

	MENTAL RETARDATION BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Eligibility and Freedom of Choice in Medicaid Waiver for Infants, Toddlers & Families	BY  Nancy R. Thaler Deputy Secretary for Mental Retardation
NUMBER:	00-98-07	
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EFFECTIVE DATE:	July 1, 1998	

SCOPE:

County MH/MR Program Administrators
 County Assistance Office Directors
 Base Service Unit/Service Coordination Agency Directors

PURPOSE:

County MH/MR Program Administrators County Assistance Office Directors Base Service Unit/Service Coordination Agency Directors

To clarify procedures for determining eligibility and freedom of choice for early intervention services funded under the Department's Medicaid Waiver for Infants, Toddlers and Families.

BACKGROUND:

The Pennsylvania Department of Public Welfare has received approval from the Federal Health Care Financing Administration (HCFA) to provide early intervention services funded under a Medicaid Waiver for Infants, Toddlers and Families, effective July 1, 1998. Federal approval of this waiver is in accordance with Section 1915(c) of the Social Security Act.

As a condition of federal financial participation (FFP), infants and toddlers who receive services funded under the waiver must satisfy certain level of care and financial eligibility requirements. State assurances also provide families with certain rights to safeguard their freedom of choice and due process.

This bulletin establishes the Department's policy and procedures for County MH/MR Programs to follow in the determination of a child's eligibility for services funded under the waiver and in offering families information and choice in the receipt of waiver funded services.

The procedures established in this bulletin reflect comments and suggestions of the early intervention stakeholders including family representatives, providers, county MH/MR programs and advocates. It is the intention of the Department to implement these procedures in a manner which does not dilute or compromise the requirements for early intervention or confuse families with regard to their rights under various funding streams and programs. Waiver funding of services for the child should not have any effect on services or programs which are included in a child's Individualized Family Service Plan (IFSP), and must not interfere with the delivery of those services or programs. Participation in the waiver is completely optional to the extent that a family's choice not to receive waiver funded services can have no impact on what services the child receives on the IFSP.

DISCUSSION:

I. General Information

This bulletin is effective with eligibility determinations for waiver funding of IFSP services processed on and after July 1, 1998.

While the procedures described in this bulletin are complicated by the interface of Federal requirements for the waiver with other statutory requirements for early intervention, the procedures are, in theory, quite simple. Following the multi

disciplinary evaluation (MDE) the child's IFSP is developed by an appropriately constituted team. If any of the services on the IFSP meet the requirements for the waiver and the family agrees to participate in the waiver, the family's County MH/MR Program determines whether the child meets the waiver's level of care requirements. If the child is determined to meet the level of care requirements and the family agrees to participate in the waiver, the County authorizes waiver funding for IFSP services based on its availability of waiver funds allocated by the Department. Annual recertifications are completed to assure that the child continues to be eligible ' for waiver funded services. Eligibility determinations are coordinated with the County Assistance Office (CAO). Throughout this whole process, family rights are preserved based on state assurances to the Federal government.

Like all other funding streams for early intervention, waiver funding supports only those services that are authorized in the child's Individualized Family Service Plan (IFSP). All time frames and other requirements related to the IFSP continue to be in effect with waiver funding, and are not altered by the waiver eligibility or freedom of choice assurances. To underscore the controlling nature of the IFSP in relationship to the waiver, the bulletin refers to waiver-funded IFSP services" or "waiver funding for IFSP services", whenever possible.

To be eligible for waiver funding for IFSP services, a child must:

1. be determined to need early intervention services which meet the definition of waiver funded habilitation services by the IFSP team, based on the child's multidisciplinary evaluation (MDE).
2. be eligible for Medical Assistance as determined by the County Assistance Office (CAO).
3. meet the ICF/MR/ORC level of care criteria for the waiver, as determined by a qualified professional and the County MH/MR Program.
4. have waiver funded services explained to and chosen by the child's family or legal representative before waiver funded services are provided.

