

Operations Memorandum - Waivers
OPS991203

12/16/99

SUBJECT: Office of Mental Retardation Person/Family Directed Support Medicaid Waiver

TO: Executive Directors

FROM: Raymond E. Schlechter, Director, Bureau of Operations

Purpose

To provide procedures for determining eligibility for services under the Person/Family Directed Support (P/FDS) Waiver, effective 1-1-00.

Background

The Department has received approval from the Health Care Financing Administration to provide services under a Medicaid waiver for individuals with mental retardation and their families. These services are available beginning 1-1-00, on a Statewide basis.

This memorandum establishes the procedures County Assistance Offices (CAOs) are to follow when determining and authorizing P/FDS waiver-funded services.

Discussion

This memorandum is effective with eligibility determinations for the Medicaid P/FDS Waivers processed on and after 1-1-00.

A determination of eligibility for Medicaid by the CAO and a determination of eligibility by the County Mental Health/Mental Retardation (MH/MR) Program for waiver services must be completed. A separate notice will be sent by the CAO for Medicaid eligibility and eligibility for waiver-funded services.

County MH/MR Programs can request a retroactive date of eligibility for waiver-funded services beginning the first day of the third month prior to the date of application for Medicaid. The effective date for waiver-funded services can be no earlier than 1-1-00. Form MR 55 will contain the requested date of eligibility for the waiver.

Applications may be submitted to the CAO by County MH/MR Programs beginning 12-15-99. The CAOs are asked to process any applications received, but hold them for authorization until 1-4-00.

If waiver-funded services are requested prior to 1-4-00 for individuals already receiving Medicaid, hold the request for input of facility code 68 on CIS, via CAIFAC or CCIFAC, on 1-4-00.

The effective date for waiver-funded services can be no earlier than 1-1-00.

To be eligible for services funded under the P/FDS Waiver, the individual:

- Must be eligible for Medicaid.
- Must be eligible for the Intermediate Care for Individuals with Mental Retardation Level of Care.
- Cannot simultaneously receive services under the Consolidated Waiver, the Infant, Toddlers and Families Waiver and the P/FDS Waiver. Only one of these waivers can be authorized at a time.

NOTE: Waiver services will be denied to any person for whom it can reasonably be expected that the cost of waiver-funded home and community-based services the person receives will exceed \$20,000 per State fiscal year. The County MH/MR Program is responsible for insuring that waiver-funded costs do not exceed \$20,000 per State fiscal year.

This waiver is to enhance access to quality services for individuals with mental retardation, particularly for those persons living at home with their families and in other community settings. Services provided under the waiver include:

- Homemaker/Chore
- Respite Care
- Residential Habilitation
- Day Habilitation
- Prevocational Services
- Supported Employment Services
- Environmental Accessibility Adaptations
- Transportation

NOTE: This service is offered in addition to medical transportation services offered under the Medicaid Program.

- Physical Therapy Services
- Occupational Therapy Services
- Speech, Hearing and Language Services
- Visual/Mobility Therapy, Behavior Therapy and Visiting Nurse
- Adaptive Appliances and Equipment
- Personal Support

Eligibility for services under this waiver is not transferable to any other Medicaid waiver, including, but not limited to, the Department's Consolidated Mental Retardation Waiver or the

Department's Michael Dallas Model Waiver for Technology-Dependent Children. Separate eligibility determinations are required for enrollment into these waivers.

Following are the procedures for the waiver determination process:

The CAO will:

For Current Recipients Requesting Waiver-Funded Services:

REMINDER: A new application is not required for an individual who is currently receiving Medicaid.

1. Obtain a completed form MR 250 from the County MH/MR Program, indicating that the individual is eligible for P/FDS Waiver-funded services based on level-of-care criteria. Form MR 54 and form MR 250 will be sent by the County MH/MR Program to the CAO indicating "P/FDS Waiver" in the upper right hand corner.

