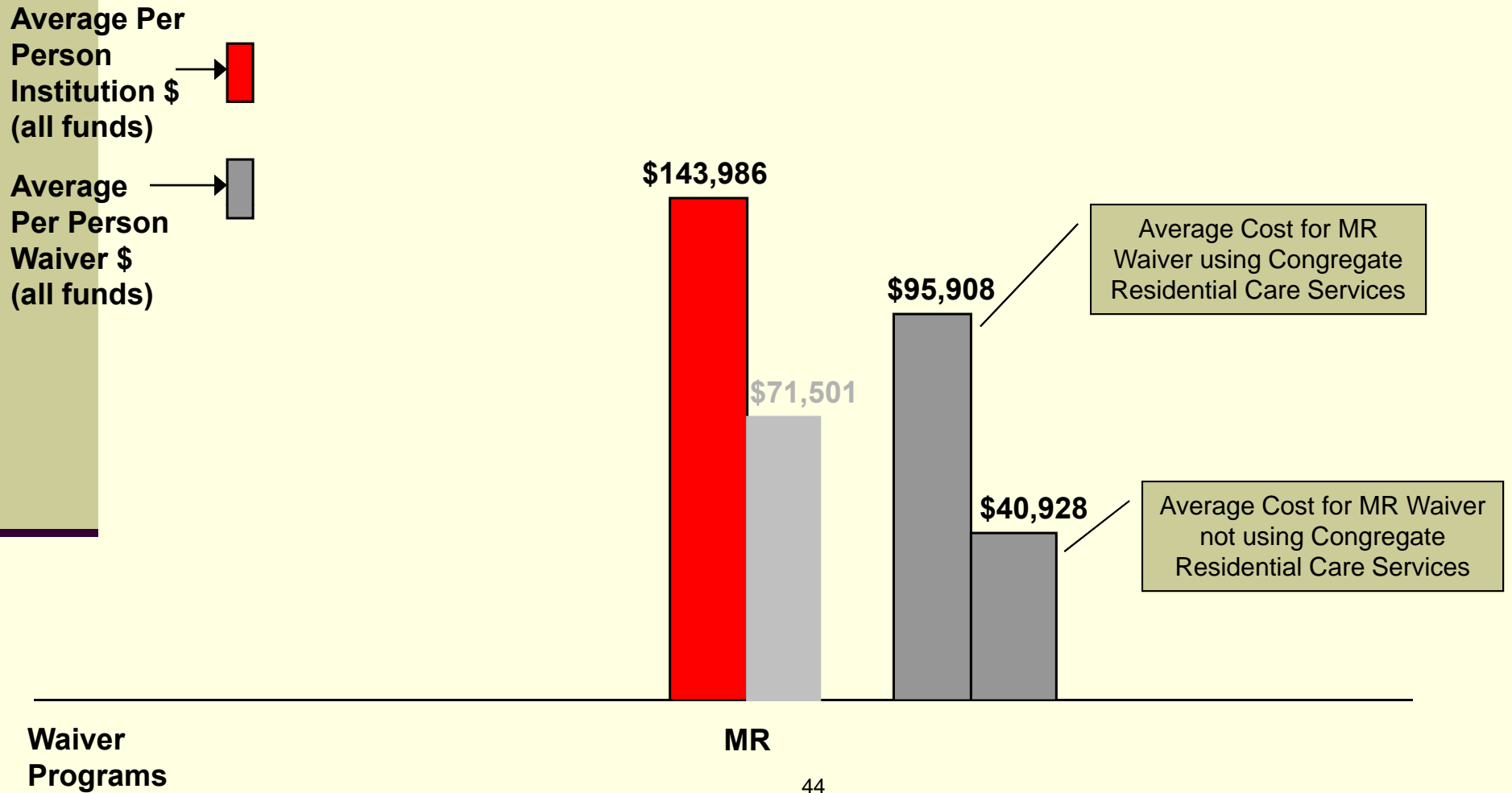
■ Eligibility:

- Under Age 6 & at developmental risk. Above age 7 diagnosis of MR/ID (as defined in American Association on Intellectual and Developmental Disabilities (aaidd)). **Waiver Slots: 8,162; Waitlist: 5,156**

