

Q&As from MLMC Stakeholder Calls July 2016

Questions	Answers
General DD Waivers Questions?	
Q1: Why does it take so long to get approval for environmental modification?	A: It depends on what the SC writes as justification. Sometimes we need more information. Sometimes it takes time for SC to get that information back. We are working on developing training for SC on the process and justification. This will be sent out to help them in their justification for services.
Q2: The environmental modification program is a burden and it creates difficulty in moving into an apartment. Not too many contractors want to work with this program. No contractors wanted to provide this service in Tidewater area. We are finding that the CSB is not the problem, but access to a contractor is the problem. Is there a listing of providers that will work on EM?	A: Your local CSB can support with this and most work with Vendors. They have to work through the State process as well as the CSB requirements. This can add to the time and difficulty. If you are running into blocks, then CRC's can support to address blocks to services. In terms of developing the provider network, a provider survey is being developed to assist with mapping out services available. Our intention is to fill in the gaps. Link to current list: http://www.dmas.virginia.gov/Content_atchs/ltc/ltc-wvr_atlist.pdf
Q3: For people on the wait list, what are their options for CM services while they are on the wait list?	A: Individuals on the DD waitlist will be offered a choice of CM from the CSB in their region, CSBs with an MOA and a private provider agency. Individuals on the ID waitlist will be offered choice of CM for their CSB in their region and CSBs with an MOA.
Q4: In regards to DD Waiver clients it seems that each board has a different practice. What's the expectation?	A: The CSBs are working with private providers to develop contracts. Each DD CM will have a contract with the CSB for the individual they support.
Q5: Are the Q&A's on the MLMC website updated after each call? I can only find the update from March on the website.	A: Look under Q & A for the June 30 th , 2016 update. MLMC website will be updated monthly with Q&A's. Any critical updates will be provided on these calls or by email.
Q6: Where can I find the Q&A from the weekly calls?	A: Go to the DBHDS website. Choose Individual and Family then click on Developmental Services. On the left hand side, choose My Life My Community then scroll down the page and you will see Waiver Redesign Training. They are under that heading.
Q7: What is the holdup with CMS? What are the challenges?	A: Some are tiny and some are much larger. Items that continue to be reviewed include: rate methodology, understanding rate mythology, why a service is billed at a higher or lower rate, why program cost is higher than administrative cost, whether a service is duplicated if in the same plan, questions about ensuring certain people remain

Q&As from MLMC Stakeholder Calls July 2016

Questions	Answers
	<p>eligible, etc. Verbal communication has occurred with CMS and we are waiting on them to follow up.</p>
Q8: What is the timeline for implementation?	A: A decision will be made when a decision is received from CMS.
Q9: Billing under per diem system – Is there a minimum numbers of hours required during a day for an individual to be counted as present? Can you bill for the whole day if the individual is only there for 15 minutes?	A: There are no current waiver regulations on this. No lower limit has been set, but we want to ensure this is not being abused. Future discussion will likely be had regarding this issue.
Q10: Waiver Slot Allocation Committee – We have not seen anything on the training to the committee yet? Is this going to start sometime?	A: Letters have been sent confirming membership. Training to occur in the near future.
Q11: When will the slots come out?	A: CMS has to approve waiver redesign before approval on waiver slots occurs.
Q12: Are we still going to be able to have periodic supports for In-Home Services in the new system?	A: Yes. The SC will need to note the need for periodic supports in the notes section in WaMS and provide an explanation of why that is needed.
Q13: Has the decision discussed today about the continued use of Periodic support hours been communicated to the SCs?	A: No, however it will be added to the Q&A and be discussed at the regional SC meetings.
Q14: Regarding the QDDP qualifications. The old guidance allowed for a Q's eligibility to include the equivalent experience of 5 years with no Bachelors. Is this still an option?	<p>A: The Federal CMS definition of Qualified Intellectual Disability Professional (or Qualified Developmental Disability Professional) DOES NOT have educational equivalency. CMS guidance makes it clear that individuals must at least have a bachelor's degree in a human services field, however, both the licensing and wavier regulations allow for experience in lieu of education for supervisors in service settings.</p> <p>DBHDS Licensure 12VAC35-105-590. Provider Staffing Plan. Supervision section of licensure regulations (cited below) includes an educational equivalency.</p> <p>7. Supervision of <u>developmental</u> services shall be provided by a person with at least one year of documented experience working directly with individuals who have <u>intellectual</u> or developmental disabilities and holds at least a bachelor's degree in a human services field such as sociology, social work,</p>

