

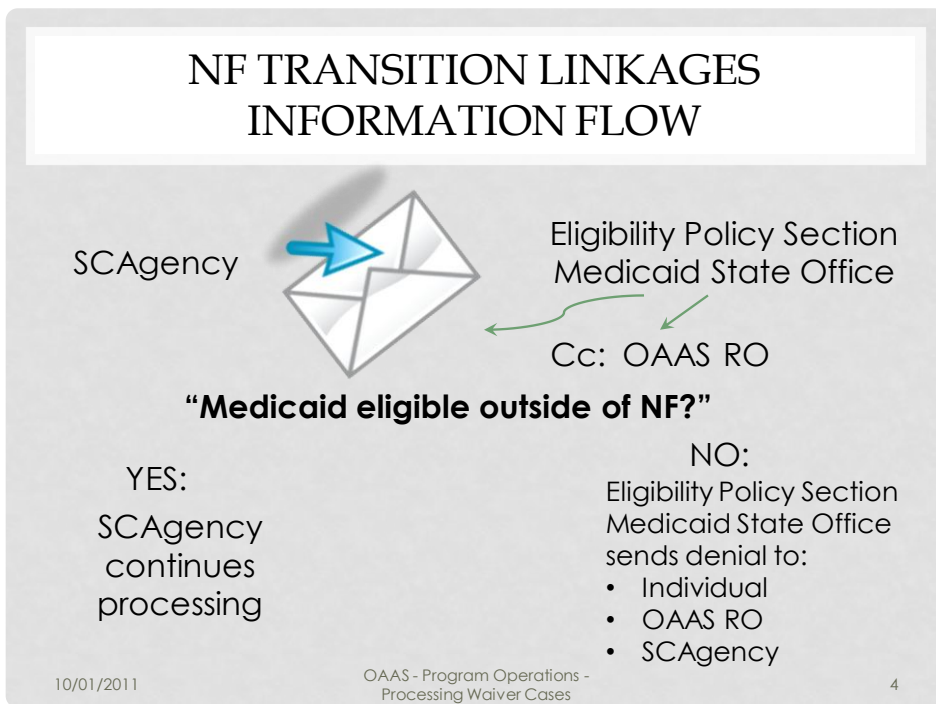
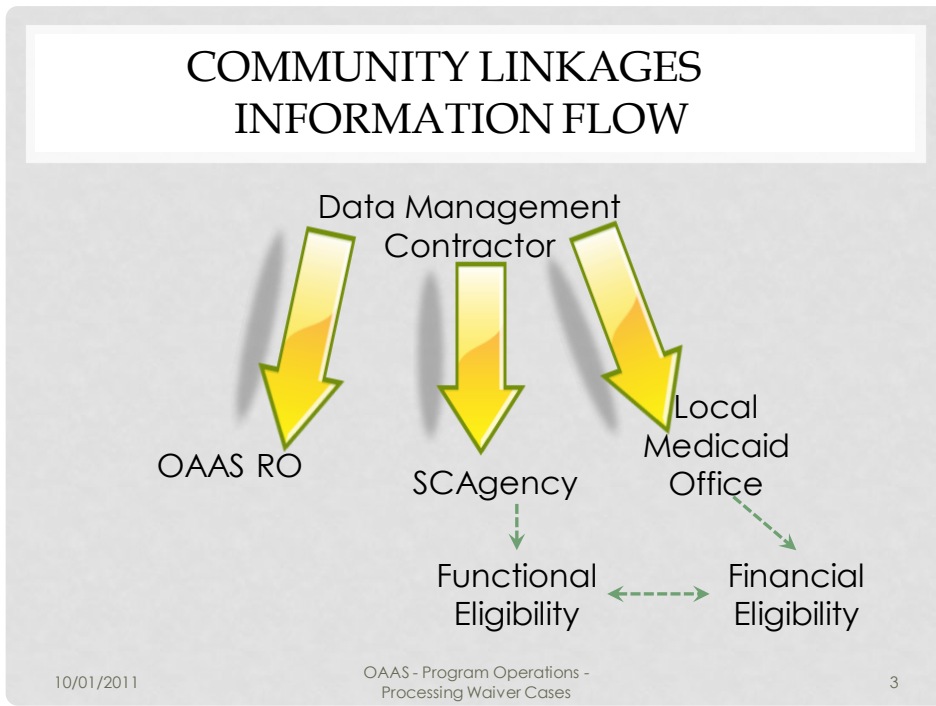
**PROCESSING WAIVER  
CASES**

PROCEDURES EFFECTIVE 10/01/2011

**INFO FLOW, INITIAL VISITS &  
NF TRANSITIONS**

GETTING STARTED WITH PROCESSING CCW

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## NF TRANSITIONS NOT FINANCIALLY ELIGIBLE

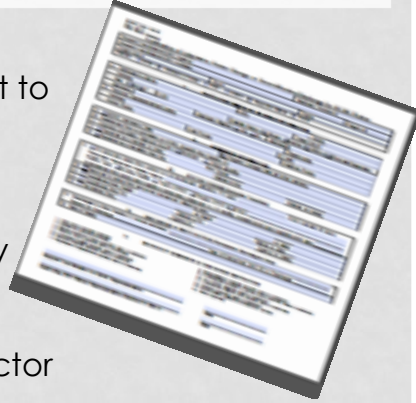
SC Agency completes:

- CMIS Closure form & faxes it to OAAS RO

OAAS RO emails/scans a copy Of Medicaid Denial Notice to:

- Data Management Contractor

SC Agency closes case in CMIS.



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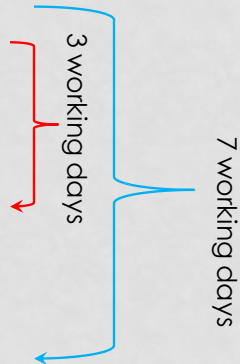
5

## INITIAL VISIT TIME FRAMES

SC Agency receives Linkage Notification from Data Management Contractor

SC must contact individual to schedule face to face initial visit

SC must conduct face-to-face meeting



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## INITIAL VISITS MUST INCLUDE

- Giving information about all Community Choices Waiver services
- Gathering all needed information to process waiver request

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## NURSING FACILITY TRANSITION INITIAL VISITS

- Additional Info to give the transitioning individual

Money Follows the Person

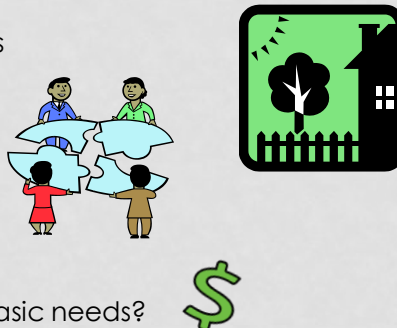
Services may decrease depending on need

Transition Service Coverage

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## NURSING FACILITY TRANSITION

- **Can the individual's needs be met outside of the NF?**
- SC may gather info by:
  - Meeting with the individual
  - Meeting with NF staff
  - Meeting with Family members
  - Meeting with ombudsman
  - Reviewing records
- **Does the individual have:**
  - Supports available?
  - Housing?
  - Means for meeting other basic needs?



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## NURSING FACILITY TRANSITIONS HEALTH & WELFARE

**“Can Health & Welfare reasonably be assured in community?”**

**Yes**

SC Agency continues processing

**No**

SC completes:

- Narrative describing why H&W cannot be assured
- Forwards narrative to OAAS RO

RO forwards information to Service Review Panel for review and recommendation.

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## SRP DETERMINES NOT ELIGIBLE

If OAAS SRP determines H&W cannot be reasonable assured in community, RO sends denial notice with appeal rights to individual and copy to SCA.

