

Office of Long-term Living



Purpose

- Provide a seamless transition of services from OPTIONS to Aging Waiver
- Prevent overlap of OPTIONS and Aging Waiver services
- Allow the Service Coordination Entity to bill for W1011-Service Coordination the moment they deliver the first unit of service



Process outline

- 1. PA IEB receives referral for Aging Waiver on an active OPTIONS participant.
- 2. OPTIONS Care Manager will determine if new providers must be selected for services to transition and be billed under Aging Waiver.
- PA IEB completes enrollment process and enters NFCE-PDA Waiver Care Enrollment as "waiting, need eligibility determination."
- 4. PA IEB receives PA 162-eligible from CAO. Aging Waiver "waiting, need eligibility determination" care enrollment is updated to "waiting terminated." A new "Active, approved" care enrollment is entered with a Start Date as the date of PA IEB data entry.



Process outline continued

- PA IEB enters "Active" Aging Waiver care plan with SC and carried-over OPTIONS services.
- 6. PA IEB enters journal note approving Aging Waiver care plan for SC and carried over OPTIONS services.
- 7. PA IEB notifies OPTIONS Care Manager that the participant has been approved for Aging Waiver and the date of approval. OPTIONS Care Manager will end-date the OPTIONS plan for the day prior to approval of Aging Waiver.
- 8. PA IEB transfers the SAMS file to the chosen SC agency. SC agency will develop the full ISP and submit for review to OLTL as "Service Plan Review-Initial." SC will generate service orders to continue services carried over from OPTIONS plan.



- Please note:
 - The Department of Aging requires all OPTIONS consumers determined NFCE to comply with the MA Financial Eligibility Determination process and apply for MA Long-term Care services
 - When the enrollment is approved, the SC will be required to complete ISP development and submit "Service Plan Review-Initial" to OLTL for review.



Step 1 – Aging Waiver Referral

- OPTIONS consumer is determined to be potentially eligible for Aging Waiver (NFCE)
 - If an individual is determined NFCE, they shall complete the MA Financial Eligibility Determination with the CAO (regardless of income/resources)
- OPTIONS Care Manager will refer Aging Waiver applicants to the PA IEB



Step 2 – OPTIONS CM prepares OPTIONS care plan for transfer to Aging Waiver

- OPTIONS Care Manager will:
 - Determine if current OPTIONS service providers are also enrolled as Waiver service providers to ensure a seamless transition of services.
 - If an OPTIONS provider is not enrolled as a Waiver provider or if the
 consumer directs services through OPTIONS Consumer Reimbursement,
 the OPTIONS CM will offer the Provider Choice Form to the applicant to
 select a new provider(s). OPTIONS CM will update the OPTIONS care plan
 with any provider changes.
 - OPTIONS Consumer Reimbursement cannot transfer seamlessly to Aging Waiver. Aging Waiver utilizes FMS services which will not be set up prior to transition to Aging Waiver.
 - Inform participant of the gap in service delivery which will occur if Waiver service providers are not chosen prior to enrollment in Aging Waiver.



Step 3 – PA IEB completes enrollment process

- PA IEB will:
 - Obtain LCD & Physician Certification
 - Assist applicant with PA 600L
 - Send PA 1768 to CAO
 - Complete shortened CMI
 - Complete Freedom of Choice form with applicant
 - Complete Provider Choice Form with applicant to choose Service Coordination Entity
 - Enter NFCE-PDA Waiver Care Enrollment as "waiting" (OPTIONS Care Enrollment remains "Active")



Step 3 – continued...

CMI sections completed by IEB

- 1. Introduction
- 1A. Consumer Identification (1-11)
- 1B. Consumer Demographics (1-7)
- 1C. Address Information (1-11)
- 1D. Care Management Information (1-4)
- 1E. Consumer Contacts (1-5)
- 2. Physical Health
- 2A. Physician Contacts (2-4, 11)
- 2C. Use of Medical Services (1,2,5,6)
- 2D. Eye, Ear, Nose, Throat and Mouth (1-4, 7)
- 2E. Illness and Conditions, Breast, Cardio Pulmonary, and other Internal Organs (2-7)
- 2F. Illness and Conditions, General (1,3-8)
- 2G. Communicable Diseases, Disabilities, Surgeries (1,2,5)
- 2H. Cognitive and Mental Health Conditions (1-5,7)
- 3. Activities of Daily Living
- 3A. ADL's (1-9, 11)
- 4. Mobility
- 4A. Mobility (1-9)
- 5. Instrumental Activities of Daily Living
- 5A. IADLs (1-9, 11)

