



SUBJECT LIMITED SUPPORT COORDINATION	YEAR 7/2007	PROCEDURE NUMBER APD 05-001
PROCEDURE MAINTENANCE ADMINISTRATOR: Community Development		
PURPOSE: This operating procedure describes the actions that shall be taken for limited support coordination provided to individuals living in their own home or family homes who are enrolled on the Developmental Disabilities Home and Community-Based Services (DD) Waiver, Consumer Directed Care+, or the Family and Supported Living (FSL) Waiver.		

I. Scope

This operating procedure applies to all APD Areas

II. Definitions

For the purposes of this operating procedure, the following definitions shall apply:

- A. Limited support coordination is support coordination defined in 393.063(31), but limited in scope for those on the Developmental Disabilities Home and Community-Based Services (DD) Waiver or the Family and Supported Living (FSL) Waiver.
- B. Cost plan means the document that authorizes services approved for payment. The cost plan must contain an accurate list of all services needed by the individual regardless of the funding source.
- C. Area Office means the geographic areas of the agency in which services are managed.
- D. Support plan means an individualized plan of supports and services designed to meet the needs of an individual enrolled in the waivers. The plan is based on the preferences, interests, talents, attributes and needs of the individual.
- E. Waiver Support Coordinator (WSC) is a support coordinator as defined by 393.063(31) who provides the services specified in 393.063(31) as an agency-approved, Medicaid-enrolled provider.
- F. CDC+ Consultant is a Waiver Support Coordinator as defined by 393.063(31) who has been specially trained to provide consultant services to individuals who participate in the CDC+ Program.
- G. CDC+ Monthly Budget is the funding that is allocated to an individual on the CDC+ Program. It is derived from the consumer's approved Cost Plan.

SUBJECT LIMITED SUPPORT COORDINATION	PROCEDURE NUMBER APD 05-001	PAGE 2
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H. CDC+ Purchasing Plan is the document that delineates the CDC+ consumer's plan of spending the CDC+ Monthly Budget in order to meet the individual's needs and goals identified on the Support Plan.

III. Procedures

The area office will implement the following procedures.

A. Children On The DD (including CDC+) or the FSL Waiver Under The Age Of 18 Who Live In The Family Home.

1. Effective 7-1-07 all children under the age of 18 who live in the family home on the Developmental Disabilities Home and Community-Based Services (DD) Waiver **must** use limited support coordination. Effective 10-1-07 all children under the age of 18 who live in the family home on the Family and Supported Living (FSL) Waiver and in the Consumer Directed Care Plus (CDC+) program **must** use limited support coordination.
2. Exceptions may be authorized by the area office to return the individual to full support coordination for a time limit **not to exceed 60 days** (2 billing cycles) during each cost plan year should a family emergency warrant increased support from this service. For example: a change in the physical situation of a caregiver, medical or behavioral issues, and/or involvement with law enforcement or protective service investigations.
3. Foster homes licensed under 65C-13 F.A.C **are** considered "family homes" in the Family and Supported Living Waiver and therefore, children are eligible for limited support coordination only.
4. Under the DD waiver, children living in licensed facilities, foster or group homes are eligible for full support coordination.
5. Three months prior to the person's 18th birthday, the support coordinator will discuss the option of full support coordination with the individual or guardian. If this option is selected, a cost plan update will be submitted to the APD area office for approval to reflect the change. The move to full support coordination will be effective the first day of the month following the person's birthday.

B. Adults on the DD (including CDC+) or the FSL Waiver

1. Adults on the DD Waiver (including CDC+) or the FSL waivers have the option to participate in limited support coordination. To participate these individuals must:

SUBJECT LIMITED SUPPORT COORDINATION	PROCEDURE NUMBER APD 05-001	PAGE 3
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- a. Request limited support coordination.
- b. Live in his/her own home or family home.
- c. Meet all waiver requirements to maintain waiver eligibility.
- d. Have a stable environment/life situation. Some examples might be, but are not limited to, the person:
 - has no major health issues,
 - is successfully employed,
 - is living in his/her own home without incidents, and/or
 - anticipates no major life changes.
- e. Sign Support Plan, Cost Plan and related support planning documents as needed.
- f. Notify the WSC in the event of crisis or change in his/her life situations.
- g. Participate in the minimum required home visits and other necessary contacts.
- h. Notify the WSC if he/she wants or needs to return to full support coordination.
- i. Agree to remain in full support coordination for the remainder of the cost plan year, if a change back to full support coordination is needed.