### OAAS RO:

Completes 142 & forwards a copy to:

- Data Management Contractor
- Local Medicaid Office
- SC Agency



SC Agency closes the case in CMIS

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## INACTIVE STATUS

- If it appears that the individual to be transitioned will not be able to do so in a timely manner
  - SC must submit detailed narrative to SC Supervisor
  - If Supervisor determines all good faith efforts for transition have been exhausted and documented,
    - ☐ Request is forwarded to OAAS RO for approval
- If OAAS RO determines inactive status to be approved, the SCA is notified
  - SCA will:
    - issue notice of Inactive Status to the individual
    - complete and send 148-W to Data Management Contractor, RO and MFP (if applicable) of Inactive Status

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## INACTIVE STATUS RESOLUTION

- SC will continue to follow up and work with the individual on identified barriers.
- When barriers are resolved, SCA completes 148-W indicating change from inactive to active status & sends to RO, Data Management Contractor, and MFP (if applicable).
- SC will continue with transition activities should continue and the POC should be developed.

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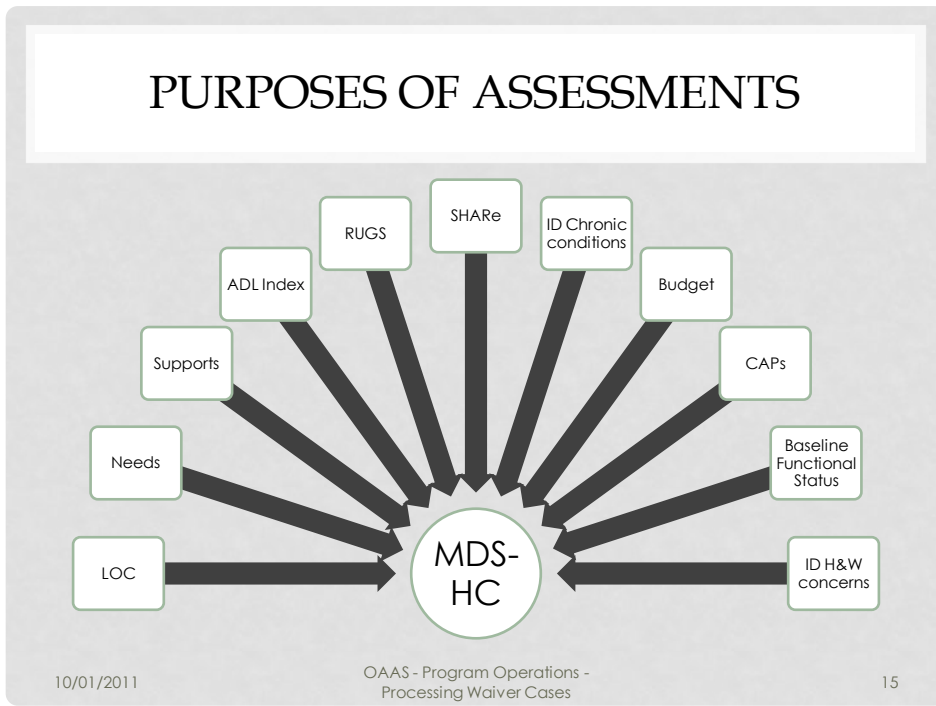
## ASSESSMENTS

PURPOSES, TYPES & TIME FRAMES


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## TYPES OF ASSESSMENTS/ REASSESSMENTS



- Initial Assessment – Completed on all individuals requesting waiver services.
- Follow-Up Reassessment
  - Completed 6 months after a NF Transition participant becomes certified (approved) for waiver services.
- Change in Status Reassessment
  - Completed when significant status change in participant's condition
- Annual Reassessment
  - Completed on all participants



Note: Participants may request an assessment at any time during their eligibility in waiver services.

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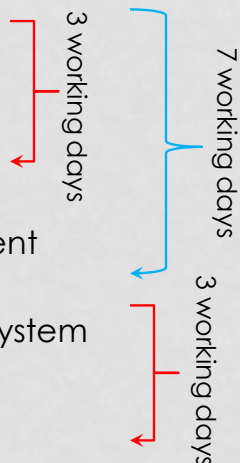
## TIME FRAMES FOR ALL INITIAL ASSESSMENTS

SC Agency receives Linkage Notification from Data Management Contractor

SC must contact individual to schedule face to face initial visit

SC must conduct face-to-face assessment

MDS-HC assessment must be input into system within 3 working days after assessment is completed.



