Building a Strong Foundation of Knowledge: Rule 185 and the Developmental Disability Waiver
Introductions
• Intro
• Developmental Disability Waiver Overview
• Developmental Disability Waiver Eligibility
• Developmental Disability Waiver Case Management
• Resources and Tools
After this session, learners will be able to:

• Summarize the history of the Developmental Disabilities Waiver.

• Understand the purpose of the Developmental Disabilities Waiver.

• Summarize the qualifications for eligibility for Developmental Disabilities Waiver Case Management.

• Recognize the responsibilities of Developmental Disabilities Waiver Case Managers.

• List some of the services available under the DD Waiver.
Acronyms

• **CMS**: Centers for Medicare and Medicaid

• **CSG**: Consumer Support Grant

• **CSP**: Community Support Plan

• **CSSP**: Coordinated Services and Support Plan

• **DD**: Developmental Disability Waiver

• **DD/RC**: Developmental Disabilities/Related Conditions

• **DT&H**: Day Training and Habilitation

• **FSG**: Family Support Grant

• **HCBS**: Home and Community Based Services

• **ICF/DD Facility**: Intermediate Care Facilities for persons with Developmental Disabilities
• **LTSS**: Long-Term Services and Supports

• **MA**: Medical Assistance

• **PCA**: Personal Care Assistant

• **QDDP**: Qualified Developmental Disability Professional

• **RC**: Related Conditions

• **SILS**: Semi-Independent Living Services

• **VA/DD TCM**: Vulnerable Adult/Developmental Disability Targeted Case Management

• [Online Glossary](#)
Developmental Disabilities Waiver Eligibility
Rule 185 Case Management only vs DD Waiver
1. Eligible for Medical Assistance (MA) based on a disability diagnosis

2. Have a developmental disability or a related condition as defined in MN Rule 9525.0016

3. Determined by the MnCHOICES assessment to meet the ICF/DD level of care criteria
4. Require daily interventions, daily service needs and a 24-hour plan of care

5. Assessed to need a residential habilitation service

6. Have made an informed choice to use waiver services

7. Assessed need for supports and services
State Plan Medical Assistance

• The person must be on Medical Assistance
• The person’s needs exceed what State Plan services can support. State Plan services include:
  • Personal Care Attendance
  • Home Health Aide
  • Skilled Nursing Services
  • Home Health Medical Supplies and Equipment
ICF/DD Level of Care

• Have a diagnosis of developmental disability or a related condition

• Require a 24-hour plan of care

• In need of continuous active treatment

• Require aggressive and consistent training due to an inability to apply skills learned in one environment to a new environment
Level of Care, DD Waiver

• Waiver requirements for level of care: Code of Federal Regulations 42, Section 441.301

• ICF/DD Level of Care, Defined in Code of Federal Regulations 42, Section 440.150
Aggressive and consistent implementation of a 24-hour program of specialized and generic training, treatment, health services and related services.

• Acquisition of behaviors necessary for the person to function with as much self-determination and independence as possible

• Prevention or deceleration of regression or loss of current optimal functional status
24-Hour Plan of Care: Written plan that provides access to direct or indirect supports 24 hours a day.

Community Support Plan: A plan that is person-centered that documents the services a person will use to meet their needs in order to remain in or return to the community.
**Informed choice:** A choice a person makes that is based on the following: his or her likes, dislikes and community-based experiences; the potential impact(s) on his or her quality of life; and information about other available options he or she receives from his or her support system.
Assessed need for supports and services

• Does Rule 185 CM, State Plan Services, other non-waiver services currently meet your needs?

• What services under the DD Waiver would help support your unmet needs?

• Do you have natural, informal supports that would help support your unmet needs?
• Services provided to a person who cannot live in his or her home without such services or who need outside support to remain in his or her home.

• Provided in the person’s residence and in the community, and should be directed toward increasing and maintaining the person’s physical, intellectual, emotional and social functioning.

• Residential Habilitation CBSM Page
Residential habilitation
• in-home family support
• supported living services (SLS)

OR

Unpaid Caregiver provides residential habilitation and have either of these services authorized
• Respite
• Homemaker
• People on the DD Waiver must receive waiver case management and a residential habilitation service.