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
	special education, rehabilitation counseling, nursing, or psychology. Experience may be substituted for the education requirement.
Q15: Is the plan for someone without a new SIS to use the old SIS after the approval of the waiver redesign?	A: Yes
Q16: What would we do if a SIS is not done when the WaMS system goes live?	A: ASCEND has identified those who are in need of SIS assessments and are working to complete them. For individual who have never had a SIS, the individual will be assigned to tier two. Should the SIS be completed and the person is assigned to tier one, we have been informed by DMAS that the provider will be held harmless. For Individuals with an old SIS, this will be used until a new SIS is completed. The provider can adjust their billing once the tier is known.
Q17: Once a new SIS is completed, does the Tier change on the 1 st of the next month	A: Yes. It will roll out monthly.
Q18: Billing – Do we round up to use weekly overage?	A: If billing is weekly – add up fractions to whole number – same rules as in the EDCD Manual Ch. V – this will be clear in the new manual.
Q19: Who do we contact if CSB refuses to do screening?	A: Call Sam Pinero at (804) 786-2149.
Q20: When will the new Provider Participant Agreement come out?	A: Cannot change until CMS approves. It is set ready to go, just waiting for CMS permission. Medicaid memo will announce.
Q21: If a service request is waiting to be approved past the date will we continue to get paid?	A: No, you have to have an active service authorization. There will be a 60 day period for corrections.
Q22: Do providers need to anticipate a delay in payments due to time lag?	A: Yes, it is a possibility but we are working to minimize this likelihood. All depends on the SC and provider working to get it entered in advance or getting it backdated appropriately.
Q23: Please repeat about what is happening to new waiver slots as of July 1.	A: A funding request will be sent to CMS in separate amendment. DMAS will send request to CMS for new slots after waiver redesign has CMS approval as requested by CMS.
Q24: Statement regarding Environmental Modification. The difficulty mentioned earlier is being seen and experienced statewide.	A: Thank you for letting us know.

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
Q25: Can people get the prioritization confirmation?	A: SCs should have this for individuals identified as Priority 1.
Q26: What is the process to appeal the prioritization?	A: Family should call CM and express concern. They can contact the RSS for support if needed.
Q27: Do we now use QMRP, QIDP, or QDDP for credentialing?	A: QDDP - Qualified Developmental Disability Professional
Q28: Can a person with a doctorate in psychology without a license and bachelors in English serve as a QDDP?	A: Carrying a license is related to the federal definition in regards to operating in the capacity that requires their license. If they are not operating in that capacity, a professional license would not be required and they can serve as a QDDP.
Q29: Waiver slots and implementation delay – is there a reason the number of slots could not be addressed with waiver redesign?	A: CMS asked the Commonwealth not to submit the amendment for new slots until after the 3 major amendments have been approved.
Q30: If someone is admitted to the hospital or rehab facility, how many days can they stay before they lose their waiver?	A: If someone is away from waiver services for 30 days, that can have an impact on Medicaid if they only have Medicaid by virtue of LTC status received by the waiver. On day 30, the SC needs to notify DSS of via DMAS 225. On day 60, the SC needs to notify DBHDS by submitting a request to retain the slot. The slot can be retained for an extended amount of time.
Q31: When does the combined waitlist take effect?	A: Combined waitlist takes effect when CMS approval is received.
Q32: We need to hire folks right now. How soon can we get the DSP training manual?	A: We are in final stages this week and materials will be posted on the DBDHS website on Aug. 1 st . The supervisor materials will be loaded into the Learning Management System during the week of August 1 st . If you need a certificate for yourself in order to hire new staff during this week, please reach out to your CRC and we will support you to complete this. This timeframe will be adjusted based on the approval of the emergency regulations.
Q33: Where can we find information on the new services, training slides, service descriptions, professional/qualifications?	A: All listed on the DBHDS website and in DMAS Memos. The training materials and Q&A documents are available at http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-life-my-community under “Waiver Redesign Training.” The qualifications guidance document will be added as soon as possible.
Q34: Do you have a timeline for when qualifications will be available on the website?	Soon. We have a draft of qualifications that will also be covered in participation agreement.