Even if a child meets the requirement to participate in the waiver, his or her family is free to decide not to participate. The child is still able to receive all of the services authorized on the IFSP funded through alternative funding streams, such as state, federal and county early intervention (EI) revenues, and, for children eligible for Medical Assistance, the Medicaid EI fee schedule.

The County MH/MR Program, through the service coordinator, is responsible to explain waiver funding for IFSP services to families only after the child's services in the IFSP are identified and it is determined that the child is likely to meet the level of care criteria for the waiver. The explanation includes a description of the nature and type of services being offered under the waiver, including the option of choosing waiver funded services with or without services funded by alternative sources.

The service coordinator should assure that the family understands that waive funding cannot *be provided for IFSP services which are offered in a clinic or in a center based program where children without disabilities are not in attendance, and that waiver funded IFSP services are provided in natural environments with the participation of the family or caregiver. The service coordinator is also responsible to assure that the family is advised of their rights under the waiver at this time, and to offer the family a choice of whether they want to receive waiver funding for IFSP services.

The waiver eligibility process must not delay development of the child's IFSP- or jeopardize compliance with other requirements of Part H (replaced by Part C, effective July 1, 1998) of the Individuals with Disabilities Education Act (IDEA). The County MH/MR Program is responsible to assure that any delays in service resulting froth procedures contained in this bulletin are immediately corrected and reported to the Regional Office of Mental Retardation if they persist.

Eligibility for waiver funded IFSP services can be determined at any time before the child's third birthday. A child may be determined eligible for Waiver funding after the initial IFSP is developed or as a result of some additional evaluations or assessments once early intervention services funded under other means have been in place. Regardless of the time that eligibility is determined, waiver funding must be indicated on the child's IFSP before waiver funding can be authorized. All waiver eligibility determinations must be completed in consultation with the family and the service coordinator, with the approval of the family, and in a manner which does not jeopardize the timely provision of services in the IFSP.

[Attachment 1](#) of this bulletin contains a County Information Summary. This summary outlines eligibility, choice and other waiver requirements, along with a description of the eligibility process and the roles of the various parties. The summary also contains a flow chart of possible early intervention funding tracks which are recommended as a basis for familiarizing families with waiver requirements, and for training of service coordinators and providers of service.

II. Initial Eligibility for Waiver Services

Before waiver funded IFSP services can be authorized, the Department must establish that the child satisfies financial and level of care eligibility requirements established by the Department in its approved waiver application. Financial eligibility is based on the child's eligibility for Medical Assistance which is determined by the CAO. Level of care eligibility is based on the determination by the County MH/MR Program.

A. Medical Assistance Eligibility

All children enrolled in the waiver must be eligible for Medical Assistance. Once a child's Medical Assistance eligibility is determined, no other financial eligibility forms for the waiver should be required for purposes of determining the child's initial eligibility for the waiver.

Children enrolled in SSI are automatically eligible for Medical Assistance and meet all financial eligibility requirements for waiver-funded services. Children eligible for Medical Assistance through Temporary Assistance for Needy Families (TANF) also meet the financial eligibility requirements for waiver.

Since application for Medical Assistance is voluntary, a family may choose not to enroll the child in Medical Assistance. Children who are not enrolled in Medical Assistance cannot receive waiver funding for IFSP services. However, other non-Medical Assistance funding sources for IFSP services can still be utilized.

If needed, the County MH/MR Program or the child's service coordinator can assist the family in obtaining a Medical Assistance application for the child. The application is titled ACCESS to Medical Assistance for Children, Pregnant Women and Their Families (PA 600-C).

Once eligibility for Medical Assistance is established, the child is financially eligible for a range of Medical Assistance funded services for infants and toddlers, including early intervention services funded through the Medicaid (MA/EI) fee schedule, and Early Periodic Screening, Diagnosis and Treatment (EPSDT).

The child's family is responsible for notifying the CAO of any changes that would affect the child's Medical Assistance eligibility, such as a new source of income for the child. The Department's notices regarding the child's Medical Assistance eligibility are issued by the CAO and are subject to the family's right to fair hearing and appeal before the Department of Public Welfare Bureau of Hearings and Appeals. Termination of the child's Medical Assistance benefits cannot affect the child's receipt of services authorized in the IFSP.

The family will be advised by the CAO regarding any condition of eligibility for Medical Assistance, including third party liability. The family has the option to refuse Medical Assistance eligibility for the child, have eligibility terminated, or decide either not to participate or to withdraw from the waiver. In any of these instances, advance notice is not provided and no appeal right is attached to the notice reflecting the recipient's request.

To prevent Medicaid from billing a liable third party and for the recipient to remain Medicaid eligible, the family or County can apply another source of payment to substitute for what the family's insurance plan may be liable to pay. This payment source can include early intervention funding allocated to the county by the Department. The County should not make waiver payments for amounts that would be covered by a third party liability assessed by the County Assistance Office.

As long as a child's Medical Assistance coverage is in force, there should be no need for any additional application or financial information to maintain eligibility for waiver funded IFSP services except for the continued needs for the level of care in an ICF/MR/ORC. Families can apply for the child's Medical Assistance eligibility at any time and obtain further information or support in the Medical Assistance determination process by contacting the child's service coordinator.

Determination of the child's eligibility for Medical Assistance needs to precede eligibility waiver funded IFSP services, although applications for both waiver and Medical Assistance can be submitted to the CAO simultaneously.

B. Initial Level of Care Determination

Children who are eligible for Medical Assistance must meet specific ICF/MR/ORC level of care criteria to receive waiver funding for IFSP services. [Attachment #2](#) contains a copy of the ICF/MR/ORC level of care criteria for this waiver and a Level of Care Information Sheet for Families, which applies to children who become eligible for this level of care based on a developmental delay.

The County MH/MR Program, through the service coordinator, is responsible to explain the waiver, including level of care eligibility criteria to the families only after services on the IFSP are identified and the service coordinator determines the child is likely to meet the level of care criteria. The service coordinator's determination to inform the family about the waiver is based on the review of services in the IFSP and screening, evaluation, and assessment information in the child's most current multidisciplinary evaluation (MDE)

When level of care eligibility is introduced to the family, the service coordinator is responsible to assure that the following additional information is also conveyed to the family:

- that waiver funded services in the IFSP must be provided in natural environments with the

- participation of the family and/or caregiver
- that other services in the IFSP may also be provided in natural environments with family or caregiver participation.
- that waiver funded services cannot be provided in an office, clinic or at a center based program where children without disabilities. are not in attendance.
- that waiver funded IFSP services can be provided in conjunction with other early intervention services authorized on the IFSP.
- that the family's choice to receive waiver funding for IFSP services has no effect on the child's receipt of services in the IFSP which can be provided through alternate funding sources.
- that the final level of care eligibility determination is based on a qualified professional's review.
- the review will be based on existing information, unless the existing information is not adequate for the professional to render a determination.

After the family is informed of the ICF/MR/ORC level of care criteria and waiver funded services, the service coordinator is responsible to request the family's permission to complete a formal level of care determination for the child. If the family gives this permission, the service coordinator is responsible to assure that the appropriate screening, assessment and evaluation information is forwarded to complete this process.

If the family does not give its permission to complete the level of care determination, the service coordinator is responsible to advise the family that waiver funding will not be available under the IFSP, but that the child is still eligible to receive all of the services authorized on the IFSP through other funding streams.

If the family chooses not to have a level of care determination completed for the child, the service coordinator is also responsible to note the family's choice in the child's service coordination record

The initial level of care determination can only be made by an independent Qualified Mental Retardation Professional, referred to as a Qualified Professional, who is approved by the County MH/MR Program and qualified based on meeting the requirements of 42 CFR 483.430 A copy of these requirements is contained as part of the, County Information Summary in [Attachment 1](#).

To be independent for the purposes of the initial determination, the Qualified Professional cannot be a provider of early intervention services for the child. A Qualified Professional who is a member of the child's initial MDE or IFSP team is considered independent only if the professional is not also a provider of the child's early intervention services. Any provider of IFSP services to the child, including the child's service coordinator or that service coordinator's supervisor, does not meet the independent professional requirements for this initial waiver eligibility determination.

The level of care determination must be based on current social; psychological and medical information presented to the independent Qualified Professional by the family, service coordinator, and/or MDE or IFSP team. Generally, no additional assessments Or evaluations apart from those records provided through the IFSP development proem should be required by the Qualified Professional for purposes of this determination.

Once the initial level of care determination is made, the Qualified Professional is responsible to immediately notify the County MH/MR Program of the determination by signing Form No. 123, titled: Certification of Need for Infants, Toddlers and Families Waiver. A copy of the form is contained in Attachment 43.

Once the signed Form No. 123 is received, the County MH/MR Administrator or designee verifies that the professional making this determination is qualified based on the Department's criteria, certifies the County's determination in the space provided on Form No. 123, and notifies the family whether the child meets the level of care criteria. Family notification can be made by the service coordinator by phone or at a meeting. Any designee signing the Form No. 123 must be a public employee of the County MH/MR Program. The County is responsible to retain a copy of the determination for a minimum of three years.

Once the determination on eligibility is shared with the family, the County MH/MR Program is responsible to assure that the service coordinator instructs the family to complete Form No. 456, regarding freedom of choice. When the family chooses waiver-funded services on Form No. 456, County MH/MR Program forwards the initial level of care determination, Form No. 123, to the CAO. Form No. 456 should not be provided to the CAO. Additional information and requirements regarding freedom of choice are contained in Section IV.

Once the County MH/MR Program forwards the completed Form No. 123 to the CAO, the CAO is responsible to issue a notice of waiver eligibility based on the County MH/MR Program level of care determination. If the County determines that the child meets the level of care criteria for the waiver, the CAO issues notice that the child is eligible for waiver funded IFSP services. If the County MH/MR Program determines that the child does not meet the level of care criteria for the waiver, a waiver service denial notice is issued by the CAO to the family, together with instructions for filing a fair hearing and appeal. The County MH/MR Program is responsible for notifying the family's service coordinator and providers of services regarding the child's eligibility for purposes of recording waiver funding on the IFSP and provider billing. A notice that determines a child ineligible for waiver funded IFSP services does not affect the child's eligibility for other funding streams and cannot delay the provision of services in the IFSP.

The effective date on the notice from the CAO is the first date waiver funded IFSP services can be provided. The County MH/MR Program can request an effective date on the space provided on [Form No. 123](#). FFP is not available for waiver services which are furnished prior to the level of care determination, the development of the IFSP (plan of care), and the date the family chooses waiver services on Form No. 456. The CAO notice of eligibility remains in force for 365 days from the effective date of service, unless repealed by a subsequent notice from the CAO or by the child reaching his/her third birthday.

All children become ineligible for waiver funding for IFSP services on and after their third birthday. The County MH/MR Program is responsible to notify the family 90 days prior to the child's third birthday that waiver funding will be discontinued, but that such discontinuance does not affect the continuation of services on the IFSP. Services on the IFSP after the third birthday may continue to be provided in accordance with Basic Education Circular titled: Early Intervention Transition: Infants and Toddlers to Preschool 11 P.S & 975-3 04, issued: September 1, 1997. A notice of discontinuance for waiver service will also be sent to the family by the CAO within 30 days of the child's third birthday, with a copy to the County MH/MR Program.

C. Recertification of Level of Care Eligibility

Each child's level of care eligibility must be recertified at least once annually for the child to continue to be eligible for waiver funded IFSP services. The County MH/MR Program is responsible to assure that this recertification process occurs in conjunction with the child's annual IFSP review, whenever possible.

The County MH/MR Program is responsible to assure that the level of care recertification is completed by a Qualified Professional, who is approved by the County MH/MR Program. For purposes of this recertification process only, the Qualified Professional may be the child's service coordinator, an independent professional who completes the MDE or a member from the IFSP team who is not a provider of waiver funded IFSP services or an employee of a provider agency that renders services on the IFSP. The Qualified Professional bases the determination on whether the child continues to meet the level of care criteria contained in [Attachment #2](#). The determination of the Qualified Professional is based on review of the child's most current MDE and IFSP and an evaluation of the child's current condition'.

