

## DD Waiver Allocations

Step #1	<p>Case Manager checks Medicaid web portal to determine if there is an existing Category of Eligibility (COE) for the allocation.</p> <ul style="list-style-type: none"> <li>• If the member is enrolled with an MCO, the Case Manager contacts the MCO care coordinator to inquire if the member is receiving Community Benefits or is in a long-term care setting (i.e. nursing facility).</li> <li>• If the member is receiving Community Benefits or nursing facility care, the Case Manager works with the MCO care coordinator to coordinate the date of transition to DD Waiver Services.</li> <li>• If the member is receiving services through the Medically Fragile Waiver (MFW) (COE 095), the Case Manager works with the MFW nurse case manager to coordinate the date of transition.</li> <li>• Some members with COE 095 may be on the Mi Via Waiver. If this is the case, the Case Manager will need to work with the Mi Via Consultant to coordinate the transition as well as with the MFW nurse case manager regarding the Level of Care (LOC).</li> </ul> <p>COEs that need to be transitioned to a DD Waiver COE 096 are:            091 (Aged)            092 (Brain Injury)            093 (Blind)            094 (Disabled)            095 (Medically Fragile Waiver)            81, 83, 84 (Institutional Care)</p>
Step #2	Client submits a completed Medicaid Application (HSD 100) to the ISD Institutional Care (IC)/Waiver Unit for determination of financial eligibility to establish the DD Waiver COE 096.
Step #3	<p>Case Manager meets with the client/guardian and begins the LOC process using the Long Term Care Assessment Abstract (LTCAA) form (MAD 378). The Case Manager may obtain information from the MFW nurse case manager for members with a 095 COE.</p> <p>Case Manager submits LOC packet to the TPA, Comagine Health (formerly known as Qualis Health,) using the JIVA provider portal for a LOC/medical eligibility determination.</p> <p>If the client wants to switch to the Mi Via Waiver within the first 30 days of allocation, and no medical or financial eligibility has begun, the transfer is permitted and coordinated through IEB. If the person has already begun the eligibility process, the person must meet medical and financial eligibility must be completed before he/she may request a transfer to Mi Via through the regional office. A copy of the approved Waiver Change Form shall be sent to the assigned Eligibility Worker in IEB.</p>
Step #4	ISD IC/Waiver Unit determines financial eligibility and, if necessary, requests a Disability Determination review if the client does not receive Social Security based on disability. These reviews are done by the HSD Disability Determination Unit (DDU).
Step #5	<p>If Steps 2-4 take longer than 90 days:</p> <ul style="list-style-type: none"> <li>• Case Manager should inform the client, and assist them if necessary, to reapply with ISD for their DD waiver financial eligibility determination.</li> </ul>

## DD Waiver Allocations

	<ul style="list-style-type: none"> <li>Case Manager must submit a monthly Allocation Reporting Form (ARF) to the Regional Eligibility Worker providing information about when the client receives approval for financial and medical eligibility. All delays, including the dates and reason for the delays, must be tracked on the ARF and provided to the Regional Eligibility Worker by the 15<sup>th</sup> of each month.</li> </ul> <p>NOTE: ISD MUST deny a case if financial eligibility factors are not completed within 45 days from the application submission date.</p>
Step #6	Case Manager notifies Regional Eligibility Worker that medical and financial eligibility have been met, using Allocation Reporting Form and provides proof of approved financial eligibility and medical eligibility.
Step #7	Case Manager submits the Client Information Update Form (CIU) to the Income Support Division (ISD) to notify ISD of Case Manager name and address.
Step # 8	Case Manager submits the Waiver Budget Worksheet with the agreed upon start dates to either: <ul style="list-style-type: none"> <li>For <b>children</b>, to the TPA, Comagine (formerly known as Qualis Health), using the JIVA portal</li> <li><u>or</u></li> <li>For <b>adults</b>, to the Outside Review using CISCO</li> </ul>
Step #9	To ensure there are no gaps in service for a client who is transitioning from another waiver, long-term care, or Community Benefit ISD will allow both COE's to remain open in ASPEN, running concurrently, to allow transition of services. The Case Manager must submit a CIU to ISD informing them when the DDW budget begins and COE the client is transitioning from is ready to close.
Step #10	Case Manager and Waiver providers MUST check Medicaid web portal to verify begin date of DD waiver COE (096) and an approved DD Waiver budget BEFORE providing services.
Step #11	The Case Manager must provide approved copies of financial and medical eligibility (if not already provided), an ISP, and approved budget to the Regional Eligibility Worker.