

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 specific criteria.

Upon receipt of an Expedited CCW request, Regional Office (RO) will process the request by following the OAAS internal Expedited CCW Offer Process.

RO will present the case to the OAAS Service Review Panel (SRP) for a decision.

If the request for an expedited CCW offer is **NOT approved**, RO will send a notice with appeal rights to the individual. If the individual appeals the decision, the OAAS LT-PCS appeals section will complete the Summary of Evidence (SOE) and represent the Louisiana Department of Health (LDH) at the appeal hearing.

If the request for an Expedited CCW offer is approved and the individual accepts the waiver offer, RO will deliver the CCW offer to the individual and obtain signatures on the Freedom of Choice (FOC) for the chosen Support Coordination Agency (SCA), returning the offer to the Data Management Contractor (DMC) once completed. The DMC links the SCA and the process continues following the eligibility process below.

F-200 Community Linkages

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

RO will assign the participant to the SCA via the Home and Community Based Services (HCBS) tab in the OAAS Participant Tracking System (OPTS) in order for the SCA to access/view the participant's information. RO will input the linkage date as the start date for the participant's assignment to the SCA in OPTS.

F- 300 Nursing Facility Linkages

OAAS prioritizes its Request for Services Registry (RFSR) by giving priority offers to individual's residing in a nursing facility. Two transition coordination programs, Money Follows the Person (MFP), also known as My Place Louisiana (MPL), and My Choice Louisiana (MCL) provides transition planning and support to individuals residing in a nursing facility who desire returning to the community. Transition Coordinators (TCs) work with Support Coordination Agencies (SCAs) and the individuals to transition them out of the NF. (Refer to TC Roles and Responsibilities in Appendix of this manual).

MFP is available to all individuals* currently residing in a NF who are eligible to transition home with a Medicaid Home and Community Based program, which includes OAAS waiver services. (Refer to MFP Fact Sheet in Appendix of this manual).

NOTE: The individual must have resided in the NF for at least 60 days AND meet all waiver criteria to be eligible for MFP.

My Choice Louisiana (MCL) provides transition coordination services to identified individuals with serious mental illness residing in nursing facilities but able and interested in transitioning to the community. MCL provides them with transition planning and community based services sufficient to meet their needs outside of the NF. Eligibility for My Choice Louisiana is determined prior to waiver linkage. Waiver linkages are stamped "SMI" if the person is transitioning with MCL.

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

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

- Notify the Regional TC that a participant is interested in signing up for MFP. Once the TC has met with participant and signed them up to transition with MFP, the SC will work with the TC to transition the participant out of the NF.
- Coordinate the completion of the OAAS-PF-10-011 MFP-My Place LA Form with the TC, emailing the completed form or sending requested information to the TC.

F-400 Eligibility Process

The Medicaid office begins the financial eligibility process. The SCA and RO will assist with this process, as needed (e.g. collection and submission of Medicaid requested documents, assisting with completing the Medicaid application, etc.).

Upon receipt of linkage, RO will assign the participant to the SCA via the Home and Community Based Services (HCBS) tab in the OAAS Participant Tracking System (OPTS) in order for the SCA to access/view the participant's information. RO will input the linkage date as the start date for the participant's assignment to the SCA in OPTS.

Upon receipt of the linkage, the SCA assigns the individual to a Support Coordinator (SC).

SC will:

- Submit an electronic 148W for waiver linkage to the Louisiana Medicaid Eligibility Determination System (LaMEDS) within 1 business day from linkage notification. Refer to 148W Instructions, OAAS-ADM-13-016.
- Schedule the initial visit with the individual. Refer to Section G—Initial Visits of this Manual.

NOTE: Medicaid determines financial eligibility at the same time the SC determines functional eligibility. Medicaid does not begin the process until the 148W for linkage is received from the SCA.

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

NOTE: RO does NOT send a waiver denial notice since the individual is being denied waiver services based on financial eligibility and adequate notice and appeal rights are sent from Medicaid.

Upon receipt of the Medicaid denial notice for financial ineligibility, RO will request an electronic 148W for closure from the SC.

SC will:

- Complete and submit a 148W for closure to LaMEDS.