The Qualified Professional completes the applicable portion of Form No. 123-A and forwards the form to the County MH/MR Program. The County MH/MR Program Administrator, or designee, signs Form No. 123-A and maintains a copy of the form on record for a minimum of three years. The county designee must be a public employee of the County MH/MR Program. A copy of Form No. 123-A is contained in [Attachment #3](#).

No notice of continuing eligibility is sent to the family based on the recertification by the County MH/MR Program. If the child is determined to no longer meet the level of care requirements, the County MH/MR Program is responsible to notify the CAO, which will, in turn, issue an advance notice to discontinue waiver funded services to the family with a notice of the family's right to Department fair hearing and appeal. A copy of the advance notice will be sent to the County MH/MR Program. The County MH/MR Program is responsible to advise the family's service coordinator and providers of service regarding a change in the child's eligibility for purposes of recording waiver funding on the IFSP and provider billing. If the family files a timely appeal, the county is authorized to continue waiver funded IFSP services until the Department's decision is made through the Office of Hearings and Appeals. Instructions on fair hearing and appeal procedures are contained as part of Form No. 456-A, in [attachment 5](#).

A review to determine that a child continues to qualify for waiver funded services can be authorized by the County MH/MR Program at any time, based on information warranting such a review, including a recommendation from the family, the service Coordinator or the IFSP team.

D. Freedom of Choice

Families are assured of certain information and due process rights under the waiver. These rights are in addition to rights afforded under other Federal and state funding streams, including EPSDT, and Act 212. The County MH/MR Program is responsible for notifying the family regarding their rights under the various programs and funding streams and will provide assistance to families in filing due process, fair hearings and appeals.

A. Waiver Information and Choice

Under the waiver, a family has the right to be informed of feasible home and community service alternatives for the child, and to be offered a choice between waiver services or services in an ICF/MR/ORC.

The service coordinator is responsible to inform the family about the waiver along with other feasible funding and program alternatives in the home and community, and to offer the family the choice of receiving waiver funded IFSP services, non-waiver funded IFSP services, or services in an ICF/MR/ORC. Before the family is offered the choice of services, the service coordinator is

responsible to assure that the family is informed:

- about other feasible funding alternatives for the child, such as EPSDT, and county funded early intervention.
- that services authorized in the child's IFSP will not be affected by the family's choice to receive or not receive waiver-funded services.
- that waiver funded IFSP services can be authorized in conjunction with other services the child needs as part of the IFSP. Other services can be funded through
- other funding streams, such as federal, state and county early intervention revenues and the MAIM Fee Schedule.
- that waiver funded IFSP services must occur in natural environments and with the participation of the family or caregiver.
- that the family can change their choice to receive or not receive waiver funded IFSP services at any time

In order to satisfy Federal funding requirements, the service coordinator must be prepared to explain intermediate care in an ICF/MR/ORC to the family.

Families must sign that they choose waiver funded services for their child before waiver funding for IFSP services can be authorized. This choice is offered only when services on the IFSP are developed and the service coordinator determines that the child is likely to qualify for level of care, based on the IFSP and MDE.

The family's choice must be certified on [Form No. 456](#) by the child's parent or legal representative. The legal representative can be the child's surrogate parent as provided under Part H/Part C of IDEA. The County MH/MR Program is responsible to provide the family with a copy of the signed Form No. 456, retain a copy of the family's signed choice Form No. 456 for a minimum of three years, and provide any additional information about the family's right to Department hearing and appeals that the family may request.

B. Due Process Rights

Under the waiver, the service coordinator is responsible to inform families about their due process right to fair hearing and appeal before the Department's Bureau of Hearings and Appeals whenever the family:

1. is not informed of feasible home and community alternatives for the child, including waiver funded IFSP services.
2. is not given the choice of waiver funded IFSP services or ICF/MR/ORC for the child.
3. is denied waiver funded service(s) of their choice for the child.
4. is denied a waiver funded provider of their choice for the child.

