



CHAPTER 526 CHILDREN WITH DISABILITIES COMMUNITY SERVICES PROGRAM (CDCSP)

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

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BACKGROUND

This chapter sets forth the BMS eligibility and reimbursement requirements for services provided to eligible WV Medicaid members under the Children with Disabilities Community Services Program (CDCSP).

The policies and procedures set forth herein are the regulations governing the provision of services under the Children with Disabilities Community Services Program of the Medicaid Program administered by the Department of Health and Human Resources (DHHR) under the provisions of Title XIX of the Social Security Act and Chapter 9 of the WV Code. The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 allowed the State of West Virginia to elect the option of providing CDCSP (Federal Title "Disabled Child In-Home Care Program" otherwise known as The Katie Beckett Waiver) under Medicaid.

The CDCSP is a WV optional Medicaid program that allows a child with a severe disability who is eligible to receive the level of care provided in a medical institution (i.e., Acute Care Hospital, ICF/IID or Nursing Facility) to receive Medical Assistance, i.e., the child will receive a West Virginia Medicaid card. Medicaid may pay the premiums, deductibles, coinsurance and other cost sharing obligations for eligible members who have primary insurance. The member will remain eligible for State plan services. CDCSP applicants are encouraged to inquire about the guidelines for this program. The CDCSP is administered by the BMS and approved by the Centers for Medicare and Medicaid Services (CMS), the federal agency responsible for Title XIX. The CDCSP is an alternative to institutional type setting (Nursing Facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or Acute Care Hospital) care and provides medically necessary services that are community-based and cost less than institutional services.

To be eligible for the CDCSP, the child must (a) live at home with his/her biological or adoptive parents and (b) have a program of community services developed by a health care provider. The level of services provided in the community must serve the child as well as or better than comparable services in a medical facility and must cost less than the same services delivered in a comparable medical facility (Acute Care Hospital, ICF/IID or Nursing Facility).

POLICY

526.1 MEMBER ELIGIBILITY AND ENROLLMENT PROCESS

Targeted Population includes:

- a child, through the age of 18, [[Soc. Sec. Act, Sect. 1902\(e\)\(3\)\(A\)](#)], who lives with his/her adoptive or biological family, and;
- who has a disability that qualifies him/her to receive Supplemental Security Income (SSI), but who is denied SSI because his/her parents' income or assets exceeds the Social Security Administration guidelines;
- whose care is provided in his/her home and community setting at the same level of quality and does not exceed the cost of care in a medical facility (Nursing Facility, ICF/IID or Acute Care Hospital), and;
- whose care requires the level of services provided in one of the following medical facilities:

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Acute Care Hospital Level of Care: medical services and/or nursing services for a child who is at risk of hospitalization in an acute care hospital setting. Inpatient services are defined as services ordinarily furnished in a hospital for care and treatment of inpatients and furnished under the direction of a physician. [42 Code of Federal Regulations \(CFR\) §440.10](#).

- Hospital level of care is appropriate for individuals who continuously require the type of care ordinarily provided in a hospital, and who, without these services, would require frequent hospitalizations. This level of care is highly skilled and provided by professionals in amounts not normally available in a skilled nursing facility but available in a hospital.

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID): active treatment for individuals with intellectual disabilities and/or related conditions (e.g. cerebral palsy, autism, traumatic brain injury) who require the type of active treatment typically provided by a facility whose primary purpose is to furnish health and habilitation services to persons with intellectual disabilities or related conditions. [42 CFR §440.150](#)

Nursing Facility (NF): skilled services that are needed on a daily basis that must be provided on an inpatient (distinct part of an institution) basis and ordered by, and provided under the direction of a physician. [42 CFR, Part §483](#)

- Nursing facility level of care is appropriate for individuals who do not require acute hospital care, but, on a regular basis, require nursing services, or other health-related services ordinarily provided in a medical facility. With respect to an individual who has a mental illness or intellectual disability, nursing facility level of care services are usually inappropriate unless that individual's mental health needs are secondary to needs associated with a more acute physical disorder.

526.2 APPLICANT MEDICAL AND FINANCIAL ELIGIBILITY

The applicant must have a determination of both Medical Eligibility and Financial Eligibility.

526.2.1 Medical Eligibility

Medical eligibility is comprised of two components:

1. The applicant must meet the level of care stated in the application for one of the three following medical facilities:
 - i. Nursing Facility; OR
 - ii. ICF/IID; OR
 - iii. Acute Care Hospital; AND
2. The cost of medical care the applicant incurred in the 12 months prior to application are less than the costs that would have been incurred in the medical facility level of care (Nursing Facility, ICF/IID, or Acute Care Hospital) during the same period. The medical costs per type of medical facility (Nursing Facility, ICF/IID, or Acute Care Hospital) are posted on the BMS website at: <http://www.dhr.wv.gov/bms/Programs/CDCSP/Pages/default.aspx> and updated annually.

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526.2.2 Financial Eligibility

Financial Eligibility is determined after medical eligibility is established. The applicant must make application at the local Department of Health & Human Resource (DHHR) office for assessment of financial eligibility. An applicant will be assessed as an individual applicant regardless of his/her family's income. Income and assets of the applicant will be used in determining his/her financial eligibility for the program.

Financial eligibility will be determined by the local Department of Health and Human Resources (DHHR) Economic Services (ES) Worker. Financial Eligibility will be based on:

- **INCOME:** Only the applicant's income is considered available to him/her. The parents' income is not considered available to the applicant. The applicant's income will be established as a single applicant with eligibility determined independently of other members of his/her family.
- **ASSETS:** An individual's assets, excluding residence and furnishings, may not exceed \$2,000 for Medicaid eligibility under CDCSP.

Once medical and financial eligibility is determined, the applicant is eligible for a West Virginia Medicaid card under CDCSP for a period of one year or until the cost exceeds that which can be provided in a medical facility. The applicant must be a resident of the State of West Virginia.

Medicaid may pay the premiums, deductibles, coinsurance and other cost sharing obligations for eligible members who have primary insurance. The member will remain eligible for State plan services for a period of one year. CDCSP applicants are encouraged to inquire about the guidelines for this program at their local DHHR office.

526.3 APPLICATION PROCESS

1. Applicant/Legal Representative applies at Social Security Administration (SSA) for Supplemental Security Income (SSI).
 - i. If the applicant is eligible for SSI, he or she receives a Medicaid Card and does not pursue a Medicaid Card through the CDCSP; OR
 - ii. If the applicant is ineligible for SSI due to parents' income or assets exceeding the Social Security Administration guidelines and receives a denial letter. At this point, the application process for CDCSP should be initiated.
2. Applicant/Legal Representative may obtain the forms needed to apply for CDCSP from: the Bureau for Medical Services, or the local/county DHHR Offices. The forms also available on the CDCSP Program's website at <http://www.dhhr.wv.gov/bms/Programs/CDCSP/Pages/Forms.aspx>.
3. An application packet is completed based on which of the three types of level of care the applicant is applying under, i.e. Acute Care Hospital, ICF/IID or Nursing Facility. Applications should be addressed to:

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Bureau for Medical Services
Attention: CDCSP Program Manager
350 Capitol Street, Room 251
Charleston, WV 25301

Upon receipt, applications will be dated and logged. Applications will be reviewed in the order received. Incomplete packets will be returned to the applicant/Legal Representative. If assistance is needed with completing the packet, the Bureau for Medical Services may be contacted at 304-558-1700.

4. The Bureau for Medical Services (BMS) or its agent reviews the documentation to determine medical eligibility. Additional information may be requested to support application.
 - If the documentation does not support medical or cost eligibility, BMS informs the applicant/Legal Representative and the local DHHR office. The applicant/Legal Representative is notified of the appeals process.
 - If the documentation substantiates medical eligibility, the applicant/Legal Representative and the local DHHR office are informed.
5. The applicant/Legal Representative applies at the local Department of Health and Human Resources (DHHR) office to determine financial eligibility after medical eligibility has been determined.
 - If applicant is financially ineligible - Applicant has income and/or resources in excess of limits. Parents are informed of ineligibility and appeals decisions.
 - If applicant is financially eligible – the Medicaid card will be provided.
6. Medical and financial eligibility must be re-established annually, following the same guidelines. See [Section 526.7](#) for more information.

526.4 ACUTE CARE HOSPITAL LEVEL OF CARE

526.4.1 Medical Eligibility for Acute Care Hospital Level of Care

Acute Care Hospital level of care is appropriate for a child who requires the type of care ordinarily provided in a hospital, and who, without these services, would require frequent, continuous, or prolonged hospitalizations. This level of care is highly skilled, provided by professionals, and is not normally available in a skilled nursing facility, but available only in an inpatient acute care hospital setting. This level of care is appropriate when a child requires, throughout the day, an extensive array of services furnished either directly by, or under the direct supervision of, a physician. This daily skilled medical treatment is more complex than nursing facility level of care due to an unstable medical condition.

526.4.2 Medical Necessity for Acute Care Hospital Level of Care

The child meets acute care hospital level of care when:

1. Skilled assessment and intervention multiple times during a 24 hour period, on a daily basis, is required to maintain stability and prevent deterioration including:

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- Medical monitoring, assessment, and intensive medication administration for the medical condition;
 - Monitoring changes in the child's condition that require prompt interventions to avert complications;
 - Provision of physician-supervised, hands-on, comprehensive medical interventions and treatments;
 - Modifications of treatment plans throughout the day based on the child's condition;
 - The child requires comprehensive medical treatments and skilled services on a daily basis; AND
2. As a practical matter, the daily comprehensive medical services can be provided only on an inpatient basis in an acute care hospital setting; AND
 3. The child requires acute care services that must be performed by, or under the supervision of, professional or technical personnel and directed by a physician that includes a treatment plan; AND
 4. The treatment of the child's illness substantially interferes with the ability to engage in everyday age appropriate activities of daily living at home and in the community, including but not limited to bathing, dressing, toileting, feeding, and walking/mobility; AND
 5. The child's daily routine is substantially altered by the need to complete these specialized, complex and time consuming treatments and medical interventions or self-care activities; AND
 6. The child requires specialized professional training and monitoring beyond those ordinarily expected of parents; AND
 7. The child's condition meets criteria for an inpatient level of care. Acute Care Hospital level of care must be furnished pursuant to a physician's orders and be reasonable and necessary for the treatment of an individual's illness or injury and must be consistent with the nature and severity of the child's illness or injury, his/her particular medical needs and accepted standards of medical practice.

526.4.3 Documentation Evidence Required for Acute Care Hospital Level of Care

- CDCSP-1- Information Sheet
- CDCSP-2B- Medical Evaluation for Acute Care Hospital OR Nursing Facility
- CDCSP-4- Cost Estimate
- Evidence of Physician directed medical care
- History of recurrent emergency room visits for acute episodes over the last year **AND** history of recurrent acute care hospitalizations over the last year
- Ongoing visits with specialists in an effort to prevent an acute episode
- Medical condition is not stabilized, requiring frequent interventions
- Substantial impairment of daily living activities within the child's developmental level for age due to recurrent acute illnesses requiring hospitalization
- Documentation of frequent need to stabilize in an inpatient setting using medication, surgery, and/or other procedures
- SSI Denial Letter

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526.4.4 Factors Not Considered Medically Necessary for Acute Care Hospital Level of Care

An acute care hospital setting is not considered medically necessary when ANY ONE of the following is present:

- Services do not meet the medically necessary criteria above; OR
- The child's condition has changed such that acute care hospital care is no longer needed; OR
- Medical monitoring, assessment, frequent medical intervention, comprehensive medical treatment and intensive medication regimen is no longer required and there is no improvement in the level of functioning within a reasonable period of time; OR
- Services that are solely performed to preserve the present level of function or prevent regression of functions for an illness, injury or condition that is resolved or stable; OR
- The child or his/her family refuses to participate in the recommended treatment plan; OR
- The care has become custodial; OR
- The services are provided by a family member or another non-medical person; OR
- When a service can be safely and effectively performed (or self-administered) by the average non-medical person without the direct supervision of a nurse; OR
- The service cannot be regarded as an acute care hospital service.

526.5 ICF/IID LEVEL OF CARE

526.5.1 Medical Eligibility for ICF/IID Level of Care

To be medically eligible, the child must require the level of care and services provided in an ICF/IID as evidenced by required evaluations and other information requested and corroborated by narrative descriptions of functioning and reported history. Evaluations of the child must demonstrate:

- A need for intensive instruction, services, assistance, and supervision in order to learn new skills, maintain current level of skills, and/or increase independence in activities of daily living; AND
- A need for the same level of care and services provided in an ICF/IID.