C. Support Coordinator Responsibilities.

For **all** participants in limited support coordination, support coordinators will:

1. Accept all individuals who select them for support coordination services and not reject anyone referred to them unless the support coordinator is at capacity or the individual lives outside the geographic boundaries previously approved by the APD Area. In very limited extreme circumstances, the APD may grant exceptions to this requirement in writing.
2. Inform individuals and families of the option to return to full support coordination for a limited time due to incidents of abuse, involvement in the criminal justice system, or for health and safety issues.
3. Perform required assessments, complete the Personal Outcomes and develop the annual support and cost plan. The cost plan will be submitted for prior service review and approval.

SUBJECT LIMITED SUPPORT COORDINATION	PROCEDURE NUMBER APD 05-001	PAGE 4
--	---------------------------------------	------------------

4. Conduct **2** face to face visits per year (including at least one home visit) and a minimum of **1** other billable activity per month as outlined in the DD Waiver Medicaid Coverage and Limitations Handbook and Family and Supported Living Waiver Services Directory pending handbook development. The face-to-face contact conducted in the support plan development period may count as one face-to-face contact. The second face-to-face shall occur toward the middle of the support plan year.
5. Allow for emergency situations and changes in the life of the individual that may require a more intense level of support coordination on an interim basis OR that may require a move back to full support coordination for adults on the DD and FSL Waivers.
6. Document in case notes and other records all activities completed on behalf of the individual.
7. Arrange providers and complete service authorizations as needed.
8. Continue to ensure that Medicaid eligibility is maintained by providing all assistance necessary to maintain Medicaid benefits.
9. Respond to requests from individuals/families related to issues on the monthly service summaries from Medicaid and follow up as needed.
10. When issues arise, review provider implementation plans and monthly service logs and follow up to resolve any issues.
11. Submit the *Limited Support Coordination form* (Attachment 1) to the area office for approval when the individual requests to participate in limited or returns to full support coordination.
12. Update ABC to reflect the correct support coordination rate.

D. CDC+ Consultant Responsibilities.

For individuals on the CDC+ program who are participants in limited support coordination, consultants will:

1. Accept all individuals who select them for CDC+ Consultant services and not reject anyone referred to them or who selects them unless the consultant is at capacity or the individual lives outside the geographic boundaries previously approved by the APD Area. In very limited extreme circumstances, the APD may grant exceptions to this requirement in writing.

SUBJECT LIMITED SUPPORT COORDINATION	PROCEDURE NUMBER APD 05-001	PAGE 5
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2. Inform individuals and families of the option to return to full consultant services for a limited time due to incidents of abuse, involvement in the criminal justice system, or for health and safety issues.
3. Perform required assessments, complete the Personal Outcomes and develop the annual support and cost plan. The cost plan will be submitted for prior service review and approval.
4. Provide training to the consumer and, where a representative is selected by the consumer, to the consumer's representative in the philosophy and operations of CDC+, the requirements of managing a CDC+ monthly budget, completing a CDC+ Purchasing Plan and the proper submission of payroll claims.
5. Conduct 2 face to face visits (including at least one home visit) during the consumer's first year on CDC+, one face to face home visit annually thereafter, review all monthly statements from the Fiscal/Employer Agent to ensure claims are being submitted timely and the consumer is spending in accordance with the established CDC+ Monthly Budget, and conduct phone contacts on an as-needed basis with the consumer or the consumer's representative. In order to be able to bill for services, the consultant must document the phone contacts and home visits on the Consumer Monthly Contact Form, describing all issues in need of improvement or correction, and all follow-up action taken or to be taken.
6. Allow for emergency situations and changes in the life of the individual that may require a more intense level of consultant services on an interim basis OR that may require a move back to full consultant services for adults on CDC+.
7. Document in case notes and other records all activities completed on behalf of the individual.
8. Continue to ensure that Medicaid eligibility is maintained by providing all assistance necessary to maintain Medicaid benefits.
9. Respond to requests from individuals/families related to issues on the monthly service summaries from Medicaid and follow up as needed.
10. Submit the *Limited Support Coordination form* (Attachment 1) to the area office for approval when the individual requests to participate in limited or returns to full consultant services.