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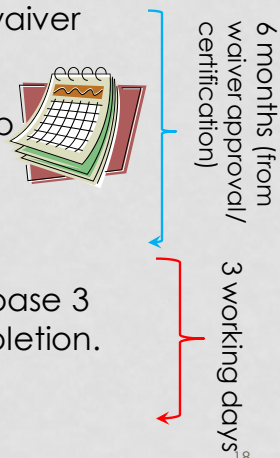
17

## TIME FRAMES FOR FOLLOW-UP REASSESSMENTS

NF Transition Participant is certified for waiver services

SC must conduct face-to-face follow up reassessment

MDS-HC reassessment input into database 3 working days after reassessment completion.



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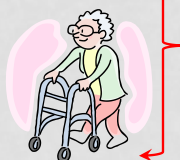
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## TIME FRAMES FOR CHANGE IN STATUS REASSESSMENTS

SCAgency receives notice of a change in participant's condition

SC must conduct face-to-face reassessment



14 calendar days

MDS-HC reassessment input into database within 3 working days after reassessment completion

3 working days

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## TIME FRAMES FOR ANNUAL REASSESSMENTS



MDS-HC Annual Reassessment must be completed

60 calendar days

POC Expiration Date\*

\*Expiration Date = Date after POC End Date

MDS-HC assessment input into database must be done within 3 working days after reassessment is completed.

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# COMPLETING THE ASSESSMENT

DDQS, CAPS, CAREGIVER ASSESSMENT

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## DDQS

- **Degree of Difficulty Questions** are utilized to capture situations where participants may experience difficulty in self-performance of ADLs.
- Formerly known as "**0 / 8 Rule**"
- See MDS-HC Manual and Level of Care Manual for specifics on use of this part of the assessment.

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## CAPS

- **Client Assessment Protocols (CAPs)** are guidelines to identify risk of decline in a participant's functional status.
- POC goals and interventions are derived through person-centered planning and guided by triggered CAPs.
- SC must complete the **OAAS-PF-10-005 CAP Summary (CAPS)** and must be included as part of a complete POC Packet

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## AT THE TIME OF THE ASSESSMENT

The SC must:

- Complete the Caregiver Assessment (if applicable)



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## CAREGIVER ASSESSMENT

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## WHO IS A CAREGIVER?

Anyone who self-identifies as a family caregiver or is providing assistance with the participant's ADLs or IADLs.

If no caregiver, note on caregiver assessment.

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## WHEN ARE CAREGIVER ASSESSMENTS DONE?

- Every time an MDS-HC assessment/reassessment is completed:
  - Initial;
  - Annual;
  - Follow-Up and
  - Status Changes

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## WHERE DO I CONDUCT CAREGIVER ASSESSMENTS?

- With everyone together at the MDS-HC assessment /reassessment or with the individuals separately.
- The presence, or absence, of the individual during the Caregiver Assessment also depends upon the situation. Often a caregiver prefers to speak candidly without being heard by the individual.
- The Caregiver Assessment can be conducted through a phone call.

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## CONDUCTING THE CAREGIVER ASSESSMENT

The SC will:

- Conduct the Caregiver Assessment with the “Informal Supports Services” section 2, “Caregiver Status”:
- Ask the questions in Section 2 “Caregiver Status” as they pertain to the MDS-HC.
- Record the answers in Section 2 “Caregiver Status” of the MDS-HC.
- Ask the supplemental questions in the Caregiver Assessment.
- Record the answers on the Caregiver Assessment.

**The supplemental questions are for care planning and will not be recorded or scored in the MDS-HC.**

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## PLANNING CONSIDERATIONS

The SC will:

- Identify the issues or needs discovered through the caregiver assessment.
- Use the job aid as a guideline, correlate the issues/needs of the caregiver with a possible strategy/intervention.
- Discuss the strategy/intervention with the participant and the caregiver at the Plan of Care (POC) meeting.
  - ❖ If the participant and caregiver agree with the strategy/intervention and the strategy/intervention is within the scope of the budget, then include the service and/or referral in the POC.
  - ❖ If the participant and caregiver suggest alternative strategy/interventions which are within the scope of their budget then include the service in the POC.