The child must meet the medical eligibility criteria in this section and in each of the following sections [526.5.2, and its subparts](#) in order to be eligible for this program. If the child is under the age of 19 and has been determined medically eligible for the Home and Community Based Intellectual/ Developmental Disabilities Waiver (IDDW) program and is on the wait list, then initial medical eligibility has been established and will be accepted for the CDCSP for one year. A new CDCSP-3 (Psychological Evaluation) must be submitted for redetermination of medical eligibility annually thereafter.

526.5.2 Medical Necessity for ICF/IID Level of Care

Medical Necessity for ICF/IID level of care is determined by the evaluation of the child's diagnosis, functionality and need for active treatment as defined in [this Section and its subparts](#).

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526.5.2.1 Diagnosis for ICF/IID Level of Care

Have a diagnosis of intellectual disability with concurrent substantial deficits manifested prior to age 19 or a related condition which constitutes a severe and chronic disability with concurrent substantial deficits manifested prior to age 19. Examples of related conditions which may, if severe and chronic in nature, may make a child eligible for this program include but are not limited to the following:

- Autism;
- Traumatic Brain Injury;
- Cerebral Palsy;
- Spina Bifida; and
- Any condition, other than mental illness, found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual disability, and requires services similar to those required for persons with intellectual disabilities. Additionally, intellectual disability and/or related conditions with associated concurrent adaptive deficits are likely to continue indefinitely.
- Level of care (medical eligibility) is based on the Annual Medical Evaluation (CDCSP-2A), the Psychological Evaluation (CDCSP-3) and verification, if not indicated in the CDCSP-2A and CDCSP-3, and documents that the intellectual disability and/or related conditions with associated concurrent adaptive deficits, are severe, and are likely to continue indefinitely. Other documents, if applicable and available, that can be utilized include the Individualized Education Program (IEP) for a school age child and Birth to Three assessments.

526.5.2.2 Functionality for ICF/IID Level of Care

The child must have the substantial deficits in three (3) of the six major life areas as listed below and defined in the [42 CFR §435.1010](#) of the CFR. Substantial deficits associated with a diagnosis other than intellectual disability or a related condition do not meet eligibility criteria. Additionally, any child needing only personal care services does not meet the eligibility criteria for ICF/IID level of care.

1. **Self-care** refers to such basic activities such as age appropriate grooming, dressing, toileting, feeding, bathing, and simple meal preparation.
2. **Understanding and use of language** (communication) refers to the age appropriate ability to communicate by any means whether verbal, nonverbal/gestures, or with assistive devices.
3. **Learning** (age appropriate functional academics).
4. **Mobility** refers to the age appropriate ability to move one's person from one place to another with or without mechanical aids.
5. **Self-direction** refers to the age appropriate ability to make choices and initiate activities, the ability to choose an active lifestyle or remain passive, and the ability to engage in or demonstrate an interest in preferred activities.
6. **Capacity for independent living** refers to the following 6 sub-domains:
 - home living,
 - social skills,
 - employment,
 - health and safety,

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- community use,
- leisure activities.

At a minimum, 3 of these sub-domains must be substantially limited to meet the criteria in this major life area.

Substantial deficits are defined as standardized scores of three (3) standard deviations below the mean or less than (1) one percentile when derived from a normative sample that represents the general population of the United States or the average range or equal to or below the seventy-fifth (75) percentile when derived from MR normative populations when intellectual disability has been diagnosed and the scores are derived from a standardized measure of adaptive behavior. The scores submitted must be obtained from using an appropriate standardized test for measuring adaptive behavior that is administered and scored by an individual properly trained and credentialed to administer the test. The presence of substantial deficits must be supported by not only the relevant test scores, but also the narrative descriptions contained in the documentation submitted for review, i.e., psychological, the IEP, Occupational Therapy evaluation, narrative descriptions, etc.).

526.5.2.3 Active Treatment for ICF/IID Level of Care

The child/legal representative submits documentation that supports that the child would benefit from continuous active treatment typically provided by a facility whose primary purpose is to furnish health and habilitation services to persons with intellectual disability or related conditions (i.e. ICF/IID). Active treatment includes aggressive and consistent implementation of a program of specialized and generic training, treatment, health services, and related services. Active treatment does not include services to maintain generally independent individuals who are able to function with little or no supervision or in the absence of a continuous active treatment program.