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
Q35: Are the rates are being updated?	A: Rates are located in the final rates document at http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-life-my-community under “Waiver Redesign Information” and are listed in various DMAS memos.
Q36: Our understanding is that PA will give some leeway on the start dates and end dates.	A: There will be a 60 day grace period. FEI will be putting together a comprehensive guide and FAQs
Q37: We are applying for a number of services and getting either DBHDS licensed or DARS vendorship is there anything else that needs to be done?	A: New regulations will be coming out soon as well as competencies.
Q38: If I am a provider of a service can I provide that service in all 3 waivers?	A: Yes
Q39: Update on the Individual Family Support Funds?	A: They are done taking applications for the session, more information coming soon, hopefully by the end of the year.
Q40: Levels/Tiers list for individuals, when we will receive a completed list?	A: We are continuing to work towards an updated list as people receive their SIS assessments. Hoping it will be on WaMS as some point.
Q: What do we tell providers who are concerned?	A: Tell them to get in touch with their RSS who can research.
Q41: What would happen during the learning period if an authorization is rejected?	A: More likely to be denied and not rejected. Communicate with your PA Consultant as needed
Q42: Community integration, will that change?	A: Changes depend on what service you provide
Q43: Therapeutic consultation rates will be determined by credentials?	A: Correct
Q44: Son is on ID Waiver WL, not following the changes, need a parent/guardian “To do list.”	A: It’s important to make sure priority checklist and VIDES has been completed and to stay in touch with the CSB.
Q45: Will CMs be able to be the Service Facilitator too?	A: Yes – we have verbal confirmation from CMS.
Q46: There seems to be a lack of CD providers. Will there be any push to increase CD services?	A: A Survey will be going out to all providers to gather information about the services they provide and where they are located in order to map out where services are being offered and where they are gaps. Service facilitation is included in this survey.

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
Q47: Will CD services continue in the amended DD Waiver?	A: Yes
Q48: If a CD provider lives with the individual, can they work more than 40 hours per week?	A: Yes.
Q49: With the waiver redesign, who will be our service facilitator now? Can you keep the same private facilitator?	A: Yes can keep the same person. You continue to have a choice of provider.
Q50: Who gets a conditional license?	A: Providers with current DBHDS Licenses adding additional services will be issued a conditional license for the new service. This does not trigger enhanced case management because the provider's organizational license remains intake. This is not a change in current processes
Support Coordination/Case Management	
Q51: Question regarding DD CM. CSB has a DD CM provider who has 1 person who has a waiver slot. Is the CSB required to contract with every DD provider, especially when they only have 1 person? Or can the CSB give choice once they get the RFP in place?	A: VACSB has agreed that if an individual has a waiver and has a private entity for case management, the CSB will make every effort to contract with the DD provider. The contract would be for that one individual, not others. As long as a contract is in place and the DD CM meets the CSB's requirements, the individual may continue to work with their DD CM.
Q52: Can private providers continue to bill for DD case management?	A: Private providers can bill during the transition period. Private DD CMs should be negotiating contracts with the CSBs in their service areas. Billing may continue until they are contracted with a CSB, but no later than December 31, 2016.
Q53: Is there a delay in completing provider agreements with the CBS?	A: Contracts will continue to be negotiated between CSBs and private CMs. No delay in regards to single point of entry, which became effective on July 1, 2016.
Q54: Can an individual receive DD CM from a private provider and a MH CM from a CSB? Q: Which should be provided if they are eligible for both?	A: That should not be happening. Only one type of case management can be provided at a time. A: The one that most appropriately meets their needs.
Q55: Are CSBs required to do screening for people with DD?	A: Yes, all eligibility screenings are going through CSB as of July 1st.
Q56: After applying for a modification of our license, we received a conditional license. How will that impact ECM?	A: If the license was modified for a provider who is already providing day support, SC will not have to initiate ECM as the core license is not conditional.
Q57: Prioritization on wait list. When will the prioritization be done?	A: CSB's should be 100% done with prioritization already. They were to be done by June 30. DD CM agencies are currently