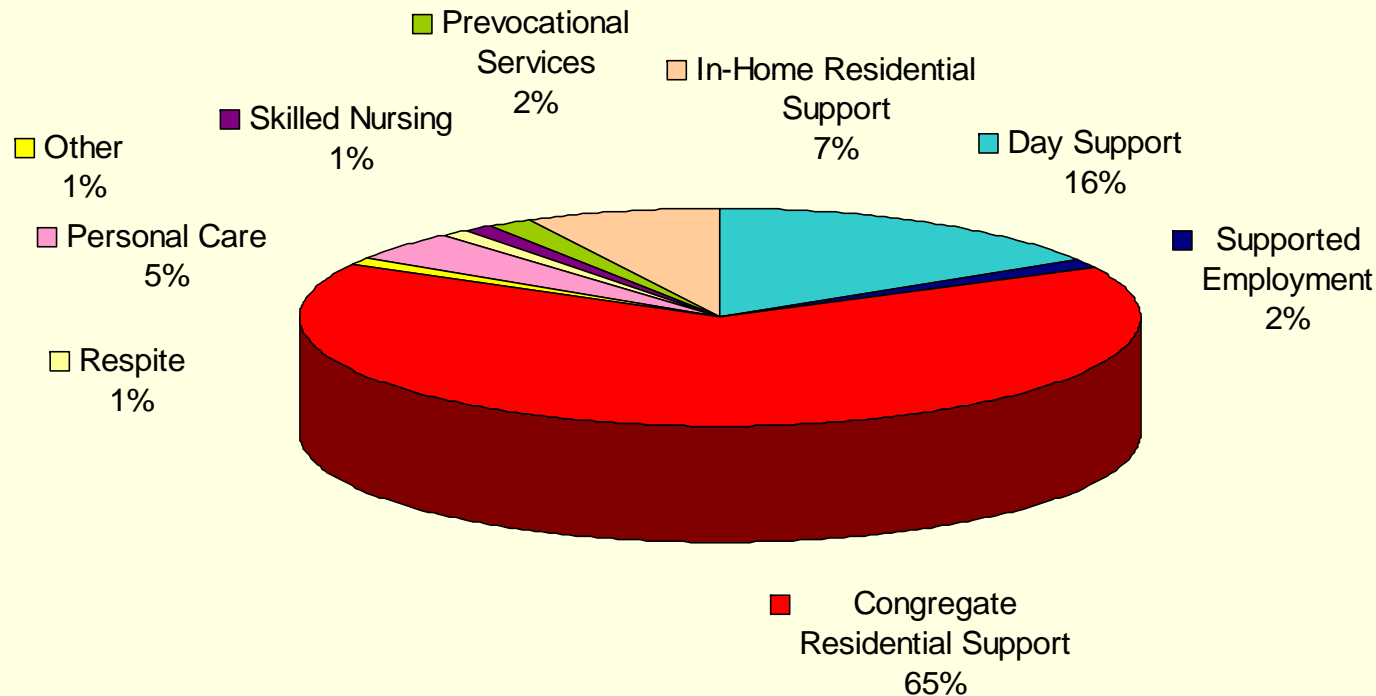
■ Services:

- Residential Support
(Congregate, In-Home)
- Day Support
- Supported Employment
- Personal Assistance
- Respite Care (Agency / CD)
- Assistive Technology
- Environmental Modifications
- Medication Monitoring
- Prevocational services
- Skilled Nursing Services
- Therapeutic Consultation
- PERS
- Companion (Agency / CD)
- Crisis stabilization
- Crisis supervision
- Transition Services

MR/ID Waiver Costs Are Likely Higher for Those Exiting an Institution But Are Still Less Costly than Comparable Institutional Care



ID Waiver - Service Percentages by Expenditures



Notes:

Personal Care and Respite reflect both agency and consumer-directed services
Other includes Therapeutic Consultation, Crisis Intervention & Stabilization, PERS, Environmental Modifications, Assistive Technologies, Companion Care, and Consumer Directed Facilitation services.

