

TIERED WAIVER: *Questions & Answers*

► What is the Tiered Waiver Program?

Previously, these community-based services, or waiver services, were offered on a first-come, first-serve basis. Now, individuals receive waiver offers based on their needs.

The Louisiana Department of Health has received approval from the Center for Medicaid and Medicare Services (CMS) to combine each existing request for services registry (list) for individual waivers into a single request for services registry. In addition, the Department received approval to change how people receive waivers by offering the most appropriate waiver type based on a person's identified needs.

► How are need for waiver services determined?

Individuals are screened using a nationally accepted best practice model to determine the urgency of his or her needs. Screeners consider services and supports that were already in place, whether the person was eligible for Medicaid, the severity or complexity of the person's disabilities, what additional supports may be needed and any changes in an individual's life or living situation.

Urgency of Need is not solely based on the severity/complexity of a person's disability. It identifies supports in place, supports needed and consideration is given overall to changes in a person's life and living situation. For example, when considering the urgency of need, the person conducting the screening will ask questions about supports that are now in place, the ability of a caregiver to provide supports, and eligibility/availability of various types of supports. If something is changing in that individual's life, such as a caregiver no longer able to provide the same level of supports for reasons such as life-changing illness, a physical disability of the caregiver, etc., then this would change the urgency/priority of the need.

This is just one example of an area that might be considered when evaluating the urgency of need. There are four areas that are considered during the screening to identify each person's urgency of need:

- Change in Caregiver Status
- Change in Individual's Needs/Circumstances
- Change in Availability/Eligibility Status
- Change in External Factors

► What is a SUN Score?

Each case is given a Screen for Urgency of Need (SUN) Score to relate to the level of need an individual requires. Five levels of need, or tiers, were created.

- 4-Emergent: Supports will be needed in the next 90 days. (7 percent of the individuals requiring services)
- 3-Urgent: Supports will be needed in the next 3-12 months. (8 percent)
- 2-Critical: Supports will be needed in the next 1-2 years. (22 percent)
- 1-Planning: Supports will be needed in the next 3-5 years. (23 percent)
- 0-Currently no unmet needs (40 percent)

TIERED WAIVER: *Questions & Answers*

➤ **Will individuals be re-evaluated?**

Yes. The Louisiana Department of Health recognizes that a person's needs may change. Individuals will be re-evaluated using the SUN system at the following intervals.

- Individuals at "Urgent" need or SUN score 3 = every year
- Individuals at "Critical" need or SUN score 2 = every two years
- Individuals at "Planning" need or SUN score 1 = every three years
- Individuals at "Needs Met" or SUN score 0 = every five years

Additionally, individuals can be re-evaluated at anytime by notifying us that their needs have changed.

➤ **What if a person's needs change during the year?**

If there is a change in the level of need or other status change at any time, a request can be made to have a new screening conducted. To make the request to be re-screened, contact the local Human Service Authority or District. The local offices and contact information can be found here:

<http://ldh.louisiana.gov/index.cfm/directory/category/145>.

➤ **What criteria are considered for a waiver?**

In making waiver offers the following criteria will be considered:

- If the person is under the age of 21, they will receive a Children's Choice offer.
- If the person is 18 and no longer attending school, they will have the option to choose Children's Choice Waiver or Supports Waiver.
- Adults 21 and older will receive a supports waiver offer. The person will participate in needs-based assessment and person-centered planning to determine if a higher tiered waiver is needed. Factors to be considered during the needs-based assessment and person-centered planning include the following:
 - Independence and/or whether the person could have unsupported time.
 - Type and amount of support needed to complete activities of daily living around the home and in the community.
 - Activities that will be considered include dressing, bathing, grooming, mobility, managing money, transportation, making purchases, etc.
 - Use of both formal/informal supports (LT-PCS, EPSDT-PCS, other Medicaid/private insurance services, natural/community supports, use of technology, etc.).

➤ **How do I request screening?**

Please contact your local Human Services Authority or District and request a screening. You can find your local Human Services Authority or District office by visiting <http://ldh.louisiana.gov/index.cfm/directory/category/145>.

Make sure that you give current contact information where you can be reached and a representative from the Office for Citizens with Developmental Disabilities will contact you to schedule your screening.