

F-Linkages

F-100 Expedited Community Choices Waiver Linkages

Expedited Community Choices Waiver (CCW) offers are only available for Long Term-Personal Care Services (LT-PCS) participants who meet the specific criteria.

When SO notifies RO to contact the individual, RO will process these requests by following the Expedited CCW Waiver Offer Process.

If the individual is approved for the Expedited CCW and accepts the waiver offer, the chosen SCA, RO and Medicaid office are notified via email by the Data Management Contractor (DMC).

Refer to Eligibility Process.

F-200 Community Linkages

When the initial offer is made, the DMC mails the waiver offer with the SC Freedom of Choice (FOC) form. If the individual accepts the offer, he/she chooses a support coordination agency (SCA) through the SC Freedom of Choice (FOC) form.

When an individual accepts a waiver offer, the chosen SCA, RO and Medicaid office is notified of linkage via email by the DMC.

Refer to Eligibility Process.

F-300 Eligibility Process

The Medicaid office begins the financial eligibility process. The SCA may be contacted to assist with this process (e.g. collection of documents, assisting with completing the Medicaid application, etc.).

The SCA assigns the individual to a Support Coordinator (SC).

SC will:

- Complete Admission electronic 148-W (e148-W).
- Schedule initial visit and refer to Initial Visits procedures.

NOTE: The Medicaid office is determining financial eligibility at the same time that the SC is determining the medical eligibility.

- If the individual does not meet Medicaid financial eligibility the Medicaid office will issue a Decision Notice (Denial letter) giving appeal rights to the individual and copy RO and the SCA.

NOTE: RO does NOT need to send a Waiver Denial Notice since the individual is being denied waiver services based on financial eligibility denial and adequate notice is being sent from Medicaid.

SC will:

- Complete e148-W for closure.
- Complete Case Management Information System (CMIS) Closure form and email to RO.

RO will:

- Approve the e148-W closure.
- Email a copy of CMIS Closure form and Medicaid Decision Notice (Denial Letter) to the DMC.

NOTE: DMC receives a copy of the e148-W electronically through the database.

The SC will close the case in CMIS.

NOTE: If the individual appeals the decision and wins the appeal, his/her waiver case will be reinstated.

F-300.3 Non-Cooperation

If at any time in the approval/certification process, the individual does NOT cooperate with the SCA, the SC will:

- Complete a narrative (including sufficient documentation to substantiate that the individual did not cooperate with the eligibility determination process) and document in the CMIS and forward to SC supervisor.

SC supervisor will:

- Review and if appropriate, email all documents to RO for approval of denial.

RO will:

- Review and verify that the individual did not cooperate with the eligibility determination process.
- Send out a denial notice to the individual with appeal rights and a copy to the SCA.

If the individual appeals the decision, refer to the Appeal Procedures.

After the 30 days for appeal rights have passed AND the individual did NOT appeal, RO will complete a 142 (Refer to 142 Instructions) indicating "Not Approved" and email a copy to Medicaid office, DMC and the SCA.

The SC will close the case in CMIS.

F-300.5 No Adult Day Health Care (ADHC) Provider in the Area (ADHC Waiver Only)

When a region/area within the region does not have an Adult Day Health Care (ADHC) provider the steps below must be followed:

At the telephone contact or face-to-face meeting, SC will:

- Explain to the individual that there is no ADHC in the region/area at the current time.

NOTE: The individual does have the right to travel out of region to another ADHC if he/she chooses.

If the individual does not want to select an ADHC provider in another region, the SC will:

- Obtain a verbal declination from the participant; or
- Obtain a signed Declination of ADHC Waiver Offer form from the participant.

NOTE: If the SC mails the Declination form to the participant and does not receive it back, SC will contact RO.

- Complete a narrative (including explanation of closure) in CMIS and forward to SC supervisor.

SC supervisor will:

- Review and if appropriate, email Declination documents to RO for closure.

SC/SC supervisor will:

- Submit e148-W (for closure) to RO.

RO will:

- Review and approve the Declination of ADHC Waiver Offer form and e148W; or
- Send Verification of Declination if verbal declination received or if the participant did not return declination form giving participant ten (10) business days to respond.
- Send 142 to DMC, Medicaid, and SC closing/denying the waiver case. (Refer to 142 instructions).

F-400 Nursing Facility Transition Linkages

After the SCA is notified of a nursing facility (NF) linkage, the SC will email the Eligibility Policy section in Medicaid state office and copy RO, to determine if the individual will meet Medicaid financial eligibility outside of the NF. Both the SC and OAAS RO will be notified by return e-mail of the individual's financial eligibility status.