MR/ID Waiver Service Definitions

- **Congregate Residential Support:** or "Group home residential service" means a service providing 24-hour supervision in a community-based, home-like dwelling. These services are provided for individuals needing assistance, counseling, and training in activities of daily living or whose service plan identifies the need for the specific type of supervision or counseling available in this setting.
- **Day Support:** Means training, assistance, and specialized supervision in the acquisition, retention, or improvement of self-help, socialization, and adaptive skills, which typically take place outside the home in which the individual resides. Focus on enabling the individual to attain or maintain his maximum functional level.
- **In-Home Residential Support:** Services provided in the individual's home, including training, assistance, and supervision to enable individuals to maintain or improve their health, to develop skills in activities of daily living and safety in the use of community resources, to adapt their behavior to community and home-like environments, to develop relationships, and participate as citizens in the community.

Meet MC: Face of ID Client

- A 31 year old man with moderate intellectual disability and severe autism who has a very attentive and active family with whom he lived until he was 28 when his aggression and anxiety became too much for them to handle alone.
- His first residential placement was not able to establish the daily routines which helped him to adjust to a new environment and he spent more than a year at Central Virginia Training Center while another placement was sought.
- He is currently supported in a small group home located in Hanover County and attends a community day program; both try to manage his daily and weekly routines to help him be less anxious and less aggressive.
- He likes listening to music, time alone in his room, working on math problems and looking at atlases; he likes to be independent with his personal care, but really needs some assistance and reminding! He likes to help with preparing dinner.

Meet IM: Face of ID Client

- A 53 year old woman who is dually diagnosed with moderate intellectual disability and schizophrenia. She was discharged from Eastern State Hospital to and Adult Care Residence in 1994 which was not able to meet her many needs. Upon receiving an MR Waiver “slot” in 1994, she was admitted to a residential program in the Tidewater area. Her sister, who lives nearby, is very supportive.
- She can become very uncooperative and angry, especially when she has run out of cigarettes or her routine has been changed. Generally she will calm herself by taking a walk in the neighborhood.
- She likes shoes, but is very particular about what kind she wears! She also likes to keep her room neat and tidy, but needs reminders to do her laundry; she refuses to participate in most domestic chores. She spends holidays and the occasional weekend with her family.

Meet EM: Face of ID Client

- A 73 year old female, diagnosed with Profound Intellectual Disabilities and several chronic medical conditions. She is not able to walk, and requires total care with most of her daily needs.
- Her only known family is a sister, who lives in Maryland, with whom she has had only minimal contact.
- When she was 16 years old, she was admitted to CVTC, where she lived for 52 years until she was discharged into her current residential program.
- For almost 5 years now she has lived in Staunton. She lives with 3 other women and the staff of her residential program focus most on keeping her engaged in activities that are meaningful to her and that help her to be as active as she is able in her daily life. She loves going out on the town, *especially* to outdoor concerts and to the beauty salon!

ID Waiver Waiting List Process and Criteria

- The individual must be on the Urgent Needs List (until all persons on the Urgent Needs List have received a Waiver)
- The CSB uses a selection procedure to determine the rank order of the individuals with the most urgent needs. This procedure is uniform throughout the state and is approved by CMS. People are selected for the available slots according to their urgent needs ranking. The person who has the most urgent need always is the first to get the slot.

ID Waiver Waiting List Process and Criteria (cont'd)

- Slot allocation process - Community
 - When slots are approved for funding by the General Assembly, they are distributed about 30 days ahead of their funding availability date to the Community Service Boards (CSBs). They are distributed according to the following procedure:
 - Every CSB gets at least one slot
 - The remainder are distributed according to the relative number of people on the urgent needs list for each CSB

ID Waiver Waiting List Process and Criteria (cont'd)

- Facility vs community process
- Money Follows the Person Program
 - Slots available only to residents of ICFs/MR, nursing homes, and long-stay hospitals
 - Can only move into a group home of 4 beds or less, sponsored residential, or own home or apartment
 - CSB applies for the slot through the Office of Developmental Services at DBHDS
 - These slots are tracked separately from other Waiver funded slots due to their special funding system
- Facility Assigned slots (SEVTC and CVTC only)
 - Slot is requested by the CSB from the Office of Developmental Services as they identify an individual who wishes a community placement