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
	prioritizing and completing the VIDES assessments for Priority 1.
Q58: Hiring a SC at a CSB. If the hire date is prior to 8/1 does the person have to have a bachelor's degree or can it be based on prior experience? Before the degree requirement goes into effect?	A: If hired prior to approval of the emergency regulations the current regulations apply. If the hire date is after, the person would need the bachelor's degree.
Q59: When does the DD provider need to implement the ISP? Do we need to complete the ISP's or submit the 457 waiver docs for annuals now?	A: DD providers will begin using the PC ISP once the waivers are approved. They should be submitting what is currently required until that time.
Q60: Wait list under DD waiver. Right now we are being asked to complete certain information regarding people under our wait list. Will we be reimbursed for supporting a CSB to complete this work?	A: If they have Medicaid, you can bill for them; but if they do not have Medicaid, then no billing. Prioritization and VIDES is part of the required information.
Q61: Will there be any VIDES trainings for DD CMs?	A: The CSB you contract with has Waiver Experts who have training slides and provide training on the VIDES
Q62: When a child receives residential waiver supports in the jurisdiction of one CSB and their family resides in another, which board should be supporting the child?	A: This will be included in a future FAQ.
Employment and Day Services	
Q63: How do we do authorizations for people whose plans change every week?	A: Authorize it at the highest amount anticipated and only bill for the support provided.
Q64: Do we have to do 2 Part V's for Group Day and Community Engagement?	A: Yes. However, we are still exploring how to merge them to one Part V.
Q65: Will separate Part V's be necessary for Day Support Providers who are providing multiple day services?	A: This is an ongoing conversation. We are working towards trying to have a sample that will streamline the documentation required and hopefully end with a blended plan.
Q66: Will quarterlies be blended as well?	A: There has been no discussion about that, but we will consider options in discussions.
Q: If three services are provided to one individual, does that mean writing 12 quarterlies a year?	A: Yes. There should be a quarterly for each service.
Q67: With the requirement of multiple plans and quarterlies, has there been consideration regarding the	A: We are working diligently to find something that will streamline the process.

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
dramatic increase in paperwork that may occur and might reduce the amount of time in the community?	
Q68: If we don't use all projected hours for community engagement, can we use those hours to provide group day?	A: No. These are separate services, which require separate authorizations.
Q69: For the plan year starting Aug 1 st . Do the Day Support plans automatically switch to community engagement or group day?	A: No they would need a new service authorization for community engagement, group day not needed and block-based billing can continue at the current rates until the provider converts each person to the new hourly rate structure (completing all transitions within one year of CMS approval of the waivers).
Q70: Do providers have to offer the new day services (Community Engagement and Community Coaching) once amendments approved from CMS?	A: No. The start date of the amendments does not mean these new services have to start then.
Q71: Can you clarify how the billing will work for day support once it is transferred into WaMS?	A: For individuals who have an authorization, the current ISAR will be loaded into WaMS with the old rates billed as a block/unit per individual per program. Providers will need to submit new service authorizations to convert from block to hourly billing when they choose to, but no later than the start of the annual ISP year. If other day services are added, new service authorizations will be needed to adjust the hours for both services.
Q72: Where does the preloading of 105 hours come into play?	A: This is no longer applicable.
Q73: If we want to switch everyone to the hourly rate, would we have to submit the authorization for everyone on the first day?	A: A 60 day grace period will be considered for the effective start date. A new service authorization will be needed in the system to bill the hourly rate once the waivers are approved.
Q74: Do you have to have 2 separate authorizations for someone receiving Residential and Community Engagement with same provider agency?	A: Yes. Each distinct service needs its own Service Authorization.
Q75: Do we have to do a separate Part V for Community Engagement too?	A: Yes.
Q76: What documentation is required?	A: Part V must go to the SC before Service Authorization can go into WaMS.
Q77: Would Workplace Assistance require a separate plan from Supportive Employment?	A: Yes