A family's right to due process includes the right to appeal any action or failure to act if the family is dissatisfied with any decision to refuse, suspend, reduce or terminate waiver funded IFSP services. Non-Medicaid funded IFSP services cannot be appealed through this process.

The family's appeal rights and instructions for filing an appeal are contained under Form No. 456-A. A copy of this material is included in Attachment 5. The County MH/MR Program is responsible to provide the family with a copy of Form No. 456-A, and to retain a copy of appeals for a minimum of three years.

The County NUVMR Program is responsible to participate in any fair hearing regarding any determination of level of care or services. The service coordinator or other County MH/MR Program designee, on request of the family, will assist the family in filing for fair hearing

If preservation of waiver service eligibility and funding is at issue, Departmental appeal and fair hearing procedures contained in this bulletin should be pursued first. Any Medicaid funded service appeal must be made through the Department's hearing and appeal process. It is recommended that individual child and family circumstances prevail in decisions of selecting which, if any, appeals may work best.

E. Freedom of Choice

Families are assured of certain information and due process rights under the waiver. These rights are in addition to rights afforded under other Federal and state funding streams, including EPSDT, and Act 212. The County MH/MR Program is responsible for notifying the family regarding their rights under the various programs and funding streams and will provide assistance to families in filing due process, fair hearings and appeals.

A. Waiver Information and Choice

Under the waiver, a family has the right to be informed of feasible home and community service alternatives for the child, and to be offered a choice between waiver services or services in an ICF/MR/ORC.

The service coordinator is responsible to inform the family about the waiver along with other feasible funding and program alternatives in the home and community, and to offer the family the choice of receiving waiver funded IFSP services, non-waiver funded IFSP services, or services in an ICF/MR/ORC. Before the family is offered the choice of services, the service coordinator is responsible to assure that the family is informed:

- about other feasible funding alternatives for the child, such as EPSDT, and county funded early intervention.
- that services authorized in the child's IFSP will not be affected by the family's choice to receive or not receive waiver-funded services.
- that waiver funded IFSP services can be authorized in conjunction with other services the child needs as part of the IFSP. Other services can be funded through
- other funding streams, such as federal, state and county early intervention revenues and the MAIM Fee Schedule.
- that waiver funded IFSP services must occur in natural environments and with the participation of the family or caregiver.
- that the family can change their choice to receive or not receive waiver funded IFSP services at any time

In order to satisfy Federal funding requirements, the service coordinator must be prepared to explain intermediate care in an ICF/MR/ORC to the family.

Families must sign that they choose waiver funded services for their child before waiver funding for IFSP services can be authorized. This choice is offered only when services on the IFSP are developed and the service coordinator determines that the child is likely to qualify for level of care, based on the IFSP and MDE.

The family's choice must be certified on [Form No. 456](#) by the child's parent or legal representative. The legal representative can be the child's surrogate parent as provided under Part H/Part C of IDEA. The County MH/MR Program is responsible to provide the family with a copy of the signed Form No. 456, retain a copy of the family's signed choice Form No. 456 for a minimum of three years, and provide any additional information about the family's right to Department hearing and appeals that the family may request.

B. Due Process Rights

Under the waiver, the service coordinator is responsible to inform families about their due process right to fair hearing and appeal before the Department's Bureau of Hearings and Appeals whenever the family:

1. is not informed of feasible home and community alternatives for the child, including waiver funded IFSP services.
2. is not given the choice of waiver funded IFSP services or ICF/MR/ORC for the child.
3. is denied waiver funded service(s) of their choice for the child.
4. is denied a waiver funded provider of their choice for the child.

A family's right to due process includes the right to appeal any action or failure to act if the family is dissatisfied with any decision to refuse, suspend, reduce or terminate waiver funded IFSP services. Non-Medicaid funded IFSP services cannot be appealed through this process.