ID Waiver Waiting List Process and Criteria: Urgent Needs

- Urgent Needs Waiting List, an individual must meet one or more of the following criteria:
 - Both primary caregivers are 55 years of age or older, or if there is one primary caregiver, that primary caregiver is 55 years of age or older;
 - The individual is living with a primary caregiver, who is providing the service voluntarily and without pay, and the primary caregiver indicates that he can no longer care for the individual with mental retardation;
 - There is a clear risk of abuse, neglect, or exploitation;
 - A primary caregiver has a chronic or long-term physical or psychiatric condition or conditions which significantly limits the abilities of the primary caregiver or caregivers to care for the individual with mental retardation;
 - Individual is aging out of publicly funded residential placement or otherwise becoming homeless (exclusive of children who are graduating from high school);
or
 - The individual with mental retardation lives with the primary caregiver and there is a risk to the health or safety of the individual, primary caregiver, or other individual living in the home.

Faces on the ID Waiting List

Meet JB

- A 20 year old male with moderate intellectual disability living at home with his mother, who works five days a week and long hours.
- Mother currently has to pay a friend to care for her son, causing a serious financial hardship for the family. She often has to take her son to work with her.
- Seeking prevocational, personal assistance, respite services, and day support services.

Meet TL

- A 26 year old female with profound intellectual disability living with a mother and father. The mother has recently suffered a massive stroke, leaving the father as primary care giver for both individuals.
- The 26 year old individual is completely dependent on others for her most basic care.
- Seeking skilled nursing, personal assistance, respite services, and assistive technology services

Day Support (DS) Waiver Services (administered by DBHDS)

■ Eligibility:

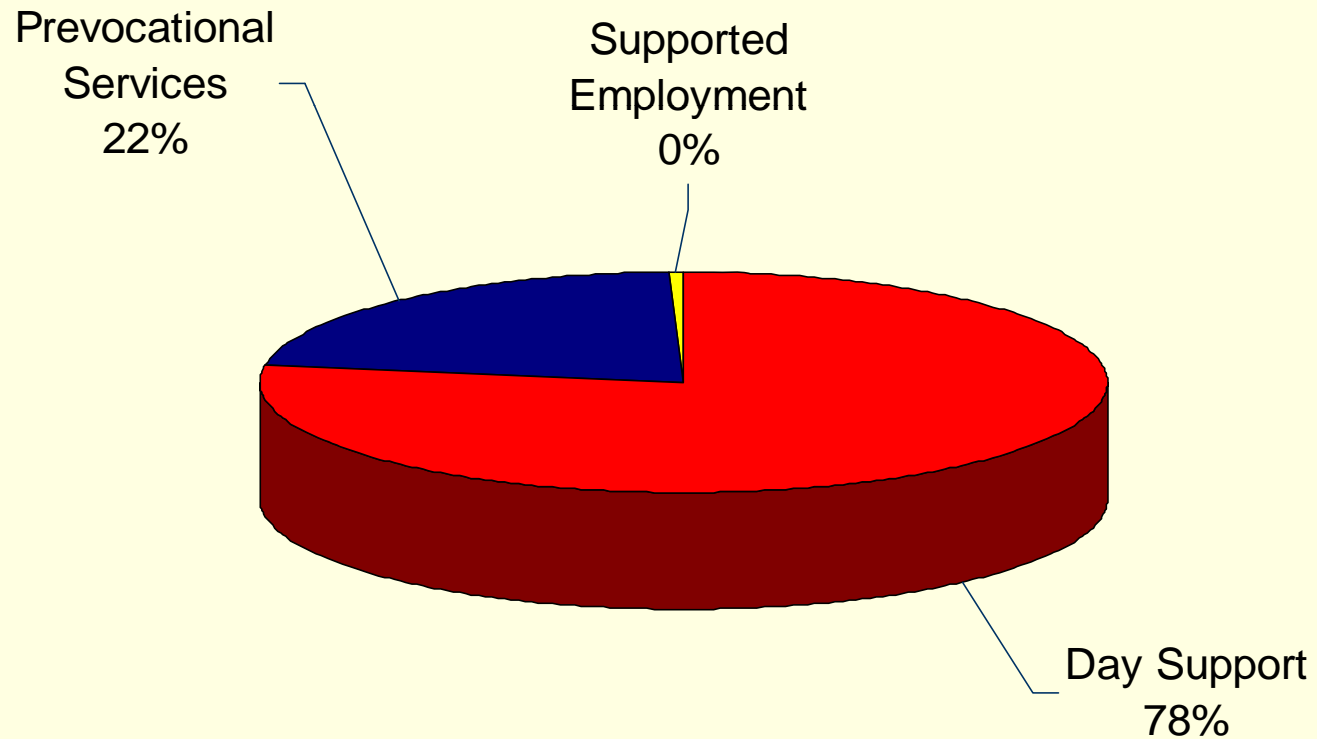
- Individuals with diagnosis of MR/ID and are on the wait list for MR/ID waiver.

