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Final Regulation Agency Background Document

Agency name	DEPT OF MEDICAL ASSISTANCE SERVICES
Virginia Administrative Code (VAC) citation(s)	12 VAC 30-50-130; 120-900; 120-935
Regulation title(s)	Amount, Duration, and Scope of Services: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services; Waiver Services: Individual and Family Developmental Disabilities Services (DD); Elderly or Disabled with Consumer Direction (EDCD), and Intellectual Disabilities (ID)
Action title	Consumer Directed Services Facilitators
Date this document prepared	December 5, 2017

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief Summary

Please provide a brief summary of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

These changes will affect the Elderly or Disabled with Consumer Direction (EDCD) waiver as well as personal care services covered under the authority of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for persons 21 years of age and younger. These changes require that services facilitators (SFs) be required for all persons in the EDCD waiver. These changes also propose qualifications, education, and training for SFs.

Emergency Regulations for the Consumer Directed Services Facilitators regulations (12 VAC 30-50-130, 12 VAC 30-120-700, 120-770, 120-900, 120-935, 120-1020, and 120-1060) are

currently in effect. This documentation is in support of the proposed stage of the permanent regulatory process.

(Regulations governing the Individual and Family Developmental Disabilities Support Waiver (now called the Family and Individual Supports Waiver) and the Intellectual Disabilities Waiver (now called the Community Living Waiver) are being addressed in a separate regulatory project called the "Three Waiver Redesign.")

Acronyms and Definitions

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.

- AD - agency-directed
- CD - consumer-directed
- DMAS - Department of Medical Assistance Services
- EDCD - Elderly or Disabled with Consumer Direction
- EOR - employer of record
- EPSDT - Early and Periodic Screening, Diagnosis and Treatment
- HCBS - home and community based services

Statement of Final Agency Action

Please provide a statement of the final action taken by the agency including:1) the date the action was taken;2) the name of the agency taking the action; and 3) the title of the regulation.

I hereby approve the foregoing Regulatory Review Summary with the attached amended regulations entitled "Consumer Directed Services Facilitators" and adopt the action stated therein. I certify that this final regulatory action has completed all the requirements of the Code of Virginia § 2.2-4012, of the Administrative Process Act.

December 5, 2017
Date

/Signature/
Cynthia B. Jones, Director
Dept. of Medical Assistance Services

Legal Basis

Please identify the (1) the agency (includes any type of promulgating entity) and (2) the state and/or federal legal authority for the proposed regulatory action, including the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable. Your citation should include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

The *Code of Virginia* (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The *Code of Virginia* (1950) as amended, § 32.1-324, authorizes the Director of DMAS to administer and amend the Plan for Medical Assistance according to the Board's requirements. The Medicaid authority as established by § 1902 (a) of the *Social Security Act* [42 U.S.C. 1396a] provides governing authority for payments for services.

Section 2.2-4011(A) of the *Code of Virginia* states that "[r]egulations that an agency finds are necessitated by an emergency situation may be adopted upon consultation with the Attorney General, which approval shall be granted only after the agency has submitted a request stating in writing the nature of the emergency, and the necessity for such action shall be at the sole discretion of the Governor." DMAS certifies an emergency exists affecting the health, safety, and welfare of Medicaid individuals who are electing to use consumer directed services but who are not being adequately or appropriately supported by services facilitators.

The Governor of Virginia authorized the emergency regulations under Virginia Code § 2.2-4011(A). These proposed stage regulations follow the emergency regulations, pursuant to Virginia Code 2.2-4007.05.

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

In select Medicaid home and community based services (HCBS) waivers and through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program (for personal care only), enrolled individuals with a need for personal assistance, respite or companion services may receive these services using the consumer-directed (CD) model of service delivery, the agency-directed (AD) model of service delivery, or a combination of both. The CD model differs from the AD model by offering the individual the option to be the employer (hiring, training, scheduling, and firing) of attendants who are the individual's employees. Unlike the AD model, there is no home health agency involved in the selection and management of personal care attendants; the individual enrolled in the waiver is the employer. If the individual is unable to perform employer functions, or is younger than 18 years of age, and still elects to receive CD care, then a family member or caregiver must serve as the employer of record (EOR).