526.5.2.4 Documentation Required for ICF/IID Level of Care

The following documentation **MUST** be submitted:

- CDCSP-1 – Information Sheet
- CDCSP-2A – Medical Evaluation for ICF/IID Level of Care
- CDCSP-3 – Psychological Evaluation
- CDCSP-4 – Cost Estimate Sheet
- SSI Denial Letter
- IDD Waiver Approval Letter (if applicable)

The following documentation **MAY** be submitted:

- The Individualized Education Program (IEP).
- The WV Birth to Three Individual Family Service Plan (for children age three and younger).
- Other documentation/clinical reports if requested such as genetic studies, specialty clinic reports (Occupational Therapy, Physical Therapy, Speech Therapy, etc.) and WV Birth to Three assessments.

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526.6 NURSING FACILITY LEVEL OF CARE

526.6.1 Medical Eligibility for Nursing Facility Level of Care

Nursing facility level of care is appropriate for a child who does not require acute hospital care, but who, on a regular basis, require skilled nursing services, complex rehabilitation services, and other health-related services ordinarily provided in a medical facility.

Skilled nursing services are provided to a child living at home who have significant medical needs and require complex nursing treatments, personal care, specialized therapy, and medical equipment to enhance or sustain their lives. The child's daily routine is substantially altered by the need to complete specialized, complex, and time consuming treatments.

A nursing facility level of care is appropriate when the child requires complex skilled nursing care or comprehensive rehabilitative interventions throughout the day including **ALL** of the following:

1. The child requires skilled nursing or skilled rehabilitation services that must be performed by, or under the supervision of professional or technical personnel; AND
2. The child requires specialized professional training and monitoring beyond the capability of, and those ordinarily expected of parents; AND
3. The child requires skilled observation and assessment several times daily due to significant health needs; AND
4. The child requires these skilled services on a daily basis; AND
5. A skilled nursing facility setting must be furnished pursuant to a physician's order and be reasonable and necessary for the treatment of an child's illness or injury (i.e., be consistent with the nature and severity of the individual's injury or illness, his particular medical needs and accepted standards of medical practice); AND
6. The child has unstable health, functional limitations, complicating conditions, or is medically fragile such that there is a need for active care management; AND
7. The child's impairment substantially interferes with the ability to engage in everyday activities of daily living at home and in the community, including but not limited to bathing, dressing, toileting, feeding, and walking/mobility; AND
8. The child's daily routine is substantially altered by the need to complete these specialized, complex and time consuming treatments and medical interventions or self-care activities; AND
9. The child needs complex care management and/or hands on care that substantially exceeds age appropriate assistance; AND
10. The child needs complex restorative, rehabilitative, and other special treatment of a chronic nature that can be provided only in a skilled nursing facility. In other words, institutionalization in a nursing facility would be necessary in the absence of these services provided in the community setting; AND
11. In addition to the general requirements above, the child's condition must require one or more of the following defined settings below on a daily basis:
 - Observation, assessment and monitoring of a complicated or unstable condition; OR
 - Complex teaching services to the child and/or family requiring 24-hour skilled nursing facility (SNF) setting vs. intermittent home health setting; OR

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- Complex medication regimen other than oral medication or medication otherwise deemed self-administered, such as insulin or growth hormone; OR
- *Initiation* of tube feedings; OR
- Active weaning of ventilator dependent children requiring changing and monitoring of ventilator setting; OR
- Wound care (including decubitus ulcers) requiring more than just superficial dressing changes, i.e. packing, debridement, etc.

526.6.2 Documentation Evidence Required for Nursing Facility Level of Care

Documentation required:

- CDCSP-1 - Information Sheet
- CDCSP-2B - Medical Evaluation for Acute Care Hospital OR Nursing Facility
- CDCSP-4 - Cost Estimate
- Evidence that complex rehabilitative services (therapies), wound care, and other intense skilled nursing care of a chronic nature is medically necessary
- Evidence that the medical condition is stabilized
- Evidence of substantial impairment of daily living activities which are not within the child's developmental level for age
- Physician's order that the child's care is ordered and delegated to an RN or LPN and/or RN or LPN oversight according to a plan of treatment with short and long term goals
- Evidence that medical care can be managed in setting that is less than an acute care setting
- SSI Denial Letter

526.6.3 Factors Not Considered Medically Necessary for Nursing Facility Level of Care

A skilled nursing facility setting is considered not medically necessary when ANY ONE of the following is present:

- Services do not meet the medically necessary criteria above; OR
- The child's condition has changed such that skilled medical or rehabilitative care is no longer needed; OR
- Physical medicine therapy or rehabilitation services that will not result in improvement in the level of functioning within a reasonable period of time; OR
- Services that are solely performed to preserve the present level of function or prevent regression of functions for an illness, injury or condition that is resolved or stable; OR
- The child and or family refuses to participate in the recommended treatment plan; OR
- The care has become custodial; OR
- The services are provided by a family member or another non-medical person. When a service can be safely and effectively performed (or self-administered) by the average non-medical person without the direct supervision of a nurse, the service cannot be regarded as a skilled service.