- 6. Nutrition
- 6A. Dietary Habits (6,8)
- 6B. Nutrition Risk Assessment (1)
- 7. Cognitive Functioning
- 7A. Consumer Cognitive (1-4)
- 7B. Short Portable Mental Status Questionnaire (1-10)
- 7C. SPMSQ Results (1,2,4,8)
- 10. Informal Supports
- 10A. Primary Helper/Caregiver Section (1-6, 8)
- 10E. Primary Caregiver/Representative Cognitive (1)
- 13. Formal Services
- 13A. General (1,2,5)
- 14. Physical Environment
- 14A. Current Dwelling Unit (1)
- 14B. Condition of Home (5,6)
- 15. Financial Resources
- 15A. Consumer Income (1,3)
- 15F. Consumer Health Insurance (1-7)
- 15I. Financial/Legal Management (1-4)
- 17B. Care Management Certification (1-2)

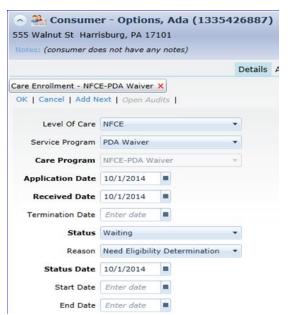


Step 3 – continued...

PA IEB enters NFCE-PDA Waiver Care Enrollment as "waiting, need eligibility determination."
 Care Enrollment remains in "waiting" status until PA 162 is received.

Application Date on Care Enrollment =

- If applicant is already eligible for Medicaid, Application Date will be the date the applicant contacts PA IEB and requests to apply for Waiver
- If applicant is not yet eligible for Medicaid, Application Date will be the date the PA 600L is submitted to CAO



Application Date = Date applicant contacts PA

IEB or PA 600L submitted date

Received Date = same as Application Date

Termination Date = Blank

Status = Waiting

Reason = Need eligibility determination

Status Date = Date of data entry

Start Date = Blank

End Date = Blank



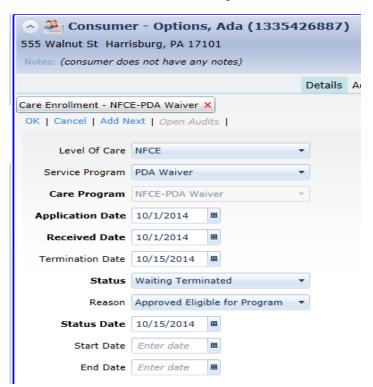
Step 4 – PA 162-eligible received and Care Enrollment updated

- When PA IEB receives PA 162-eligible for Aging Waiver, PA IEB will:
 - Change "waiting, need eligibility determination" NFCE-PDA
 Waiver Care Enrollment to "waiting terminated"
 - Enter a new NFCE-PDA Waiver Care Enrollment as "Active, Approved"



Step 4 – continued...

 NFCE-PDA Waiver "waiting" Care Enrollment terminated by PA IEB upon receipt of PA 162

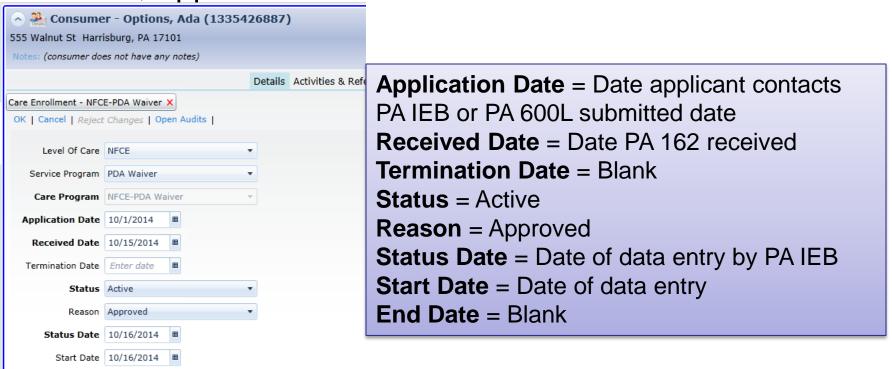


Application Date = Date applicant contacts
PA IEB or PA 600L submitted date
Received Date = same as Application Date
Termination Date = Date PA 162 received
Status = Waiting Terminated
Reason = Approved eligible for program
Status Date = Date of data entry
Start Date = Blank
End Date = Blank



Step 4 – continued...