SUBJECT LIMITED SUPPORT COORDINATION	PROCEDURE NUMBER APD 05-001	PAGE 6
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E. Support coordinators/CDC+ Consultants will not:

1. Be responsible for ongoing monthly face-to-face contact and/or other required monthly contacts, except as identified above.
2. Oversee the delivery of supports and services.
3. Conduct the second billable activity required for billing in full support coordination.

F. The Area Office Will:

1. Approve/disapprove the *Limited Support Coordination form* (Attachment 1).
2. Approve ABC cost plan to reflect the appropriate support coordination rate.
3. Consider up to a 60 day (2 billing cycles) approval when the support coordinator's caseload is over the 36 FTEs because an individual turns 18 years of age and is eligible to return to full support coordination unless the Area office, on a case-by-case basis, determines a more appropriate method. Caseload should be reduced using the method of last on, first off.
4. Provide 14 calendar days notice to the affected individual and current waiver support coordination provider of the need to select a new waiver support coordination provider. If a support coordinator is not selected by the end of the 14 days, the area office will assign one.

G. Billing

1. Limited support coordination will be billed at \$80.80 per month, half the rate of full support coordination.
2. Limited support coordination may begin at any point during the support plan year for adults on the DD and FSL waivers and should be effective on the first day of the month in which limited support coordination begins.
3. If an adult needs to return to full support coordination, the WSC will request approval from the area office by completing the Limited Support Coordination form (Attachment 1) including the effective date the person will return to full support coordination. The service should begin on the first of the month. The change will be billed at the end of the month to reflect the service provided in that month.
4. If an exception is authorized for a child to return to full support coordination as outlined in III.A.2 above, the change will be billed at the end of the month the

SUBJECT LIMITED SUPPORT COORDINATION	PROCEDURE NUMBER APD 05-001	PAGE 7
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situation occurred to reflect the service provided in that month. Full support coordination will be billed for no more than two billing cycles (months) in a cost plan year.

5. Caseload sizes will remain at a maximum of 36 standard cases. Two limited cases will be equivalent to one full case. The area office can allow for temporary (up to 60 days) increases in caseload sizes when a limited case returns to full support coordination.

BY DIRECTION OF THE DIRECTOR:

(signed copy on file)

**JANE JOHNSON
DIRECTOR**

LIMITED SUPPORT COORDINATION/CONSULTANT SERVICES

Consumer Name: _____ **SSN:** _____

Area/Region: _____ **Date:** _____

- REQUEST TO PARTICIPATE IN LIMITED SUPPORT COORDINATION/CONSULTANT SERVICES**

START DATE: _____

- REQUEST FOR 60 DAY (2 BILLING CYCLE) RETURN TO FULL SUPPORT COORDINATION/CONSULTANT SERVICES**

START DATE: _____ END DATE: _____

- REQUEST TO RETURN TO FULL SUPPORT COORDINATION/CONSULTANT SERVICES**
(Adults On The FSL or DD Waiver (including CDC+))

Note: If a change back to full support coordination/consultant services is needed the individual must remain in full support coordination/consultant services for the remainder of the support plan year.

START DATE: _____

REASON FOR RETURN:

- REQUEST TO MOVE TO FULL SUPPORT COORDINATION/CONSULTANT SERVICES**
(Children turning 18)

START DATE: _____

Support Coordinator/Consultant's Signature

Date

Area/Region APPROVAL: YES NO

Date: _____

Area Staff

Comments: