Summary of Changes to Policy Manual

The Department of Health and Human Services (DHHS), Division of Developmental Disabilities (DDD) has made revisions to the Policy Manual.

This document contains an overview of changes made to the Policy Manual published June 3 & 21, 2024.

2.7 Registry for Medicaid HCBS DD Waiver Services

- Accronym FSW has been added

2.9 Funding Offers Process

- Accronym FSW has been added

2.12 Ending Services

- Accronym FSW has been added

3.4 Agency HLRC

- Added requirement of documenting HLR reviews in Therap case notes.
- Added E. “HLR committees will review restrictions annually and review psychotropic medications semi-annually.
- Added F. “When there is a concern with compliance with policy and regulations or case notes submitted with missing information, the case is referred to DDD Quality for further review.
- Added F.1: Liberty Healthcare may refer cases after their review to the Human and Legal Rights Advisory Committee (HLRAC). Cases may be referred to the HLRAC when:
- Added F.1.i “non-medication restrictions in place for five years or longer with little to no change;
- Added F.1.ii “There are five or more restrictions in place;
- Added F.1.iii “The reduction plan requires more than six months for measurable criteria and/or zero target behavior occurrences
- Added F.1.iv: Documentation of previously tried methods before implementing the restriction has three or fewer alternative methods listed; or
- Added F.1.v “The supports in place are not teaching skills to reduce the restriction
- Added F.2 ISP teams can make referrals to the HLRAC for review and recommendations on how to best support a participant and reduce the use of restrictions over time. These are submitted via Therap Scomm to “HLRCReferrals.”

3.5 Safety Plans

- Added language, “Safety plans are to be reviewed and updated annually.

4.1 Service Coordination for People on the Registry

- B.1: Removed “DHHS can assign an additional Service Coordinator up to six months before switching to a different Medicaid HCBS Waiver. Medicaid provides payment for both Service Coordinators during this limited transition period.

4.2 Service Coordination For Waiver Services

- D.2: Added language that risk screens are completed through interview, discussion and/or documentation
- F.3: Added language “service reviews which are conducted unannounced.”
- G.4.c: Added language “The service coordinator documents when there is a share of cost in the participant’s ISP and mark “deduct customer obligation” on the service authorization.

5.3 Exception Process for Funding

- B.4: Wording changes to state “Ensure the supporting documentation is inputted into Therap.”
- 6.a: Changed language to reflect that DDD is responsible for distributing the Request for Exception to the IBA form to the Service Coordinator and Provider.
- 7.a: Changed language to reflect that DDD is responsible for giving the Service coordinator and ISP team “A Request for Exception to the IBA” form.

5.4 Documenting in the ISP

- G.5: Removed the requirement of documenting the amount and who is assigned the share of cost, so the Service Coordinator only notes yes or no regarding if there is a share of cost.

5.10 Service Authorizations

- Added 5. Service coordination may shut off service authorizations when: a. Adequate supervision is not provided, b. Habilitative data is not collected; and c. Required supporting documentation such as a safety plan or programs are not provided for the Annual ISP.

6.6 Service Coordinator Responsibilities in Self-Direction

- A.2.C.ii: Added language “Service coordinator provides the provider enrollment form to the potential provider, and the potential provider submits the form.”

7.1 Core Requirements for All Providers

- B.10: Removed “Guardian.”
- B.11: Added, “A guardian or a spouse of the guardian shall not be the owner, part owner, manager, administrator or employee of an agency provider who is providing residential care in a community-based setting.”
- G.1.a: Added “A MAR is required when an agency provider assists with any steps of medication administration.”
- G.1.c.iv: Added “Competenchy of all medication administration steps documented in their file.”
- L.1: Added “Providers must report when there is a deliberate action to the participant or if the inquiry required more than basic first aid to treat abuse and neglect or exploitation”

7.2 Agency Provider Requirements

- I.3: Removed “A shared Living Provider (person on the contract) cannot be the representative payee.”