RO will:

- Process the 148W, electronically signing, saving and uploading to LaMEDS.
- Send a copy of the signed/processed 148W to the DMC and SCA.
- Complete a BHSF form 142, Medicaid Notice of Medical Certification (Refer to 142 instructions, OAAS-ADM-13-017).
 - Submit a copy to Medicaid via LaMEDS.
 - Email a copy to the DMC and the SCA.
- Review the OAAS Request for Services Registries (RFSR) and remove the individual if on either the CCW or ADHC Waiver RFSR.

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

F-300.1 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 forward to SC supervisor.

SC supervisor will:

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

RO will:

- Review and verify that the individual did not cooperate with the eligibility determination process.

- Send a denial notice to the individual with appeal rights and copy the SCA.

If the individual appeals the decision, refer to Section N-Appeals of this Manual.

After the 30 days for appeal rights have passed AND the individual did NOT appeal, RO will request an electronic 148W for closure from the SC.

SC will:

- Complete and submit a 148W for closure to LaMEDS.

RO will:

- Process the 148W, electronically signing, saving and uploading to LaMEDS.
- Send a copy of the signed/processed 148W to the DMC and SCA.
- Complete a BHSF form 142, Medicaid Notice of Medical Certification (Refer to 142 instructions, OAAS-ADM-13-017).
 - Submit a copy to Medicaid via LaMEDS.
 - Email a copy to the DMC and the SCA.
- Review the OAAS Request for Services Registries (RFSR) and remove the individual if on either the CCW or ADHC Waiver RFSR.

F-300.2 No Adult Day Health Care (ADHC) Provider in the Area (ADHC Waiver Only)

Individuals receiving ADHC services cannot be in transport to the ADHC center for more than 1 hour one way. Further, licensing regulations prohibit ADHCs from serving individuals residing greater than 30 miles from their center's physical location. If an individual receives an ADHC linkage but there is not an ADHC within the service area of the participant, the steps below must be followed:

SC will:

- Explain to the individual that there is no ADHC in the region/area at the current time.
- Discuss and explore any viable transportation options with the individual.

NOTE: The individual does have the right to arrange transportation 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/area, the SC will:

- Obtain a verbal declination from the participant; or
- Obtain a signature on the Declination of ADHC Waiver Offer form, OAAS-RF-09-004, from the participant or Responsible Representative (if applicable).

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) and forward to SC supervisor.

SC supervisor will:

- Review and email a closure narrative along with the declination documents to RO for closure.

SC will:

- Complete a 148W for closure (Refer to HCBS Waiver 148W Instructions, OAAS-ADM-13-016).

If the SC obtained a verbal declination or if the participant did not return the declination form, RO will mail a Verification of Declination notice to the participant, giving 10 business days to respond. RO will proceed with the closure process below after 10 business days have passed without response.

RO will:

- Review and approve the signed Declination of ADHC Waiver Offer form.
- Process the 148W, electronically signing, saving and uploading to LaMEDS.
- Send a copy of the signed/processed 148W to the DMC and SCA.

F- 400 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), and
- Long Term - Personal Care Services (LT-PCS).

NOTE: Participants with an assigned PLI are excluded from enrolling in the Community Choices Waiver (CCW) self-direction option.

Medicaid State Office will:

- Work the individual's budget to determine if:
 - The individual is able to spend down; or
 - There is a liability that the individual would be required to pay to qualify for waiver services.

- Send a letter to the individual including the amount of liability that would be due monthly with instructions to contact Medicaid if the individual 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:

- Submit an electronic 148W for closure. (Refer to HCBS Waiver 148W Instructions, OAAS-ADM-13-016).

RO will:

- Process the 148W, electronically signing, saving and uploading to LaMEDS.
- Send a copy of the signed/processed 148W to the DMC and SCA.
- Complete a BHSF form 142, Medicaid Notice of Medical Certification (Refer to 142 instructions, OAAS-ADM-13-017).
 - Submit a copy to Medicaid via LaMEDS.
 - Email a copy to the DMC and the SCA.

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 Section G--Initial Visits of this Manual).
- Call the chosen provider(s) to inform them of the PLI and ensure they are willing to accept participant with PLI.

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

- Include PLI in the Plan of Care (POC) and POC budget.

Once Medicaid State Office receives the form 142 & 148W, Medicaid State Office will:

- Certify the Medicaid case.
- Send Approval notice (including the date of eligibility and the amount of the PLI) to the individual, copying RO and the SCA.

SC will:

- Certify the waiver case (Refer to Section G--Initial Visits of this Manual).

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. The provider may choose to discharge the participant from their agency following the process detailed in the Medicaid Provider Manual.