 Enter a new NFCE-PDA Waiver Care Enrollment as "Active, Approved"

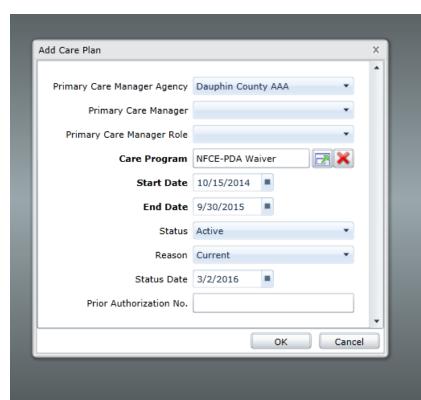


End Date | Enter date



Step 5– Enter Aging Waiver care plan

PA IEB will enter Waiver care plan as "Active, Current"



Care Program = NFCE-PDA Waiver

Start Date = Date of date entry by PA IEB

End Date = 12 months from LCD

Status = Active

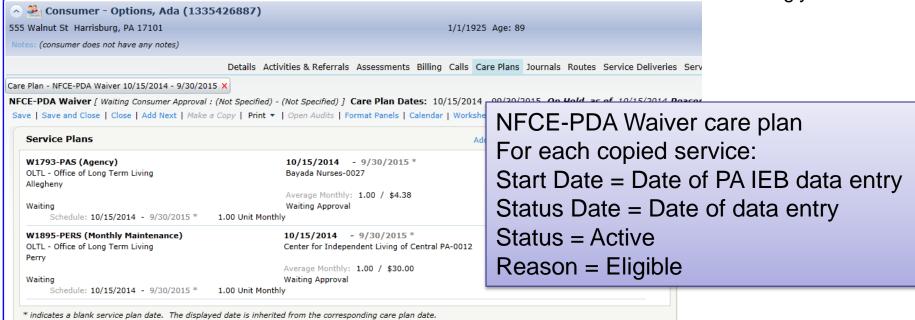
Reason = Current

Status Date = Date of data entry



Step 5 – continued...

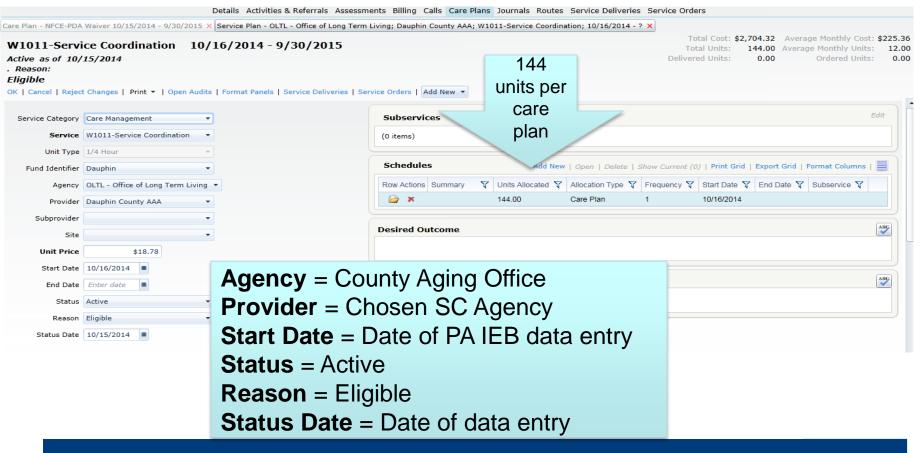
- PA IEB will copy OPTIONS care plan services into Waiver care plan
 - Do not carry over Care Management
 - Do not change amount/frequency of services. Convert service units accordingly.