The family's appeal rights and instructions for filing an appeal are contained under Form No. 456 A. A copy of this material is included in Attachment 45. The County MH/MR Program is responsible to provide the family with a copy of Form No. 456 A, and to retain a copy of appeals for a minimum of three years.

The County NUVMR Program is responsible to participate in any fair hearing regarding any determination of level of care or services. The service coordinator or other County MH/MR Program designee, on request of the family, will assist the family in filing for fair hearing

If preservation of waiver service eligibility and funding is at issue, Departmental appeal and fair hearing procedures contained in this bulletin should be pursued first. Any Medicaid funded service appeal must be made through the Department's hearing and appeal process. It is recommended that

individual child and family circumstances prevail in decisions of selecting which, if any, appeals may work best.

F. Process Outline

The following outline summarizes major steps in the eligibility and freedom of choice process for this waiver. Variations in the process can be expected based on individual circumstances. These areas Rye to be explained in greater detail as part of training and orientation.

1. Early Intervention Process
 - a. Child is referred to County NUVMR Program for intake and is assigned a service Coordinator.
 - b. Child receives MDE which determines need for early intervention.
 - c. Services in the IFSP are identified.
 - d. EI services begin.
2. Medical Assistance Determination
 - a. The child is referred to the CAO for a determination of eligibility for Medical Assistance.
 - b. The family completes a Medical Assistance (MA) ACCESS application for the child.
 - c. The CAO determines whether the child is eligible for MA and issues a notice of eligibility to the family.
3. Initial Eligibility for Waiver Funded IFSP Services
 - a. The service coordinator identifies the child as being likely to qualify for the. ICF/MR/ORC level of care based on DPW criteria.
 - b. The service coordinator explains level of care eligibility criteria to the family and obtains permission to submit screening, evaluation, and/or assessment information to a Qualified Professional for determination of level of care eligibility.
 - c. The Qualified Professional completes a determination on level of care by signing the first portion of the eligibility determination form (Form No.* 123), and forwards this form to the County MH/MR Program.
 - d. The County MH/MR Program issues its eligibility determination on the lower portion of Form No. 123 and authorizes the service coordinator to advise the family regarding the determination.
 - e. The service coordinator advises the family and requests that the family declare the choice of services by signing Form No. 456.
 - f. When the family chooses waiver funding for IFSP services on Form No. 456, the service coordinator notifies the County MH/MR Program which ensures that the Form No. 123 is forwarded to the CAO. The County MH/MR Program indicates an effective date on Form No. 123, if applicable. The effective date and FFP cannot precede dates of the level of care determination, the development of the IFSP, and the family's choice to receive waiver services for the child.
 - g. The CAO issues a notice of waiver eligibility to the family (Form MA 162) copying the County MH/MR Program.
 - h. The County MH/MR Program advises the service coordinator and providers of service regarding the effective date of waiver eligibility for purposes of the IFSP and provider billing.
 - i. Waiver funded services are indicated on the IFSP and providers begin delivering waiver funded services.
4. Annual Recertification
 - a. A Qualified Professional evaluates to determine whether the child continues to meet ICF/MR/ORC level of care eligibility criteria based on the most current MDE and IFSP; completes the first portion of the annual recertification Form No. 123-A; and forwards it to the County NUVMR Program.
 - b. The County NUVMR Program certifies whether the child continues to be eligible for waiver funding for IFSP services and files the completed Form No. 123-A. Family and provider notification is not required unless the child no longer meets eligibility criteria.
 - c. If the child is determined to no longer be eligible for waiver funded IFSP services, the County MH/MR Program notifies the CAO which issues an advance notice to the* family to discontinue waiver funded IFSP services, along with a notice of the family's right to due process.
 - d. The County NUVMR Program advises the service coordinator and providers regarding changes in the child's funding status.
 - e. The County MH/MR Program sends a notice the family regarding discontinuance of waiver funding 90 days prior to the child's third birthday.
 - f. The CAO sends a notice to the family regarding discontinuance of waiver funding at least 30 days prior to the child's third birthday, along with any applicable appeal rights.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Appropriate Regional Mental Retardation Program Managers