■ Services:

- Day Support
- Pre-vocational Services
- Supported Employment



Day Support Waiver - Service Percentages by Expenditures



DS Waiver Services Definitions

- **Day Support Services:** Training, assistance, and specialized supervision in the acquisition, retention, or improvement of self-help, socialization, and adaptive skills, which typically take place outside the home.
- **Prevocational Services:** Preparing an individual for paid (usually less than 50% of minimum wage) or unpaid employment, but are not job-task oriented, such as accepting supervision, attendance, task completion, problem solving, and safety.
- **Supported Employment:** Work in settings in which persons with disabilities are typically employed. It includes specific skills related to paid employment and the provision of ongoing or intermittent assistance and specialized supervision to enable an individual to maintain paid employment.

Impact of the DS Waiver

- There are 300 Day Support Waiver slots. The waitlist is 5,156 (same as the ID waiver list)
- Access to this waiver is determined by the order in which an individual requested services in each CSB when a slot becomes available.
- An individual can be receiving services under this waiver and still remain on the comprehensive ID waiver wait list.

	Waiver	Alternate Institutional Placement	Eligibility	Initial Assessment	Pre Authorization	Wait list	Quality Management Review	Technical Assistance
S	AIDS/HIV	Nursing Facility/ Hospital	No age limit Diagnosis of HIV	DSS/VDH/ Hosp (UAI)	KePRO	NO	DMAS	DMAS
	Alzheimer's	Nursing Facility	Diagnosis of ALZ. Or related dementia (NO MR/ID)	DSS/VDH/ Hosp (UAI)	DMAS	NO	DMAS	DMAS
U	EDCD	Nursing Facility	No age limit, meet nursing facility criteria	DSS/VDH/ Hosp (UAI)	KePRO	NO	DMAS	DMAS
	Developmentally Disabled	Intermediate Care Facility for the Mentally Retarded ICF/MR)	Age 6 and above Diagnosis of Dev. Disability (NO MR/ID)	Child Dev Clinic (LOF)	DMAS	YES Managed by DMAS	DMAS	DMAS
M	MR/ID Intellectual Disability	Intermediate Care Facility for the Mentally Retarded (ICF/MR)	Under Age 6 & at developmental risk Above age 7 diagnosis of MR/ID	Comm. Serv. Board (LOF)	DBHDS	YES Managed by DBHDS	DMAS	DBHDS
A	Day Support	Intermediate Care Facility for the Mentally Retarded (ICF/MR)	Diagnosis of MR/ID & on MR/ID waiver wait list	Comm. Serv. Board (LOF)	DBHDS	YES Managed by DBHDS	DMAS	DBHDS
R	Tech	< age 21 Hospital	21 and older - dependent at least part of each day on a mechanical ventilator or meet complex tracheotomy criteria.	DSS/VDH/ Hosp (UAI)	DMAS	NO	DMAS	DMAS
Y		> age 21 Specialized care nursing facility for	21 and under - meet criteria based on various methods of respiratory or nutritional support. (tracheotomy, oxygen, tube feeding)					

Any
questions?

