



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services
Developmental Disabilities Administration

To: DDA Medicaid HBCS Waiver Providers

From: Cheryl Smith,
Medicaid Waiver Supervisor

Date: April 4, 2012

Re: Medicaid Waiver Operations Update

Communication Bulletins are formal communications used by the Department on Disability Services, Developmental Disabilities Administration (DDS/DDA) to inform the provider network of new developments or changes as they occur. The Communication Bulletins provide critical, strategic communication to the provider network.

This Bulletin is an update on several Medicaid Waiver Operation guidelines and directives. It is the expectation of the DDS/DDA that the provider network review and adhere to these updates.

➤ **DDS web posting**

DDS has added an additional link on the DDS Home web page. Under the Home and Community Based Services Waiver Program Page, you will now find the following link: [Useful Forms and Information](#).

This link will be used to provide up to date information, notifications, and technical assistance regarding the Home and Community Based Waiver Program and will include the Communication Bulletins. DDS/DDA will notify providers when new items are posted.

➤ **Supported Employment Group**

DHCF has established the new procedure code for Supported Employment Group T2019-UA

- Maximum hours which can be billed are 8 hours per day @ 32 units per day;
- Four units of service equal one hour;
- All claims must be submitted with an approved 11 digit Prior Authorization number (which is received from ACS).
- Billing may be submitted for each waiver participant only for the time the job coach or supported employment staff person is supporting the person.
- The rate is based on the paraprofessional support/job coach.
- Group supported employment services are delivered when there is more than one (1) person at the **job site** who is receiving supported employment services from the service provider. (929.18).



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➤ **Supported Employment Extensions**

Supported Employment extensions **must** be requested ten (10) days or more **prior** to the units in the prior authorization being exhausted. (NOTE: DDA has previously provided guidance regarding this process).

Please see the attached documents Supported Employment Extension Process (guidelines) and Supported Employment Extension Request (template)

Providers must follow the guidelines and template when requesting Supported Employment Extensions.

➤ **Language Access Services**

For all Medicaid eligible individuals served by DDS/DDA and who need interpreter services, Geneva Worldwide, Inc. is the designated Department of Health Care Finance contractor for American Sign Language, written translation, and oral language interpreter services in Amharic, Cantonese, French, Korean, Mandarin, Spanish, and Vietnamese.

These services are intended for medical appointments, team meetings (i.e. Intake, Pre-ISP's, ISP etc); or meetings where the person requires interpretation services. This service is not available for ongoing supports.

Interpreters must be requested at least seven (7) business days in advance of the appointment/meeting. Scheduling may be done in writing by emailing or faxing the attached form to: interpreting@genevaworldwide.com or (212) 255-8409.

If an appointment is scheduled with fewer than seven (7) business days notice, please call Geneva Worldwide's toll-free scheduling line 1-877-GO-GENEVA (1-877-464-3638) and Geneva Worldwide will make every effort to accommodate the request. **There is no guarantee that interpreter requests made with less than 72 hours notice will be filled.**

In the event of an appointment cancellation, please contact Geneva Worldwide immediately.

Providers and DDS/DDA staff are expected to use this Medicaid funded service for needed interpreter services.

*Please see the attached document Transmittal #11-31 Language Access and Interpretation Request Form for more detailed information about this service

➤ **Utilization Management**

Utilization management of services is a part of ensuring that services provided are necessary and appropriate for the person receiving them, and that services are delivered as authorized. Beginning on May 1, 2012, DDA will implement utilization management strategies to ensure service approvals are completed in compliance with the ISP (Individualized Service Plan) effective dates. The following standards will be used as a part of this process:

- All ISPs must be completed 30 days prior to the effective date of the annual ISP.



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- All services requested in the ISP must have all supporting documentation submitted to the Waiver Unit when the service authorization is requested. For example Nutritional Assessments and worksheets must be included at the time of the service authorization request.
- When all required documentation accompanies a request for service authorization, the service authorization will be approved within thirty (30) days of the effective date of the ISP.
- When the required documentation is not available, a service request should not be sent to the Waiver Unit.
- Service authorization requests that are submitted to the Waiver Unit after the effective date of the ISP cannot be back dated.

***Attachments:**

- Transmittal #11-31 Language Access
- Interpretation Request Form
- Supported Employment Extension Process
- Supported Employment Extension Request