• When a person starts the DD Waiver, the lead agency may authorize a support plan that does not include a residential habilitation service for a maximum of 90 calendar days.
Starting the DD Waiver Without Residential Habilitation

- The assessor/case manager must:
  - Document in the support plan what residential habilitation service will be in place within the 90-day timeframe
  - Document in MMIS Service Authorization the reason a residential habilitation service was not authorized
  - Contact the DSD Resource Center for help approving the service authorization (see CBSM – DSD Resource Center)
  - Authorize a residential habilitation service within 90 days of a person starting the DD Waiver (see CBSM – Habilitation services – residential).
• If the lead agency does not authorize a residential habilitation service during the 90-day timeframe, the person must exit the waiver until he/she becomes eligible and the lead agency can authorize additional waiver services.
Waiver Case Manager Responsibilities

• Supports initial/annual assessment process
• Develop Support Plan
• Referral and Linkage
• Coordination
• Monitor – in-person visits
• Advocate
MnCHOICES Assessment

• Assessor completes the MnCHOICES Assessment

• Assessor indicates the person’s support needs in the Community Support Plan (CSP)

• Assessor sends completed CSP, and *Notice of Action* to person and notifies case manager with *MnCHOICES Reassessment Communication Form*
Meet with Person to Develop a Support Plan

Meet with person to develop a support plan

• Case Manager reviews the CSP to obtain information about the most current assessment

• Case Manager meets with person to:
  • Review the Community Support Plan (CSP) and prior Coordinated Service and Support Plan (CSSP) and discuss support needs and preferences
  • Identify services and support options that match person’s assessed needs, stated goals and preferences
  • Completes necessary Lead Agency Documentation/Forms

• Case Manager develops the CSSP, pending provider service authorization
Coordinate with provider(s)

• Case Manager coordinates referrals for services and schedules introductions with service providers as appropriate.

• Provider communicates with the person and case manager to determine if the provider’s services will meet the person’s support needs and goals.

• Case Manager obtains rate worksheet(s) from provider.
Authorize Services

Case manager:

• Reviews completed rate worksheets to assure it aligns with the person’s preferences and assessed needs as written in the CSP and CSSP

• Completes a Notice of Action, and sends to the person if there is a service reduction, denial, or termination
Authorize Services

Case manager:

- Determines new rates, updates the CSSP, authorizes the person’s chosen services, send the completed CSSP to the person, legal representative, and any designated providers/supports.

- Coordinates a 45-day meeting where person shares his/her experiences with the service/support plan for all new 245D service providers.
Monitoring Support Needs and Services to ensure delivery

1. Ongoing conversations (a minimum of two in-person contacts are required per 12 month period)
2. CSSP is reviewed and updated as needed to ensure the plan is meeting the person’s needs
3. Complete of [LTSS improvement tool](#) either in person or via phone. This is typically completed at a mid service year point
4. Prior to reassessment the Case Manager sends the MnCHOICES Reassessment Communication form [DHS 6791E-PDF to the assessor](#)
Advocate

- Encourage and empower the person to make informed choices
- Promote health, safety, wellbeing and independence
- Support and respect the person's right to take risks
- Support the person in working out any issues with providers
DD Waiver Services

24-hour emergency assistance
Adult day services
Adult day services bath
Assistive technology
Caregiver living expenses
Case management/service coordination
Case management aide
Chore services
Consumer Directed Community Supports
Crisis respite
Day training and habilitation
Employment Development, Exploration, Support
Environmental accessibility adaptations
Extended personal care assistance
Family adult day services
Family training and counseling
Home-delivered meals
Homemaker
Housing access coordination
Night supervision
Personal support
Residential habilitation
Respite
Specialist services
Supported employment services
Transitional services
Transportation
Mid-year Change of Residential Habilitation Services

• People currently on the DD Waiver must receive waiver case management and a residential habilitation service

• The lead agency may authorize waiver case management without a residential habilitation service for a maximum of 60 calendar days.
  • During this timeframe, the case manager must check in with the person at least monthly (e.g., phone calls or in-person visits)

• If the lead agency does not authorize a residential habilitation service during the 60-day timeframe, the person must exit the waiver until he/she becomes eligible and the lead agency can authorize a residential habilitation service
Residential Habilitation Exception to 60 days

• If the reason for not authorizing a residential habilitation service within 60 days is that the person is transitioning between:

  • Providers
  • Services
  • Settings
Residential Habilitation Exception to 60 days, continued

• DHS allows an additional 60 days to authorize a residential habilitation service. During this timeframe, the case manager must check in with the person at least monthly (e.g., phone calls or in-person visits).

• If the lead agency does not authorize a residential habilitation service during the additional 60 days (120 days total), the person must exit the waiver until he/she becomes eligible and the lead agency can authorize a residential habilitation service.
Questions
Resources and Tools
Where to Find: Assessment & Eligibility Resources

• CBSM Rule 185/DD Case Management Eligibility
• DD Diagnosis Determination
• ICF/DD level of care CBSM
• Developmental Disabilities (DD) Waiver CBSM
• Waiver Case Management CBSM
• MnCHOICES on County Link
Where to Find: DHS Forms

- DD Forms List
- Related Conditions Checklist/Instructions DHS-3848
- Community Support Plan with the Coordinated Services and Supports Plan (DHS-6791B)
- MnCHOICES Coordinated Services and Supports Plan Signature Sheet (DHS-6791D)
- Data Privacy Practices (DHS-4839E) or Agency Form
Where to Find: DHS Forms, continued

• Minnesota Health Care Programs (DHS-3182)
• Your Appeal Rights (DHS-1941)
• Notice of Action – Assessments and Reassessments (DHS-2828A)
• Notice of Action – Service Plan (DHS-2828B)
• Notice of Action: Instructional Guidance
Where to Find: Guidance Documents

- DD Screening Codebook
- DD Screening Scenarios
- Screening Document Fields
- MnCHOICES DD Screening Document Guidance
- DD/RC Process Guidelines with MnCHOICES
- DD Waiver waiting list guide
- Choice to Waive CBSM Page
- DHS-3945
Where to Find: DD Program & Service Information

- MN’s Community-based Services Manual (CBSM)
- Semi-independent living services (SILS)
- Family Support Grant (FSG)
- Consumer Support Grant (CSG)
- ICF/DD CBSM
Where to Find: Resource Management Guidance

- CBSM DD Allocations & Resources
- CBSM Waiver Management System (WMS) – includes new user video modules
- CBSM How to transfer resources in WMS for CFR Changes
Where to Find: Legal References

• **MN Rule 9525.0004 - 9525.0036**

• **MN Statute 256B.092 Services for Persons with Developmental Disabilities**

• Waiver requirements for level of care: Code of Federal Regulations 42, **Section 441.301**

• **HCBS Final Rule YouTube Video**
Where to Find: DHS Websites

• Person-Centered Practices
• Disability Benefits 101
• Disability Hub MN
• www.MNHelp.info
• I Know Me!
Team conflict resolution resources:

- Formal person-centered planning
- Arc of Minnesota
- Volunteers of America
- Responsibility Doughnut
- 4+1
- Working/Not Working
Planning a move resources

- DHS My Move Plan Summary
- Person-centered, Informed Choice and Transition Protocol
- Tech 4 home
- Home delivered meals

Employment

- MN DHS employment first website
Where to Find: Other tools, information and support

Resource Shortage support:

- **One Page Profile**
- **Matching**
- **CDCS**

Guardianship or Supported Decision Making questions:

- **WINGS Minnesota**
- **MAGiC**
Still have Questions?

• **DD Screening Document/MMIS Help** - [DSD Resource Center CBSM Page](#)

• **MnCHOICES** application or policy questions are submitted by mentors on [MnCHOICES Help Desk Contact Form DHS-6979](#)

• **DWRS** – Rates questions are submitted by mentors on [Rates Mentor Inquiry Form](#)

• **Submit other questions** to your RRS at [dsd.rrs@state.mn.us](mailto:dsd.rrs@state.mn.us)
Please take a moment to let us know your thoughts.

• Take our Survey:

• http://surveys.dhs.state.mn.us/snapwebhost/s.asp?k=154878329346
Thank You!

DSD.RRS@state.mn.us