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
Q78: Workplace Assistance is it coming through DARS Services what are the qualifications?	A: Service Authorizations need to be submitted. DARS vendorship or Non-Centered Based Day Support license.
Q79: Is the training for Workplace Assistance available yet? Is there anything that needs to be done to add the service?	A: New provider enrollment instructions will be coming out after CMS approval. WPA training is in development and will be online as soon as possible.
Q80: When will information be released about competencies for workplace assistance?	A: Supported Employment service organizations should already meet the competency requirements. Competency requirements for day support providers will not come out until after CMS approval.
Q81: Community Engagement added to license, do we need to have a meeting to add services to individual's plans?	A: There should a meeting (whether on phone or in person) and choice has to be given.
Q82: Will Pre Voc. services continue until the CMS approval?	A: Yes, prevocational services will continue until the wavier redesign is in place and then they will cease. Prevoc must have a current ISAR in IDOLS.
Q83: Can a day support staff take one individual out into the community.	A: Minimum ratios must be met and in a manner that services to a person in one service doesn't compromise the services to others in a different service.
Q84: Can individuals with DD and ID diagnoses receive supports at the same time? In the same location? By the same provider? Current regulations do not allow for this.	A: The regulations are being revised and will address this.
Q85: Is there an outer time limit in which providers must convert to the hourly rate structure?	A: Within a year of the amended waivers implementation
Residential Supported Living	
Q86: Any more 1 bedroom with supports to be made in Chesterfield county?	A: Waiver doesn't pay for apartments or related to opening up residential settings. Typically, you can work with the SC to locate an apartment. If you are looking for a supported living situation with an agency, then work with CSB.
Residential Sponsored	
Q87: Can sponsored providers support 3-4 individuals in their home?	A: No. The regulations state that sponsors can have no more than two individuals living there. A home with >2 individuals needs to be licensed as a group home.
Q88: If a sponsor states that they no longer wish to be a sponsored provider but would like to be licensed as a group home, what would stop that?	A: 24-7 care is not appropriate for all individuals. For people who chose the sponsored module, they would need to be offered the choice of staying or finding alternative placement.

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
	The regulations for sponsored and group home are not the same. The home would have to meet group home regulations. We are not encouraging sponsors to switch to group homes.
Q89: If a person moves from one Sponsored Residential Provider (SRP) to another SRP within the same agency, does their 344 reset?	A: No, it does not reset with SRP's within the same agency. But if the move is from one agency to another agency the time frames does reset. This would be a new service.
Q90: If a person moves from an SRP to a Group home within the same agency? Does their 344 reset?	A: If an individual moves from Agency A SRP to Agency A GH, this is a new authorization and new service. This resets the 344 days.
Q91: What happens if individual moves from SRP in ROS to SRP in NOVA? Does their 344 reset?	A: No reset. The provider is just paid at the NOVA rate.
Q92: Can the 21 days of non-billing for SRP can be anytime throughout the year?	A: Yes
Q93: Question regarding the reset of the 344 days. – If an individual chooses to leave an SRP home and the person chooses a new SRP home within the same agency. Why would the new SRP home be treated differently than an SRP home with another agency? Why does an internal move within the same agency not allow for a reset of the 344 days? Can we revisit this?	A: It is not about the choice of provider, but consistency of agency. Provider is not being penalized.
Q94: As an SRP, if I have a client that never goes home. I still only get paid for 344 days, even though they never go home.	A: Yes, but the rate used for 344 days is a higher amount to account for the 21 days.
Q95: In the past it was possible to have a SRP with 3 or 4 people, being treated as a GH. Going forward what happens?	A: SRP can only be two or less. Homes with 3 or 4 people would need to be licensed as a GH and billed as such.
Q96: Question regarding the 21 days in residential. Can we spread out the 21 days throughout the year by take 3 days a month, instead of 21 at end of year?	A: Yes, but be aware that those days have been taken and could impact the decision to have time away later in the year.
Q97: Sponsored Residential/Group Home leases, who is the landlord?	A: The agency of the sponsor and the group home provider.
Q98: What is the justification for not paying a sponsored provider for three weeks when they have someone with	A: The rate study completed by Burns & Associates is based on an annual per diem rate. That annual rate is paid over 344 days