Individuals in the Elderly or Disabled with Consumer Direction (EDCD) Waiver have the option of CD services if criteria are met. The EPSDT program children also have the option of CD personal care services.

Individuals choosing CD services in the waivers stated receive support from a CD services facilitator (SF) in conjunction with CD services. The CD services facilitator is responsible for assessing the individual's particular needs for a requested CD service, assisting in the

development of the plan of care, assuring service authorizations are submitted for care needs, providing training to the individual and family/caregiver on their responsibilities as an employer, and providing ongoing support of the CD services. The services facilitator provides necessary supportive services that are designed to assist the individual in his employment duties.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both.

The regulations that are affected by this action are: the Amount, Duration, and Scope of Services Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) (12 VAC 30-50-130) and Waiver Services for the Elderly or Disabled with Consumer Direction (EDCD) waiver (12 VAC 30-120-900 and 12 VAC 30-120-935).

CURRENT POLICY

Individuals enrolled in certain home and community-based waivers or who receive personal care through EPSDT may choose between receiving services through a Medicaid enrolled provider agency or by using the consumer-directed model. Individuals who prefer to receive their personal care services through an agency are the beneficiaries of a number of administrative type functions, the most important of which is the preparation of an individualized service plan (ISP) and the monitoring of those services to ensure quality and appropriateness. This ISP sets out all the services (types, frequency, amount, duration) that the individual requires and that his physician has ordered.

The consumer-directed (CD) model differs from agency-directed (AD) services by allowing the Medicaid-enrolled individual to develop his or her own service plan and self-monitor the quality of those services. To receive CD services, the individual or another designated individual must act as the employer of record (EOR). The EOR hires, trains, and supervises the attendant(s). A minor child (younger than age 18) is required to have an EOR. Services facilitation is a service that assists the individual (and the individual's family or caregiver, as appropriate) in arranging for, directing, and managing services provided through the consumer-directed model.

ISSUES

Currently, there is no process to verify that potential and/or enrolled services facilitators are qualified to perform or possess the knowledge, skills, and abilities related to the duties they must fulfill as outlined in current regulations. Consumer-directed services facilitators are not licensed by any governing body, nor do they have any degree or training requirements established in regulation. Other types of Virginia Medicaid-enrolled providers are required by the Commonwealth to have degrees, meet licensing requirements, or demonstrate certifications as precursors to being Medicaid-enrolled providers.

RECOMMENDATIONS

The regulations are needed to provide the basis for the Department to ensure qualified services facilitators are enrolled as service providers and receive reimbursement under the EDCD waiver and through EPSDT. These regulations are also needed to ensure that enrolled services facilitator providers employ staff who also meet these qualifications. The regulations will ensure that services facilitators have the training and expertise to effectively address the needs of those individuals who are enrolled in home and community-based waivers who direct their own care. Services facilitators are essential to the health, safety and welfare of this vulnerable population. As part of the process, the Department used the participatory approach and has obtained input from stakeholders into the design of these regulations.

The regulations are intended to positively impact those choosing to direct their own care under the home and community-based waiver and through EPSDT by ensuring the services facilitators are qualified and can be responsive to the needs of the population.

For both the Elderly or Disabled with Consumer Direction (EDCD) waiver as well as personal care services covered under the authority of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, the Director proposes to require that: 1) SFs complete DMAS-approved consumer-directed SF training and pass the corresponding competency assessment with a score of at least 80%, and 2) new SFs possess a) a minimum of either an associate's degree or higher from an accredited college in a health or human services field or be a registered nurse currently licensed to practice in the Commonwealth and possess a minimum of two years of satisfactory direct care experience supporting individuals with disabilities or older adults or b) possess a bachelor's degree or higher in a non-health or human services field and have a minimum of three years of satisfactory direct care experience supporting individuals with disabilities or older adults.