2. Continue Medicaid in the appropriate category (C, U, J, PC, PU, PJ, PS, TC, TU, TJ), adding the identifier for participation in the waiver, facility code 68 on CIS, via CAIFAC or CCIFAC only for the line number of the individual receiving waiver-funded services.

NOTE: If a recipient is identified as a category D with a program status code 50, continue Medicaid.

If a recipient is identified as a category PD, TD, or D (exception D-50), change the category to PJ presumptively and refer the client to the Disability Advocacy Program (DAP) for a disability determination.

NOTE: If the individual receiving waiver-funded services is part of a budget group that becomes ineligible for Medicaid at any time, a new eligibility determination will be done for the individual receiving waiver-funded services, using only that individual's income and resources.

NOTE: Medicaid Estate Recovery Provisions are applicable to this waiver.

NOTE: CAOs must apply the look-back periods and transfer of assets (income and resource) requirements, for assets transferred for less than fair market value.

NOTE: There is no patient pay amount associated with the P/FDS Waiver.

3. Issue a 162 Notice of Eligibility to the individual for eligibility to receive P/FDS Waiver-funded services. Send a copy of this notice to the County MH/MR Program.

4. When the County MH/MR Program forwards a completed form MR 1080 indicating that the individual is no longer eligible for waiver-funded services, the CAO sends a 162 Advance Notice to the individual to discontinue waiver services. The CAO reviews the case to determine whether the individual remains eligible for Medicaid. A copy of the 162 Advance Notice is sent to the

County MH/MR Program. The County MH/MR Program helps the individual in transitioning services to other appropriate funding streams or programs. The identifier for participation in the P/FDS Waiver, facility code 68, is removed from CIS, via CAIFAC or CCIFAC, after the expiration of the 162 Advance Notice.

5. When the County MH/MR Program forwards a completed form MR1080 indicating that the individual is transferring between the P/FDS Waiver and the Consolidated or any other waiver, the individual remains eligible for Medicaid in the current category. The identifier for participation in the P/FDS Waiver, facility code 68, is removed from CIS, via CAIFAC or CCIFAC. Send a 162 Confirming Notice to the individual to notify the individual of a change in waiver-funded services. Send a copy of the new waiver eligibility notice to the County MH/MR Program upon receipt of an MR 250 or MR 251 which is dated within 365 days of the transfer notice.

For New Applicants:

1. Receive Medicaid applications from County MH/MR Programs.

2. Obtain a completed form MR 250 from the County MH/MR Program, indicating that the individual is eligible for P/FDS Waiver-funded services based on level-of-care criteria. Form MR 54 and form MR 250 will be sent by the County MH/MR Program to the CAO indicating “P/FDS Waiver” in the upper right corner. Determine Medicaid eligibility for the individual.

- Count only the income of the individual. Exclude the income listed in Chapter 389, Appendix A and the SSI-related exclusions of Chapter 350, Income. Use Appendix B-1, Chapter 389 for the income limit (300% of the current Federal Benefit Rate).
- If the individual meets the income limitation, the CAO will authorize PJ (with Facility Code 68 on CIS, via CAIFAC or CCIFAC) presumptively, pending a disability determination. See Section 305.26, Presumptive Eligibility.

REMINDER: Count the resources of the individual over 21. Exclude the resources listed in Chapter 389, Appendix A and the SSI-related exclusions of Chapter 340, Resources.

NOTE: Spousal Impoverishment provisions do not apply to this waiver.

NOTE: Medicaid Estate Recovery provisions are applicable to this waiver.

NOTE: CAOs must apply the look-back periods and transfer of assets (income and resource) requirements for assets transferred for less than fair market value.

NOTE: There is no patient pay amount associated with the P/FDS Waiver.

3. Notify the individual of the eligibility/ineligibility decision for Medicaid by sending a 162 Notice of Eligibility. A copy of the 162 authorizing Medicaid is not needed by the County

MH/MR Program. A copy of the 162 denying eligibility for Medicaid is needed by the County MH/MR Program.