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
extensive support needs who will not be absent for that length of time?	at a higher rate instead of 365 days.
Q99: Can a sponsor have a respite bed as well?	A: Not in addition to the two beds allowed. Licensing regulations would allow one respite bed and one sponsored bed. The beds could not be interchangeable (a respite bed remains <u>only</u> a respite bed until a change is requested) If someone has designated a respite bed on their license, they would always have to use that bed as a respite bed. If someone has designated two sponsored beds they would always have to use those sponsored beds as such, unless they notify licensing using the appropriate forms to change their license. It is also important to note that staffing may need to be increased or supports in a home when someone is admitted for respite services, if the provider is use to only providing supports for one sponsored person.
Q100: Sponsor Providers landlord vs. Group Home landlord, there is an exclusion for sponsor related to lease requirements 55-248.5 of the Landlord Tenant Act?	Response: Thank you for the information. We will look into this.
Residential Group Home	
Q101: Can the provider live in the Group Home?	A: Discuss with your Licensing Specialist.
Residential General Questions	
Q102: If an individual is rated at Tier 3 and the individual needs more staff, then what?	A: Staffing is calculated into rate methodology.
Q103: Do I still have to have two staff?	A: Staffing is based on what is appropriate for the person. The calculation sheets in the final rates models document are used to explain how the rate was determined.
Q104: If person is under DD Waiver and living with someone with ID waiver. Any guidance on mixing populations in services?	A: No modification needed. However if they are accepting DD and have not before they would need to update their program description to reflect this change in population.
Q105: July 1 was to be the start of the new waivers, with that being moved to August 1 st will it change the 344 billing year? Q: 1 st year is confusing? Q: With the delay in the redesign, will it impact the 344 day billing year?	A: The billing goes by the ISP year not the calendar year. A: Everyone starts with a new year when the waivers are approved and it resets with their ISP year or with a change to a new provider or service. A: No. The billing goes by the ISP year not the calendar year. When the waivers are approved, everyone will start with a new

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
	year and it will reset with their ISP year or with a change to a new provider or service.
Q106: Can community coaching and community engagement be provided by residential staff or is it exclusively being done by day support?	A: The policies around this are nearly finalized.
Nursing, Crisis, Therapeutic Consultation, PERs	
Q107: Regarding skilled nursing and private duty nursing, will the procedure codes be changed automatically?	A: If the individual is receiving skilled nursing, then it will automatically switch over to S codes. Just make sure skilled nursing is being used as it is supposed to.
Q108: Private duty and skilled nursing. What changes do we need to make to ensure we can bill for private duty? What is the difference?	A: The difference is that PD is longer term nursing provided throughout a day as opposed to an activity for an hour or two. Ensure your DMAS Provider Participation Agreement is in good standing. Fill out the Provider Participation for PD, which will be available as soon as we have approval from CMS. Open a new service for that person. A Provider Choice form will also need to be completed by the SC.
Q109: QDDP – can this person be a nurse? Do they have to have a BA degree in human service field?	A: A BS in nursing would qualify.
Q110: Question about the QDDP - If a nurse has more than 5 years of experience but no bachelors' do they qualify as a QDDP?	A: Yes. 5 yrs of experience if no Bachelors.
Q111: Any limit on Therapeutic Consultation?	A: No limit in regulations at this time.
Q112: Under the three reimbursement tiers of Therapeutic Consultation – is there a list for “other” providers?	A: The third tier “other” would include Positive Behavioral Support Facilitators, LPCs, LCSWs, and Rehab Therapists.
Q113: What about LPC/LCSW as an “other”? We want ensure we have the correct rate based on qualifications.	A: Yes. These fall into the third reimbursement tier for other providers.
Q114: Therapeutic Consultation – Do Registered Behavioral Technician’s count?	A: RBT’s are not approved to bill for Therapeutic Consultation services
Q115: Therapeutic Consultation qualifications, has it been added yet?	A: Once the regs are done you will see them there. An updated MLMC qualifications document will be added to the website soon.

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
WaMS	
Q116: Are the people on IDOLS going to be transferred to WaMS automatically?	A: They will be automatically migrated into WaMS.
Q117: Does the SC have to assign individuals to various providers in WaMS?	A: Yes. SCs will have the ability to assign providers in WaMS.
Q118: In WaMS, will there be the ability to put in periodic support until Jan 1 st for Sponsored Residential?	A: Yes, just let us know the number of hours in the note section.
Q119: What is migrating to WaMS? How is the wait list being migrated?	A: All service authorizations are being migrated using VAMMIS. Both ID and DD wait list being uploaded. We will be able to gather information from CSB's and all of this will be electronically migrated into WaMS by State.
Q120: Does WaMS assign the person to the SC?	A: CSBs and SCs will have access in WaMS for the individuals they support.
Q121: When you look for a service in WaMS, there are three listings for group day. How will SCs know which service to select?	A: The only environment you are seeing is the training environment. That detail will not be there.
Q122: Will there be WaMS training before it goes live?	A: No
Q123: Will the caseloads remain the same for SC. Will WaMS impact the case loads?	A: Designation of individuals to SC case load is made by CSB not WaMS.
Q124: Will pending authorizations in IDOLS transfer over into WaMS? Or will they have to be reentered by SC?	A: Taken by VAMMIS – VAMMIS does not send pended information electronically. We should be capturing all of the pended authorizations. DMAS has given a 60 day grace period to make corrections.
Q125: Follow-up of the implementation of WaMS, Private providers how will there be a restriction from seeing all the cases assigned to the CSB?	A: When the provider signs on, they will only see those assigned to them.
Q126: WaMS implementation train the trainer training did not flow well, will there be more trainings?	A: Not before implementation, maybe a webinar. Recorded training videos, a manual and WaMS Helpdesk contact information is available online at http://www.dbhds.virginia.gov/professionals-and-service-providers/developmental-disability-services-for-providers/my-life-my-community-waiver-redesign
Q127: Can Part V be an attachment in WaMS?	A: Yes attachment for now, but future will be using WaMS to do the plan.
Q128: Will VIDES be in WaMS?	A: Yes