For the EPSDT program, the Director proposes to require that: 1) there be SFs for all consumer-directed personal care services, 2) if the SF is not a registered nurse (RN), that the SF inform the primary health care provider for the individual who is enrolled in the waiver that services are being provided and request consultation with the primary health care provider, as needed, 3) the SF have a satisfactory work record as evidenced by two references from prior job experiences from any human services work, 4) the SF submit to a criminal background check, and 5) the SF submit to a search of the Virginia Department of Social Services (VDSS) Child Protective Services Central Registry. These five items are already required under the EDCD waiver. Additionally, the proposed regulation includes amendments that improve the clarity of current requirements.

Issues

Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community,

government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.

Currently, there is no process to verify that potential and/or enrolled services facilitators are qualified to perform or possess the knowledge, skills, and abilities related to the duties they must fulfill as outlined in current regulations. Consumer-directed services facilitators are not licensed by any governing body, nor do they have any degree or training requirements established in regulation. The primary advantage to Medicaid individuals is that services facilitators will now have to meet established criteria and demonstrate specific knowledge, skills, and abilities in order to be reimbursed by Medicaid for services facilitation. Other types of Virginia Medicaid-enrolled providers are required by the Commonwealth to have degrees, meet licensing requirements, or demonstrate certifications as precursors to being Medicaid-enrolled providers. There are no disadvantages to the Commonwealth in the establishment of these standards and criteria as citizens will receive better care.

Requirements More Restrictive Than Federal

Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.

There are no requirements in this regulation that are more restrictive than applicable federal requirements.

Localities Particularly Affected

Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.

These changes have no particular effect on any locality; they apply equally across the state.

Family Impact

Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

These changes do not strengthen or erode the authority or rights of parents in the education, nurturing, and supervision of their children; nor encourage or discourage economic self-

sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents. It does not strengthen or erode the marital commitment, but may decrease disposable family income depending upon which provider the recipient chooses for the item or service prescribed.

Changes Made Since the Proposed Stage

*Please list all changes that made to the text of the proposed regulation and the rationale for the changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. *Please put an asterisk next to any substantive changes.*

No changes have been made since the proposed stage.

Public Comment

Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate. Please distinguish between comments received on Town Hall versus those made in a public hearing or submitted directly to the agency or board.

Commenter	Questions/Comments	Agency Response
At Home Your Way/Moms In Motion	<p><u>General Questions and Comments Regarding Proposed CD SF Proposed Regulations</u></p> <ul style="list-style-type: none"> • When will these proposed changes to the regulation be effective? • The proposed regulations reference the EDCD waiver which was integrated with the Technology Assisted waiver as of July 1st 2017; now CCC+ waiver. We suggest that EDCD and Technology Assisted waiver be replaced by CCC+ waiver. • The May 10th 2016 Agency Statement (Form TH-02) states that the proposed regulations will be applied to EDCD, and EPSDT. For consistency of consumer directed service facilitation across waivers, would this not apply to CCC+, 	<p>We are currently operating under emergency regs which became effective, January 2016. The effective date of the proposed regulations are TBD.</p> <p>The CCC+ Waiver regulations are currently being promulgated.</p> <p>It does apply to CL and FIS and is incorporated into the respective waiver regulations.</p>