If the individual does not meet Medicaid financial eligibility outside of the NF, the Medicaid office will issue a Decision Notice (Denial letter) giving appeal rights to the individual and copy RO and the SCA.

NOTE: RO does NOT need to send a Waiver Denial Notice since the individual is being denied waiver services based on financial eligibility denial and adequate notice is being sent from Medicaid.

SC will:

- Complete a narrative (including explanation of closure) in CMIS and forward to SC supervisor.

SC supervisor will:

- Review and if appropriate, approve closure and the e148-W closure.

SC/SC supervisor will:

- Submit e148-W (for closure) to RO.

RO will:

- Review and approve the e148-W closure.
- Email a copy of the CMIS Closure form, and Medicaid Decision Notice (Denial Letter) to the DMC.

NOTE: DMC receives a copy of the e148-W electronically through the database.

- Complete and send 142 to DMC, Medicaid, and SC closing/denying the waiver case. (Refer to 142 instructions).

SC will close the case in CMIS.

NOTE: If the individual appeals the decision and wins the appeal, his/her waiver case will be reinstated.

F-400.3 My Place Louisiana (MPL)/Money Follows the Person (MFP)

Money Follows the Person (MFP), also known as My Place Louisiana (MPL), is a program available to all individuals* who are linked for waiver services and currently residing in a NF. (Refer to MPL Fact Sheet in Appendix of this manual).

NOTE: Must have resided in NF for at least three (3) months AND meet all waiver criteria.

MPL Transition Coordinators will work with SC agencies and individuals to transition out of the NF. (Refer to TC Roles and Responsibilities in Appendix of this manual).

The following processes will be followed if an individual is interested in signing up for MPL:

SC will:

- Provide a copy of the MPL Participant Information Booklet to individual.
- Have the individual sign the MPL Informed Consent/Participant Signature form.
- Mail original form to MPL director at:

OAAS State Office
P.O. Box 2031
Baton Rouge, LA 70821-2031
ATTN: MPL Director

- Work with the TC to transition individual out of the NF following procedures outlined in this manual.

Once the participant is approved for waiver services, the SC will:

- Complete OAAS-PF-10-011 MFP-My Place LA Form.
- Email completed form to DMC, My Place LA designee and OAAS RO.

F-500 Patient Liability Income (PLI)

When a waiver linkage is sent to the Medicaid office and the individual's income is over the LTC Special Income Level (SIL) and resource eligibility was established, the case is referred to Medicaid state office to determine the liability amount. The individual may have to pay towards the cost of care depending on the amount of income and amount of allowable expenses.

The only services allowed with Patient Liability Income (PLI) are as follows:

- Adult Day Health Care (ADHC)
- Personal Assistance Services (PAS)
- Long Term - Personal Care Services (LT-PCS)

Medicaid State Office will:

- Work the individual's budget to determine:
 - If the individual is able to spend down
 - If there is a liability that the individual would be required to pay to qualify for waiver services, if it is determined that there is indeed a liability
- Send a letter to the individual informing him/her of the amount of liability that would be due monthly with instructions to contact Medicaid if he/she is willing to pay.

If the individual is not willing to pay the liability, Medicaid will:

- Send a denial notice.

- Contact RO regarding the Medicaid denial.

SC will:

- Complete the e148-W for SC supervisor to review (Refer to e148-W instructions).

SC supervisor will:

- Review and if appropriate, approve the e148-W closure.

SC/SC supervisor will:

- Submit e148-W (for closure) to RO.

RO will:

- Review and approve e148-W for closure/denial (Refer to e148-W instructions).
- Complete and send 142 to DMC, Medicaid, and SC closing/denying the waiver case. (Refer to 142 instructions).

SC will close the case in CMIS.

If the individual is willing to pay the liability, Medicaid State Office will:

- Notify the SCA and RO.

SC will:

- Proceed with processing the waiver case (Refer to Initial Visits procedures).
- Call the chosen provider(s) to inform them of the PLI and make sure they are willing to accept participant with PLI.

NOTE: The provider(s) arrange(s) PLI payment directly with the participant.

- Include PLI in the Plan of Care (Page 1 and Budget Sheet).

Once Medicaid State Office receives the 142 & e148-W, Medicaid State Office will:

- Certify the Medicaid case.

- Send Approval notice (including date of eligibility and the amount of the liability) to the individual with a copy to RO and the SCA.

SC will:

- Certify the waiver case (Refer to Initial Visits procedures).

NOTE: If the participant does not pay the PLI amount to the provider(s), the provider(s) will contact the SC. The SC will contact Medicaid State Office for follow-up/further action.