Q&As from MLMC Stakeholder Calls July 2016

Questions	Answers
Q129: We have it in our EHR, we don't want to duplicate work.	A: Working with Waiver Management to streamline.
Q130: Will the SC be responsible for entering all the information into WaMS?	A: We are currently in Phase I and the SC will be the only able to submit authorizations. Phase II should start in Dec at that point providers will initiate and SCs will approve.
Q131: Can you print the VIDES from WaMS, called the helpline and they said to print each page. It prints only what you see.	A: You should be able to print in Phase II of WaMS.
Q132: Does the person who logs into WaMS become the Administrator?	A: Yes if you need help adding your staff, call the WaMS helpdesk at 844-482-9267.
Q133: Will CHRIS reports be in WaMS?	A: WaMS has nothing to do with CHRIS. These are separate systems with different purposes
Q134: Would SCs need to "end" any existing authorizations in IDOLS prior to opening an authorization in WaMS - if IDOLS is taken offline, how will that occur?	A: SCs will have to "end" or terminate any existing service authorization in order to open a new authorization for modification or when the new plan year comes around
Q135: Can we be assured that DBHDS will process all ISARs entered by whatever date you pick and that CMs/providers will be notified of all action (or lack thereof) prior to "shutdown" of the IDOLS system?	A: We will not have to process all ISARS entered in IDOLS prior to shut-down since they will all transfer over into the queue of each of the SA Analysts and be processed through WaMS.
Q136: ISARs are subject to audit; but, since they format poorly when printed from the IDOLS system, providers have come to rely on IDOLS as a source for the information if required. Will the system be accessible so the ISARs can be accessed if required?	A: No – but if there is information that they need from IDOLS we can probably accommodate that, the thing we want to avoid is having more ISAR requests going into IDOLS during that final week. The provider would have to contact DBHDS and we could see about getting them that information
Q137: The WaMS system is not accessible with some versions of Windows Explorer - how soon can that be fixed?	A: WaMS requires the use of fairly recent browser versions: IE 10 and above, Google Chrome 50.x and above, or Firefox 40 and above.
Integrated Supports and The Planning Calendar	
Q138: How do we enter services into a weekly work schedule? Do we enter in the highest number of hours? How do we coordinate this with other services?	A: Authorize for your anticipated highest amount. Be cautious that you don't bill that amount. Just bill according to what services are delivered. If they exceed the 66 hours then you need to coordinate with other providers.
Q139: We have an individual living in our Group Home and attends Day Support. Can we offer the individual	A: Yes, but SC should be offering the options.

**Q&As from MLMC Stakeholder Calls
July 2016**

Questions	Answers
community engagement through our own non-center based services?	
Q140: Would we need a service authorization to provide the person community engagement?	A: Yes. You would accept them to services once choice is confirmed by the SC. You need to have an active DMAS Provider Participation Agreement, be set up through licensing, and have a service authorization for the individual.
Q141: Planning calendar – Is that to be used to control the 66 hours between different providers?	A: The planning calendar is still in development. The tool is to help with PCP to see how a person spends a typical week. It is not intended to be used to control the hours, but it creates a visual tool to see how the hours are being used.
Q142: Do the staff providing Group Day and/or Community Engagement services have to be provided a company vehicle or can they use a personal vehicle?	A: This is a per agency decision.
Q143: Can Group Day and Community Engagement service go on one note or do they have to be written as two separate notes?	A: Separate notes.
Q144: With VIDES and Plans going in WaMS will the calendar still be a requirement?	A: The planning calendar will be coming but not by Aug 1 ST