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526.6.4 Examples of Services Not Medically Necessary for Nursing Facility Level of Care

- Routine or maintenance medication administration, including oral medication and other agents deemed by CMS to be 'self-administered drugs'
- Routine enteral feedings
- Medically stable ventilator care that can be safely provided in an alternative setting
- Monitoring of home oxygen therapy
- Routine tracheostomy care
- Routine gastrostomy, jejunostomy or ileostomy care
- Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BiPAP) administration or monitoring
- Inhalation care. **The need for respiratory therapy, either by a nurse or by a respiratory therapist, DOES NOT alone qualify a child for skilled nursing facility care.**
- Personal care services such as bathing.

526.7 RE-DETERMINATION OF MEDICAL ELIGIBILITY

Re-determination of medical eligibility must be completed annually for each member, pursuant to federal law. An individual must apply for recertification at least annually. Eligibility determination must be made on current eligibility criteria, not on past CDCSP eligibility. The fact that a member had previously received CDCSP services shall have no bearing on continued eligibility for this program. All documentation required for initial certification must be updated and submitted annually. The date the initial CDCSP-2A or CDCSP-2B was signed by the physician becomes the member's anchor date. The expiration date of the member's medical re-eligibility is 365 days from the anchor date. For members seeking re-determination of medical eligibility under the ICF/IID Level of Care a psychological evaluation (CDCSP-4) dated within 90 days of the member's anchor date must be submitted.

526.8 SERVICES

Covered Medicaid Services that are appropriate and medically necessary for the individual will be paid.

526.9 SERVICE LIMITATIONS

Services are restricted by limits as set in the Medicaid State Plan/policies/procedures. Services do not include Intellectual and Developmental Disabilities Waiver (IDDW), Aged and Disabled Waiver (ADW) or Traumatic Brain Injury Waiver (TBIW) program services.

526.10 RIGHT TO APPEAL

If an applicant/member is determined not to be medically eligible by BMS, a Notice of Decision and a Request for Hearing form will be issued to the applicant/member. The decision/denial may be appealed directly through the fair hearing process.

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526.11 MOUNTAIN HEALTH TRUST – MANAGED CARE

Members eligible for this program are not eligible for enrollment in a managed care organization.

526.12 HOW TO OBTAIN INFORMATION AND FORMS

Please refer to the <http://www.dhhr.wv.gov/bms/Programs/CDCSP/Pages/default.aspx> website for Program contact information and forms.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Acute Care Hospital: a medical hospital that provides inpatient medical care and other related services for surgery, acute medical conditions, or injuries, usually for a short-term illness or condition or for someone who is experiencing sudden illness or trauma. This type of facility provides the type of care that is distinguished from a long-term care which are health care, personal care and social services required over a long period by persons who have lost, or never acquired, some degree of functional capacity. This type of facility also provides a type of care that is distinguished from post-acute care which is the recuperative or rehabilitative care needed to recover from a serious injury or illness.

Complex medication regimen: a complex range of new medications (including medications by mouth) prescribed for the child following a hospitalization where there is a high probability of adverse reactions and/or a need for changes in the dosage or type of medication to maintain stability; and documentation must include the child's unstable condition, medication changes, continuing probability of complications and need for monitoring by skilled personnel.

Complex teaching services to the child and/or family requiring 24-hour skilled nursing facility setting vs. intermittent home health setting: the teaching itself is the skilled service that must be provided by the appropriate professional. The activity being taught may or may not be considered skilled; documentation should include the reasons why the teaching was not completed in the hospital, as well as the child's or family's capability of compliance.

Cost Effectiveness: the cost of care for the child in the home cannot exceed the cost of care in a medical facility (Acute Care Hospital, ICF/IID or Nursing Facility).

Days: calendar days unless otherwise specified.