Step 5 – continued...

Add SC of 144 units/care plan to Waiver care plan





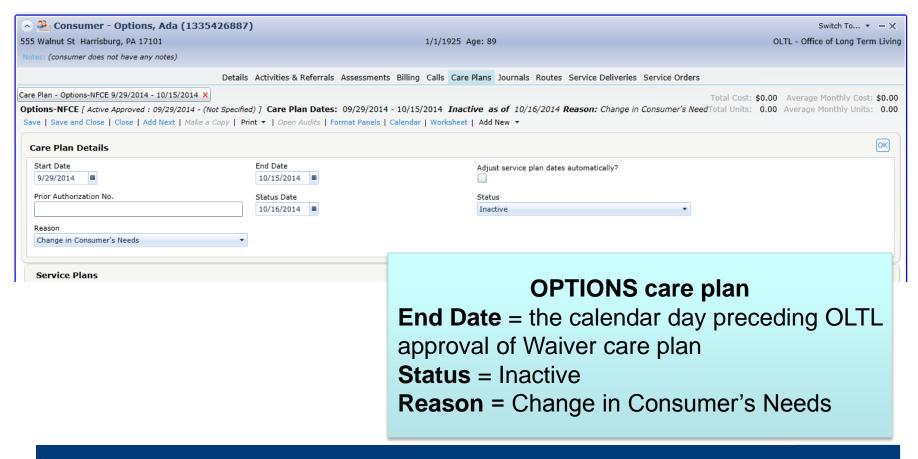
Step 6 - PA IEB enters journal to approve Aging Waiver care plan

- PA IEB enters journal note approving Aging Waiver care plan for SC and carried over OPTIONS services. The Start Date of the Aging Waiver Approval should be the date PA IEB data entered the Aging Waiver care plan.
 - "OPTIONS to Aging Waiver Enrollment Approved with a start date of (mm/dd/yy). Enrollment care plan approved for Service Coordination of 144 units per care plan and the transfer of the following services from OPTIONS to Aging Waiver:"



Step 7 - OPTIONS Terminated

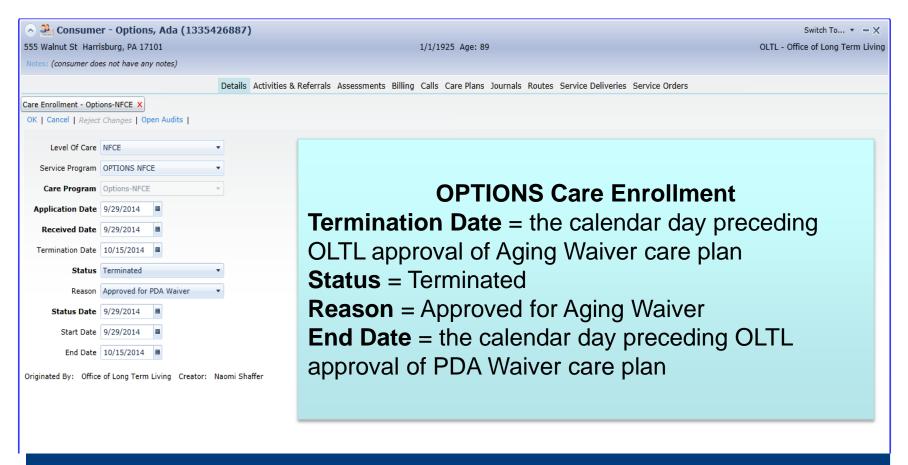
OPTIONS CM will end-date OPTIONS care plan





Step 7 – continued...

OPTIONS CM will terminate OPTIONS Care Enrollment





Step 8 - PA IEB transfers file to chosen SC provider

Upon receipt of SAMS file, SC will:

- Generate service orders to continue services carried over from OPTIONS
- Conduct a home visit to complete ISP and determine any additional Waiver services the participant requires
- Complete the incomplete sections of the CMI
- Review potential TPP coverage for all services (including those transferred from OPTIONS)
- Submit "Service Plan Review-Initial" to OLTL for review (regardless of whether or not services have been increased from OPTIONS transfer)