	<p>EPSDT, CL and FIS?</p> <p><u>Questions and Comments to Proposed Text 20170414 Consumer Directed Services Facilitators</u></p> <p><u>Definitions:</u> <u>Community-based services for children and adolescents under 21 years of age (Level A) pursuant to 42 CFR 440.031 (d)</u> Services facilitators shall be required for all consumer-directed personal care services consistent with the requirements set out in 12VAC30-120-935</p> <ul style="list-style-type: none"> • Under H2b. of Consumer-directed (CD) services facilitation for personal care and respite services, it states that the degree requirements are “preferred” while the service facilitator “must possess” the KSAs which are documented in the attendant’s application. <p><u>School Health Services:</u> Proposed regulation states that “the personal care assistant is supervised by a DMAS recognized school-based health professional who is acting within the scope of licensure. The practitioner develops a written plan for meeting the needs of the child, which is implemented by the assistant.”</p> <ul style="list-style-type: none"> • Is this a service separate from CD services under EPSDT? What role does the school maintain? Who are “DMAS recognized school-based health professionals”? If this service is provided through CD services, would the parent not be an eligible EOR that hires their own PCAs, directs and manages the plan of care with support of a service facilitator? Does this support need to be included in the student’s IEP or 504 plan as well as supported by a doctor through DMAS7/7A? <p><u>12VAC30-120-900; Part IX; Elderly or</u></p>	<p>The proposed regulation strikes the language quoted for H2b.</p> <p>School Health Services are separate from CD services.</p>
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	<p><u>Disabled with Consumer Direction Waiver</u> <u>General Questions</u></p> <ul style="list-style-type: none"> • Are Assisted Tech waiver services now open to those previously on EDCD and vice versa? • In lieu of a provider manual or Medicaid memo, what is the guiding documentation to be followed for waiver services now available through CCC+ waiver? • When should providers expect a manual for CCC+? <p><u>Definitions (12VAC30-120-900)</u></p> <ul style="list-style-type: none"> • Assistive Technology - Is this limited to MFP eligible individuals only or extended to all on CCC+? <p>Consumer-Directed Attendant - Mentions companion care as a CD service. Will this be an option for those on the CCC+ waiver?</p> <p>Consumer-Directed Services Facilitator - Should this definition include consumer directed companion care as mentioned in the definition of services that the CD attendant may provide as defined above?</p> <p>Elderly or Disabled with Consumer Direction Waiver - The EDCD waiver is obsolete as of July 1st, 2017 when it merged with the Technology Assisted waiver to form the CCC+ waiver.</p> <ul style="list-style-type: none"> • Environmental Modifications - EM is necessary for more than those transitioning through MFP. Please consider the inclusion of EM/AT for 	<p>We appreciate your inquiry. However, this inquiry is not directly related to the current proposed amendments in this regulatory action.</p> <p>We appreciate your inquiry. However, this inquiry is not directly related to the current proposed amendments in this regulatory action.</p> <p>We appreciate your inquiry. However, this inquiry is not directly related to the current proposed amendments in this regulatory action.</p> <p>We appreciate your inquiry. However, this inquiry is not directly related to the current proposed amendments in this regulatory action. The question is not related to the changes.</p> <p>Companion Care is not available in the CCC+ Waiver. References to this service will be removed.</p> <p>Companion Care is not available in the CCC+ Waiver. References to this service will be removed.</p> <p>Yes, that is correct.</p> <p>We appreciate your comment. However, this comment is not directly related to the current proposed amendments in this regulatory action. This is not related to</p>
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	<p>those on CCC+, previously EDCD and Technology Assisted waivers.</p> <p>Personal Care Attendant - Should this not also include companion care as mentioned in the definition of services that the CD attendant may provide as defined above under Consumer-Directed Attendant?</p> <p>Preadmission Screening - (iv) Preadmission screening means the process to “provide a list to individuals of appropriate providers for Medicaid-funded nursing facility or home and community-based care for those individuals who meet nursing facility level of care.” There is concern regarding the process of “providing a list of providers” as it has been uncovered that the lists of providers provided by preadmission screeners at DSS and DOH are often not accurate. It has also been identified that some preadmission screeners provide only preferred providers of their choice which limits the choice of providers available to the individual. How may the state assist with ensuring that lists of current providers and service areas are accurate and in support of provider choice?</p> <p>Service Authorization Contractor - Will the DMAS contractor be Kepro until phase in of contracted MCOs through the CCC+ program?</p> <p>Services Facilitation - Assistance with “arranging for” services was stricken from this definition. However, a required knowledge is “(d) Various long-term care program requirements, including nursing facility and assisted living facility placement criteria, Medicaid waiver services, and other federal, state, and local resources that provide personal care and respite services;” and a required skill is “(d)</p>	<p>the changes and will be addressed in a different regulatory process.</p> <p>Companion Care is not available through the EDCD Waiver or through EPSDT.</p> <p>No changes were made to this section of the regulations.</p> <p>We appreciate your comment. However, this comment is not directly related to the current proposed amendments in this regulatory action. This is not related to the changes and will be addressed in a different regulatory process.</p> <p>Thank you for the observation.</p>
