

Virginia Department of Medical Assistance Services

Technology Assisted Waiver

Fact Sheet 2014

Initiative	Home and community-based (1915 (c)) waiver whose purpose is to provide care in the community rather than in a hospital, nursing facility, or other medical long-term care facility.
Targeted Population	Individuals who are dependent upon technological support and require substantial, ongoing skilled nursing care.
Effective Date	December 12, 1988
Administration	The program is administered by DMAS.
Criteria	<p>To receive waiver services, the following criteria must be met:</p> <ul style="list-style-type: none">• The provision of home and community-based care must be determined to be a medically appropriate and cost-effective alternative to facility placement and must be preauthorized by DMAS;• Individuals under 21 years old must be determined that he or she would otherwise require acute care hospitalization and score at least 50 points on the designated assessment tool;• Individuals 21 and older must be eligible for adult specialized care placement prior to admission to the waiver;• The health, safety, welfare of the individual must be safely maintained in the home when the nurse or personal care aide is not present; and• Services cannot be provided to any individual who resides outside the physical boundaries of the Commonwealth.
Eligibility Rules	<p>Individuals in the Tech Waiver must be eligible for Medicaid and meet screening criteria; income limit is 300% of the SSI payment limit for one person. Spousal impoverishment rules apply to this waiver. For children (individuals under the age of 21), this is based on their income and not that of their parents.</p> <p>The individual must:</p> <ul style="list-style-type: none">• Have a doctor certify need for care; and• Need substantial and ongoing skilled nursing care and care must be cost-effective; and• Have a trained, primary caregiver who provides at least 8 hours of care for each 24-hour day.
Services Available	<ul style="list-style-type: none">• Assistive Technology• Environmental Modifications• Personal Emergency Response System (PERS)• Personal Care – Agency-Directed (participants must be 21 years of age or older)• Private Duty Nursing (RN and LPN)• Respite Care - Skilled (Agency-directed)• Transitional Services

Excluded Services Individuals may not receive services under any other home and community-based waiver while receiving services under this waiver. Individuals with private duty nursing (PDN) private insurance benefits must use this payment source first. DMAS is the secondary payer.

Service Authorization For individuals regardless of age, waiver screening is performed by a preadmission screening team, the local health and social services departments, or hospital screening teams. A screening team consists of a registered nurse, social worker, and a physician. Final waiver authorization, enrollment, and preauthorization of private duty nursing (PDN) are completed by DMAS Health Care Coordinators. DMAS' service authorization contractor performs service authorization for assistive technology and environmental modifications.

Service Limitations Respite – 360 hours per calendar year
EM - \$5,000 per individual per calendar year
AT - \$5,000 per individual per calendar year
PDN – cannot exceed 16 hours/day

Quality Management Review DMAS conducts quality management reviews of the services provided and interviews individuals of providers delivering the services to ensure health and safety. Level of care reviews are performed at least annually.

Definitions
(12VAC30-120-70) **"Assistive technology"** means specialized medical equipment and supplies including those devices, controls, or appliances specified in the plan of care but not available under the State Plan for Medical Assistance that enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live, or that are necessary to the proper functioning of the specialized equipment.

"Environmental modifications" means physical adaptations to a house, or place of residence, which shall be necessary to ensure the individual's health or safety, or enable functioning with greater independence when the adaptation is not being used to bring a substandard dwelling up to minimum habitation standards and is of direct medical or remedial benefit to the individual. Such modifications must exceed reasonable accommodation requirements of the Americans with Disabilities Act (42USC §1201 et seq.)

"Personal assistance" means care provided by an aide trained in the provision of assistance with ADLs or IADLs.

"Personal emergency response systems" or "PERS" means an electronic device and monitoring service that enable certain individuals at high risk of institutionalization to secure help in an emergency. PERS services are limited to those individuals who live alone or are alone for significant parts of the day and who have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

"Private duty nursing" means individual and continuous nursing care provided by a registered nurse or a licensed practical nurse under the supervision of a registered nurse.

"Respite care services" means temporary skilled nursing services designed to relieve the family of the care of the technology assisted individual for a short period or periods of time (a maximum of 15 days per year or 360 hours per 12-month period). In a congregate living arrangement, this same limit shall apply per household. Respite care shall be provided in the home of the individual's family or caretaker.

"Technology assisted" means any individual defined as chronically ill or severely impaired who needs both a medical device to compensate for the loss of a vital body function and substantial and ongoing skilled nursing care to avert death or further disability and whose illness or disability would, in the absence of services approved under this waiver, require admission to or prolonged stay in a hospital, nursing facility, or other medical long-term care facility.

Reimbursement Rates	Reimbursement rates can be found on the DMAS website at www.dmas.virginia.gov/ltc-home.htm .
Number of Individuals Served (SFY2012)	409*
Total Waiver Expenditures (SFY2012)	\$32,652,309.00*
Average Cost Per Individual (SFY2012)	\$79,834*
Regulatory Basis	12VAC30-120-70 et seq.
Program Contacts	Roberta Matthews, Program Supervisor, at (804) 786-5419 or roberta.matthews@dmas.virginia.gov . Alternatively, Steve Ankiel, Program Manager, Long-Term Care, at (804) 371-8894 or steve.ankiel@dmas.virginia.gov . The DMAS web site is www.dmas.virginia.gov .

**Cost-effectiveness Summary of Virginia's 1915(c) Home- & Community-Based Waivers SFY 2012 – Initial Reports*