4. Issue a separate 162 Notice of Eligibility to individuals for the P/FDS Waiver for applicants determined eligible for Medicaid and based on receipt of completed Form 250 from the County MH/MR Program. Send a copy of the notice authorizing eligibility for the P/FDS Waiver to the County MH/MR Program. Authorize Medicaid in the PJ category, adding the identifier for participation in the P/FDS Waiver, facility code 68 on CIS, via CAIFAC or CCIFAC. The effective date of eligibility is the date the individual became eligible for waiver funded services. County MH/MR Programs can request a retroactive date of eligibility for waiver-funded services beginning the first day of the third month prior to the date of application for Medicaid.

5. When the County MH/MR Program forwards a completed form MR 1080 indicating that the individual is no longer eligible for waiver-funded services, the CAO sends a 162 Advance Notice to the individual to discontinue waiver services. The CAO reviews the case to determine whether the individual remains eligible for Medicaid. A copy of the 162 Advance Notice is sent to the County MH/MR Program. The County MH/MR Program helps the individual in transitioning services to other appropriate funding streams or programs. The identifier for participation in the P/FDS Waiver, facility code 68, is removed from CIS, via CAIFAC or CCIFAC after the expiration of the 162 Advance Notice.

6. When the County MH/MR Program forwards a completed form MR 1080 indicating that the individual is transferring between the P/FDS Waiver and the Consolidated or any other waiver, the individual remains eligible for Medicaid in the current category. The identifier for participation in the P/FDS Waiver, facility code 68, is removed from CIS, via CAIFAC or CCIFAC. Send a 162 Confirming Notice to the individual to notify the individual of a change in waiver-funded services. Send a copy of the new waiver eligibility notice to the County MH/MR Program upon receipt of MR 250 or MR 251 which is dated within 365 days of the transfer notice.

NOTE: If discontinuance is based on ineligibility for ICF/MR level of care, Form MR 251 will be attached.

For New Applicants and Current Recipients, the County MH/MR Program will:

1. Assist the individual in applying for Medicaid and in preparing documentation, including the PA 600, PA600L, or PA 600C and other verification the CAO may require.

2. Determine level-of-care eligibility with a qualified professional. Notice of the County MH/MR Program's level-of-care determination is formally issued to the CAO by forwarding to the CAO a signed form MR 250.

3. If an individual voluntarily withdraws from the waiver program, the County MH/MR Program will forward to the CAO form MR 1080, Notice of Waiver Service Change/Discontinuance, indicating that the individual does not choose waiver-funded services.

4. Based on the individual's choice and upon receipt of the notice sent by the CAO, authorize services effective the date provided on the CAO eligibility notice.

5. Perform an annual review and recertification to determine if the individual continues to meet the level-of-care criteria to qualify for waiver-funded services. If it is determined that the individual is no longer eligible for waiver-funded services based on level-of-care criteria, the County MH/MR Program will complete form MR 1080 and forward this form together with the determination of ineligibility (MR 251) to the CAO. The CAO will issue a 162 Advance Notice to terminate waiver-funded services. The CAO will also send a copy of the 162 Advance Notice to the County MH/MR Program.

Note: The County MH/MR Program is authorized to complete a recertification review at any time when a question of eligibility arises. The County MH/MR Program is responsible for notifying the CAO of a determination of ineligibility for waiver services based on an interim assessment conducted outside the annual recertification cycle.

6. Notify the CAO of any change in the individual's income which may affect the individual's eligibility for benefits under Medicaid.

NOTE: County MH/MR Programs follow the process and instructions contained in MR Bulletin 00-99-14.

Next Steps

1. Review this Operations Memorandum with appropriate staff for implementation of the waiver procedures.

2. This Operations Memorandum becomes obsolete upon receipt of corresponding Handbook pa