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	<p>Identifying services within the established services system to meet the individual's needs.” In discussion with DMAS and the contracted MCOs for CCC+ program, this knowledge and skill have been described in the context of the care coordinator’s role.</p> <p><u>12VAC30-120-935. Participation standards for specific covered services.</u></p> <ul style="list-style-type: none"> • Suggest changing the following sentence to support a person centered approach and to meet assessment of the individual requirements in planning and meeting: “Such plan shall be developed in collaboration with the waiver individual OR the individual AND the individual’s family caregiver/EOR, as appropriate.” • What qualifications are being referenced here? Is this relative to 42CFR 440 167? • In regards to the addition, “provide the required services, conduct the required reviews”, there is concern that service facilitation visits are, at times, cancelled by the individual/EOR/PCG and are thus late despite the services facilitators attempts. While these incidents are kept to a minimum there are situations in which unexpected life events occur. What documentation of these unexpected cancellations or need to reschedule should be maintained by the service facilitator to avoid audit charges or repayments? <p><i>Consumer-directed (CD) services facilitation for personal care and respite services.</i></p> <ul style="list-style-type: none"> • Should this include companion care 	<p>Thank you for your suggestion. We will take this under advisement.</p> <p>Companion Care will be moved from the definition.</p> <p>This will be addressed in the DMAS EDCD provider manual, which is available via the Web Portal.</p> <p>No, it is not applicable.</p>
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	<p>as listed in the definition for consumer-directed attendant services?</p> <p>(3b1)In reference to the SF requirement to have “two references from prior job experience from any human services work”; suggest changing “human services work” to “direct care experience” as stated in (3d1).“possess a minimum of two years satisfactory direct care experience supporting individuals with disabilities or older adults”. Direct care experience with the required educational requirements, successful completion of the state’s service facilitation training, and KSAs is more appropriate for an entry level position such as service facilitation.</p> <p><i>Initiation of services and service monitoring.</i></p> <ul style="list-style-type: none"> • Suggest changing the following sentence to support a person centered approach as well as adding EOR: “For consumer-directed model of service, the consumer-directed services facilitator shall make an initial comprehensive home visit at the primary residence of the individual to collaborate with the individual OR the individual AND the individual’s family/caregiver/(EOR), as appropriate, to identify the individual’s needs...” • Request to add that initial comprehensive home visit should also occur when a new EOR is designated as they would require comprehensive training. • Request that SFs may bill for SF 	<p>Thank you for your suggestion. We will take this under advisement.</p> <p>We will review the language to ensure that it is person-centered in nature.</p> <p>DMAS will address this process in an upcoming update to the EDCD provider manual.</p> <p>We will clarify this item in the pending</p>
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	<p>Consumer Training visit (S5109) with new EOR and with individuals that have newly transferred to a new SF as the new SF is accountable for ensuring that the EOR understands their and the SFs roles and responsibilities, and CD PAS processes as outlined in the Employer of Record manual.</p> <ul style="list-style-type: none"> • Request that DMAS clarifies the qualifications for “special tasks performed” by a personal care attendant (ie. Med management?) for CD services. Does the PCA need to take a med management course, have experience or simply follow the individual/EOR’s instructions? • (4c6)This requirement of documentation indicates that documentation of the PCA presence “in the home” during the CDSF visit. However, PCA services can be delivered at home or in the community. Thus, we suggest extension of the ability to conduct SF visits in the community for the CCC+ waiver and EPSDT program as allowable under the DD waivers (CL, FIS). Flexibility in conducting SF visits at home and in the community, supports a holistic view of waiver supports. It also provides the SF with the opportunity to assess and monitor the individuals across multiple environments for more accurate documentation of services and verification that CD supports are being utilized to support ADL/IADLs at work, school and in the community (social). 4c referenced as support of extending SF visits to the community as well: “c. During visits with the individual, the services facilitator shall observe, evaluate, and consult with the 	<p>proposed regulations.</p> <p>We appreciate your inquiry. However, this inquiry is not directly related to the current proposed amendments in this regulatory action. This is not related to the changes and will be addressed in a different regulatory process.</p> <p>We appreciate your suggestions. However, this does not apply to the service facilitation role. This appears to be more appropriate for the case manager function.</p>
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	<p>individual/EOR and may include the family/caregiver, and document the adequacy and appropriateness of CD services with regard to the individual's current functioning, cognitive status, and medical and social needs. The consumer-directed services facilitator's written summary of the visit shall include at a minimum:"</p> <ul style="list-style-type: none"> • “The consumer-directed services facilitator shall review and verify copies of timesheets during the face-to-face visits to ensure that the hours approved in the plan of care are being provided and are not exceeded.” Suggest omitting “and are not exceeded” as this is an antiquated task since PPL implemented safeguards to deny timesheets that have exceeded approved hours and hours over the 40h/wk limit for non-live-in attendants. • Please provide clarification about billing Management Training for time sheet review. • Who at DMAS is to be conferred with before transferring CD services to an agency or other service options and what is their contact information? What is the time line that a CD SF should expect directional response from the DMAS representative? <p><i>Assistive technology and environmental modification.</i></p> <ul style="list-style-type: none"> • AT and EM are described as being only available to those in the MFP program. With the merge of EDCD and Technology Assisted waiver into CCC+, would all individuals not 	<p>It is important for SFs to continue to monitor time sheets to ensure that the appropriate hours are being provided according to the specific service plan.</p> <p>Time sheet review is not applicable to the management training process</p> <p>This information will be included in the EDCD provider manual.</p> <p>We appreciate your inquiry. However, this inquiry is not directly related to the current proposed amendments in this regulatory action. This is not related to the changes and will be addressed in a</p>
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	be eligible for these services?	different regulatory process.
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All Changes Made in This Regulatory Action