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## PLANNING CONSIDERATIONS

- If the strategy/intervention is not within the scope of the budget, then the SC will:
  - Review all services and consider a different service mix.
  - Propose an alternative service mix to individual and caregiver.
  - Revise the POC based upon discussion and approval of individual and caregiver.

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## WHAT ARE EXAMPLES OF CAREGIVER SUPPORTS?

In the new CCW, there will be some services that support caregivers.

### EXAMPLES:

- ❖ Temporary Caregiver Supports sometimes known as Respite;
- ❖ Assistive technology such as a Hoyer Lift for caregivers who have difficulty transferring the person;
- ❖ Home delivered meals if caregiver is providing all or most meals. Sometimes providing information on support groups is helpful.

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## LEVEL OF CARE

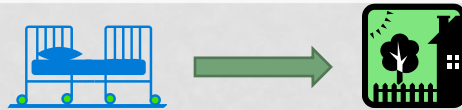
### PROCESSING FUNCTIONAL ELIGIBILITY DETERMINATIONS

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## NF TRANSITION PARTICIPANTS



- Deemed to meet NF Level of Care due to current NF resident status
- Must meet all other program requirements
- SC must enter statement in MDS-HC Notebook:
  - "Deemed to meet NF LOC eligibility due to current NF resident status."

**Upon transition into the community these participants must meet NF LOC upon all subsequent MDS-HC assessments.**

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## AT THE TIME OF THE MDS-HC INPUT

- The SC must obtain:
  - RUGs score
  - ADL Index score
  - Corresponding SHARe budget allocation
  - Review triggered CAPs and / or concerns identified on assessment
  - Determine if the individual meets NF LOC (Refer to LOC Manual)

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## IS LOC MET?

Yes

SC should proceed with POC development

No

SC completes:


- Narrative describing why LOC is not met (include documentation)
- Forwards narrative to OAAS RO

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## RO AGREES - PARTICIPANT DOES NOT MEET NF LOC



RO reviews packet. If denial is confirmed, RO will send a Denial Notice with appeal rights is sent to the individual and a copy to SC Agency.



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## NO APPEAL FILED IN 30-DAY APPEAL PERIOD

OAAS RO completes 142

OAAS RO

Emails/scans a copy to:

- Local Medicaid Office;
- Data Management Contractor; &
- SC Agency



SC Agency

- closes the case in CMIS.

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**APPEAL FILED**

Follow procedures  
outlined for Appeal  
Processing



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**THE PLAN OF CARE**

TYPES, CHARACTERISTICS & TIMEFRAMES

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## TYPES OF PLANS OF CARE

- Initial Plans of Care
  - Must be completed on all individuals requesting waiver services
- Provisional Plans of Care
  - Only used for initials
  - Allows some services to begin more quickly pending completion of full plan of care
  - Limited in time to a maximum of 60 days
- Comprehensive Plans of Care
  - Only completed after a provisional plan of care has been in place



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## TYPES OF PLANS OF CARE (CONT'D)



- Plan of Care Revisions
  - Can be a Routine Revision or an Emergency Revision
- Annual Plans of Care
  - Completed on all participants within required time frame



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## CHARACTERISTICS OF PLAN OF CARE

IDs Essential Waiver Services Needed	IDs services needed to do further assessment	IDs funding sources	Addresses necessary CAPs
Correlated with MDS-HC	Outcome oriented	Time limited	Individualized
Tailored to needs	Includes strategies to maintain or achieve outcomes	Understandable	Not completed prior to POC meeting

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## ADDITIONAL CHARACTERISTICS OF NF TRANSITION PLAN OF CARE

Identifies projected move date	
Includes transition plan	Includes TISC service

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## OPTIONAL PROVISIONAL POC CHARACTERISTICS

Will allow for faster start on some services	Must only be used when it makes sense to do so	Can allow for a service to be started which will assist in the assessment process
Is completed after the MDS-HC	Is an option for initial Community Choices Waiver cases only	Will identify essential Medicaid services that are to be provided in the first 60 days of eligibility

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## TIME FRAME FOR INITIAL PLANS OF CARE

SC Agency receives Linkage Notification from Data Management Contractor

**❖ All Initial Plan of Care for Community Participant and NF Transition Participant**

**SC Supervisor must review and approve POC from SC.**

} 35 calendar days

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### TIME FRAME FOR PROVISIONAL PLANS OF CARE

SC Agency receives Linkage Notification from Data Management Contractor

- **Provisional Plans of Care**

SC Supervisor must review and approve POC from SC.