Developmental Disability: persons with related conditions who have a severe, chronic disability that meets all of the following conditions: It is attributable to cerebral palsy or epilepsy; or any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons. It is manifested before the person reaches age 22*; it is likely to continue indefinitely; it results in substantial functional limitations in 3 or more of the following areas of major life activity:

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1. Self-care,
2. Understanding and use of language,
3. Learning,
4. Mobility,
5. Self-direction, and,
6. Capacity for independent living. (Refer to the Code of Federal Regulations [42 CFR §435.1010](#)).

*For the purposes of this program Age 19.

Disability: means that the applicant must be disabled according to the SSI definition of disability for the purposes of this program.

Individualized Education Program (IEP): the legal document that defines an individual's special education program in the public school system. An IEP includes the individual's disability, the individual's yearly goals and objectives and any accommodations that must be made to assist in the individual's learning.

Intellectual Disability (formerly known as mental retardation): significantly sub-average intellectual functioning which manifests itself in a person during his/her developmental period and which is characterized by inadequacy in adaptive behavior. [West Virginia Code § 27-1-3](#).

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID): a medical facility for persons with intellectual disabilities that provides, in a protected residential setting, ongoing evaluation, planning, 24 hour supervision, coordination and integration of health or rehabilitation services to help each individual function at his greatest ability as defined in [42 CFR §440.150](#).

Legal Representative: the parent of a minor child if the parent retains custody of minor child or a court-appointed legal guardian for the child or anyone with legal standing to make decisions for the child/member.

Level of Care: the medical eligibility criteria for level of care provided in a hospital, nursing facility, and ICF/IID facility for the purposes of this program.

Medical Facility: For the purposes of this manual, these are defined as an Acute Care Hospital, Nursing Facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Mental Retardation (now referred to as Intellectual Disability): significantly sub-average intellectual functioning which manifests itself in a person during his/her developmental period and which is characterized by inadequacy in adaptive behavior. [West Virginia Code § 27-1-3](#).

Nursing Facility: defined as an institution (or a distinct part of an institution) which is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through



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institutional facilities, and is not primarily for the care and treatment of mental diseases and in accordance with [Soc. Sec. Act, Sect. §1819 \(a\)\(2\)](#), has in effect a transfer agreement (meeting the requirements of section [Soc. Sec. Act, Sect. §1861\(l\)](#)) with one or more hospitals having agreements in effect under [Soc. Sec. Act, Sect. §1866.](#)) ([42 CFR, Part §483](#))

Observation, assessment and monitoring of a complicated or unstable condition: the unstable condition of the child must require the skills of a licensed nurse or rehabilitation personnel in order to identify and evaluate the child’s need for possible modification of the treatment plan or initiation of additional medical procedures; there must be a high likelihood of a change in an child’s condition due to complications or further exacerbations; daily nursing notes must give evidence of the child’s condition and indicate the results of monitoring. Documentation must indicate the child’s condition and indicate the results of monitoring.

Related Condition: Any condition, other than mental illness, found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning and adaptive behavior similar to that of intellectual disabled persons, and requires services similar to those required for persons with intellectual disability.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA): A provision under TEFRA 134(a) allows states to extend Medicaid coverage to certain disabled children. Also known as the Katie Beckett option, TEFRA is a category of Medicaid that provides care to disabled children in their homes rather than in institutions. To qualify for TEFRA benefits, the child must be disabled according to the Supplemental Security Income (SSI) definition of disability and must meet the medical necessity requirement for institutional care. Children who live in institutions or who receive extended care in institutions are not eligible in the TEFRA category.

Wound care [including decubitus ulcers]: care that is ordered by a physician and requires extensive packing, debridement and/or irrigation.

REFERENCES

The West Virginia State Plan addresses eligibility for CDCSP in Attachment [2.2-A\(B\)](#) which addresses Optional Groups Other than the Medically Needy and [Supplement 3 to Attachment 2.2-A](#) which addresses Method for Determining Cost Effectiveness for Caring for Certain Disabled Children at Home.

Further information is available about institutional level of care in [Chapter 510, Hospital Services](#), [Chapter 514, Nursing Facility Services](#) and [Chapter 511, ICF/IID Services](#).

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	CHILDREN WITH DISABILITIES COMMUNITY SERVICES PROGRAM (CDCSP)		June 1, 2015

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.