Please list all changes that are being proposed and the consequences of the proposed changes. Describe new provisions and/or all changes to existing sections. Explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation

Current section number	Proposed requirements	Other regulations and law that apply	Intent and likely impact of proposed requirements
12 VAC 30-50-130	Proposes that services facilitators be required for individuals who are receiving consumer-directed personal care services and incorporates all of the educational and training requirements of 12 VAC 30-120-935.		The intent of the proposed requirements is to ensure services facilitators receive reimbursement under the EDCD waiver and through EPSDT and receive the training and expertise to effectively address the needs of those individuals who are enrolled in home and community-based waivers who direct their own care. The impact is likely to enable services facilitators to better address the health, safety, and welfare of the aforementioned population.
12VAC30-120-900	Revises definition of consumer directed model of service and services facilitation for consistency across all HCBS waivers. Updates other terms (MR, DMHMRSAS, etc.) as technical changes.		The intent of the proposed requirements is to bring definitions and terminology in line with CMS requirements.
12VAC30-120-935	Establishes the same criteria for Consumer-Directed Services Facilitators across all waivers that SFs must meet to be qualified to receive Medicaid reimbursement.		The impact of the proposed requirements is to create Services Facilitators certification consistency amongst all the Waiver programs, to ensure Medicaid compliance and reimbursement.