15 calendar days

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### TIME FRAME FOR ROUTINE REVISION PLANS OF CARE

SC Agency receives Notice of Reported Change

- **Routine Plan of Care Revision**

**NOTE: Unless a reassessment was conducted & indicates a change, then the Routine Plan of Care Revision is due fourteen (14) calendar days after completion date of the reassessment.**

5 calendar days

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## TIME FRAME FOR EMERGENCY REVISION PLANS OF CARE

SC Agency receives Notice of Reported Change

- **Emergency Plan of Care Revision**

24 hours

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## TIME FRAMES FOR ANNUAL PLANS OF CARE

SC will forward the needed documents to the Data Management Contractor no later than 14 calendar days prior to the current POC Expiration Date.



**POC Expiration Date**  
(Date after POC End Date)

14 calendar days

Copy of Annual POC packet must be forwarded to OAAS RO

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# THE PLAN OF CARE FOR THE COMMUNITY RESIDENT

## BUILDING & PROCESSING THE POC

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## SC ACTIONS IN BUILDING A POC

- Schedule face to face meeting with participant and members of support network.
- Identify any risk factors.
- Make appropriate referrals.
- Use person-centered planning principles in POC development.
- Determine if Provisional POC is appropriate.

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## SC ACTIONS IN BUILDING A POC

- Offer Freedom of Choice using current list from Provider Locator Tool
- Encourage informed choice
- Complete Emergency plan
- Obtain Back Up Staffing Plan from provider
- Forward packet to the chosen provider for determination if needs can be met by the provider

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## GOOD CAUSE

- If a provider states the participant's **needs cannot be met**, the provider must submit written reason for such to the SCA.
- SC must determine if the provider has **justifiable "good cause"** for this claim.
- If the SC determines "good cause" **is not met**, the SC must notify provider for resolution prior to reporting to **Health Standards Section** of DHH.
- If the SC determines that "good cause" **is met**, another **Freedom of Choice** offer must be made to the participant.

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## POC PACKET COMPONENTS

### The completed POC packet contains the following:

- MDS-HC
- Plan of Care
- CAPs
- Flexible Schedule
- Budget Worksheet
- Back-Up Staffing Plan
- Emergency Plan
- FOCs for all services

### The following documents are required as part of the POC only if applicable

- Physician Delegations
- Responsible Rep form
- Caregiver Assessment

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## SC SUPERVISOR REVIEW PROCESS

1 of 4

### • Upon receipt of a POC packet from a SC, the SC supervisor reviews for the following:

- 148-W (initials only)
- Responsible Rep form (if applicable)
- POC (to include all services)
- All POC pages
- Budget Worksheet
- Flexible Schedule
- Emergency Plan
- Caregiver Assessment (if applicable)
- Back Up Staffing Plan (LT-PCS & PAS only)
- All needed signatures and dates are present
- MDS-HC for accuracy
- LOC is met
- DDQ documentation (if applicable)

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## SC SUPERVISOR REVIEW PROCESS

2 of 4

- **Upon receipt of a POC packet from a SC, the SC supervisor reviews for the following:**
  - Assure budgeted amount is within allotment given for RUG score
  - Ensure POC & CAPs are appropriate for participant & they correlate with MDS-HC assessment
  - Budget worksheet for correct provider names, numbers units & total cost
  - Flexible schedule for accurate number of hours & totals
  - Complete 142 after all corrections made
  - Complete 148-W

**Forward 142 and 148-W to local Medicaid office**

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## SC SUPERVISOR REVIEW PROCESS

3 of 4

**Once approval notice received from Medicaid, SC Supervisor will:**

- Complete Section III.D of 142
- Complete Notice of Approval Section on POC
- Complete POC Action Section

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## SC SUPERVISOR REVIEW PROCESS

4 of 4

- **Once approval notice received from Medicaid, SC Supervisor will fax the following to the Data Management Contractor:**
  - Decision Notice
  - 148-W
  - 142
  - POC Demographic Page
  - POC Signature Page
  - Budget Worksheet
  - Flexible Schedule

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## SC FUNCTIONS AFTER POC APPROVAL

1 of 2

### The SC will:

- Fax a copy of entire packet to OAAS RO.
- Mail copies of the following to the participant:
  - entire POC;
  - MDS-HC Assessment; and
  - Emergency Plan.

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## SC FUNCTIONS AFTER POC APPROVAL

2 of 2

### The SC will:

- Fax copies of the following documents to the provider(s):
  - Entire POC (Not including the Budget Worksheet)
  - 142
  - Signed Freedom of Choice
  - Emergency Plan
  - Back up Staffing Plan
- Contact participant and provider(s) within 3 calendar days of approval
- Contact participant within 10 days from initiation of service to assure proper delivery of service

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## POC FOR THE TRANSITIONING NF RESIDENT

BUILDING & PROCESSING THE POC

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## ADDITIONAL SC ACTIONS IN BUILDING A POC FOR A NF TRANSITION PARTICIPANT

- Assist participant with locating housing if needed
- Identify the participant's community physicians
- Determine if transition services are needed
- Determine projected move date

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## SC ACTIONS FOR NF TRANSITIONS

- Conduct at least monthly face to face visit with participant at the NF
- Ensure transition efforts are ongoing
- Visit prospective residence prior to transition day

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## ADDITIONAL SC SUPERVISOR REVIEW REQUIRED FOR NF TRANSITIONS

- Ensure deeming LOC statement is included in MDS-HC notebook
- Conduct home visit at participant's prospective residence
- Complete 142 & forward to local Medicaid office.

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## WHEN THE PARTICIPANT IS CLOSE TO MOVING OUT OF NF, THE SC WILL:

- Request participant's personal funds from NF
- Open personal bank account for the participant if he/she wishes
- Assist with details of moving
- Assist with payee change for Social Security benefits if applicable
- Assure that all services are set up as planned on day of transition

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## ON DAY OF TRANSITION

The SC Supervisor will:

- Complete a 148-W (indicating an address change) & forward to local Medicaid office.

The SC will:

- Conduct a face to face visit at new residence.
- Inform RO and My Place LA (if applicable) that the participant has transitioned.

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## WHEN DECISION NOTICE IS RECEIVED, THE SC SUPERVISOR WILL:

- Complete Plan of Care Action Section as noted in manual
- Complete Notice of Approval Section

**Processing of the NF Transition Waiver case should proceed as outlined for that of the Community Resident.**

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**POC REVISIONS**

PROCESSING CHANGES

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**PLAN OF CARE ROUTINE REVISION  
EXAMPLES**

- Provider change for upcoming quarter
- Service change
  - Hour Increase/Decrease;
  - Add PERS;
  - Add/Referral for Skilled Maintenance Therapies; etc.
- Environmental Accessibility Adaptation (EAA)
- Participant leaving a NF

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## PLAN OF CARE EMERGENCY REVISION EXAMPLES

- Provider change needed immediately with good cause
  - Provider absences (not providing back-up)
  - Conflict between participant and provider

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## LATE PLANS OF CARE

**Any Annual POC submitted later than 14 calendar days prior to the current POC Expiration Date is late.**

- The only valid reason for late POCs is due to the participant's temporary admission to a hospital, nursing home or acute care facility.
- Reason for lateness should be documented on page 1 of the POC.
- The SCA will complete a new POC revision every 30 days to extend the POC until the SC completes the Annual POC.

**Once the participant leaves the facility, the SC must complete the entire Annual POC process within 60 calendar days.**

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# QUESTIONS / ANSWERS

10/01/2011

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