



Alliance for Aging, Inc.
Answers on Aging.

New Case Management Agencies



Home and Community Based Service (HCBS)

Aged and Disabled Adults (ADA)

Medicaid Waiver (MW) Program Training

What is Medicaid Waiver?

- A Medicaid program in which the state provides \$.3518 of every dollar and the Federal Government provides \$.6482 cents of every dollar.
- The objective is to prevent or delay nursing home placement.
- Reduces cost to the Government.

ADA – MW Eligibility (general requirements)

- Two components:
 - Aged part for individuals that are 60 years or older.
 - Disabled Adults part for individuals 18 – 59 years old (this part of the MW program will sometimes be referred to as the “CCDA – MW” program).
The disabled adults part of the MW program is administered by Dept. of Children of Families; however, the AAA helps to monitor these cases and enrolls the providers.
- Income at or less than the Institutional Care Program (ICP) limit
- Be Medicaid Eligible
- Assets of \$2000 or less
- Nursing home eligibility determined by CARES (Level of Care)

ADA – MW (Regulations)

Referral Agreement & Handbook

- Referral Agreement – Signed by the case management agency upon enrollment in the ADA – MW program.– See sample and highlighted items.
- Handbooks – The Referral Agreement requires the provider to adhere to the policies and procedures outlined in the following handbooks:
 - The ADA – MW Coverage and Limitations Handbook
 - The Medicaid Provider Reimbursement Handbook (general requirements that applies to all Medicaid and Medicaid Waiver programs)
 - **NOTE:** AAA Recommendation – Providers should also become familiar with the Florida Medicaid Provider General Handbook as it includes important requirements that all Medicaid/Medicaid Waiver providers must comply with.
- These handbooks may be downloaded at:
 - <http://mymedicaid-florida.com/> (click on “public information for providers,” then “provider support”, then “provider handbooks”)

ADA

Documents required in the file

- Assessment (701-B - renewed annually)
- Care Plan (renewed annually)
- Monthly contact **(for ADA program)**
- Physician's Referral Form (3008 form – renewed whenever there is a significant change in the client's health)
- Level of Care (LOC – renewed annually)
- Proof of Medicaid (must be verified monthly)
- Release of Information (case management agency's and DCF's – signed annually by consumer)
- Informed Consent Form (form 2040)



ADA

Documents required in the file (cont.)

- Service Authorizations (renewed annually or when the service is revised)
- Choice of Provider form (signed by consumer annually)
- Case Narratives
- Fair hearing form (signed by consumer annually)
- Grievance Procedures (consumers must sign annually that they have received this)
- Annual Budget
- AAA Referral Form (for “Aged” cases)/DCF documents when referring a case (for “Disabled Adult” cases)
- Once a case is being terminated, a copy of the advance notice of termination informing client of their right to fair hearing must be in the file (see sample). EXCEPTION: Client passes away.

Care Plans

- Include all formal and informal services
- Indicate frequency of the services. This includes the informal portion of any formal service. In the ADA program, the “planned” and “needed” columns must be the same. All of the client’s needs must be met in the MW programs.
- Indicate the provider and funding source for each service
- Document when the services were started, ended, resolved, or revised

Care Plan Reviews

- ADA care plan reviews – Must be done every 3 months (quarterly basis). Care plan must be initialed and dated when the review is conducted
 - If the consumer requires additional visits the reason must be specifically documented in the narratives to make sure it is justified.
 - Quality assurance visits should be conducted during the quarterly or annual visits to be more cost effective with MW spending.

Service Authorizations

- There must be a service authorization for all ADA services authorized by the case manager.
- Frequencies on the service authorizations must coincide with the care plan service frequencies
- A new service authorization must be completed when there is a change in provider or service frequency
- Must be renewed annually with the reassessment (701-B)
- It is the case manager's responsibility to notify the service provider of any change in the consumer's service (including termination)

Choice

- Clients must be given a choice of enrolled service providers. Choice of provider form must be signed by the consumer and placed in the client's file.
- Whenever there is a change in service (frequency, add new service, change provider, etc.), the case manager is to give a choice of provider to the client.
- This must be documented in the narrative.
- This must also be done annually (form must be signed by client once a year).

****Your agency will receive the most updated ADA choice of provider form from the AAA (once every other month).****

Alliance for Aging (AAA) Monitoring (Overview)

- ADA – MW case management file reviews are conducted by the AAA monthly (See monitoring checklist)
- ADA – MW claim reviews are conducted by the AAA randomly for all active ADA service providers monthly

Narrative Content

- Narratives must include the following:
 - Consumer's name
 - Type of contact
 - Home Visit (HV)
 - Telephone Contact (TC)
 - Care Plan Review
 - Assessment/Reassessment
 - Who provided the information
 - Consumer's health condition, satisfaction with services and additional service needs
 - Justification for all services authorized on the care plan
 - Any new medications and/or medical treatments
 - Ensure services are appropriate based on consumer's needs
 - Case manager must offer choice of providers when a service is revised

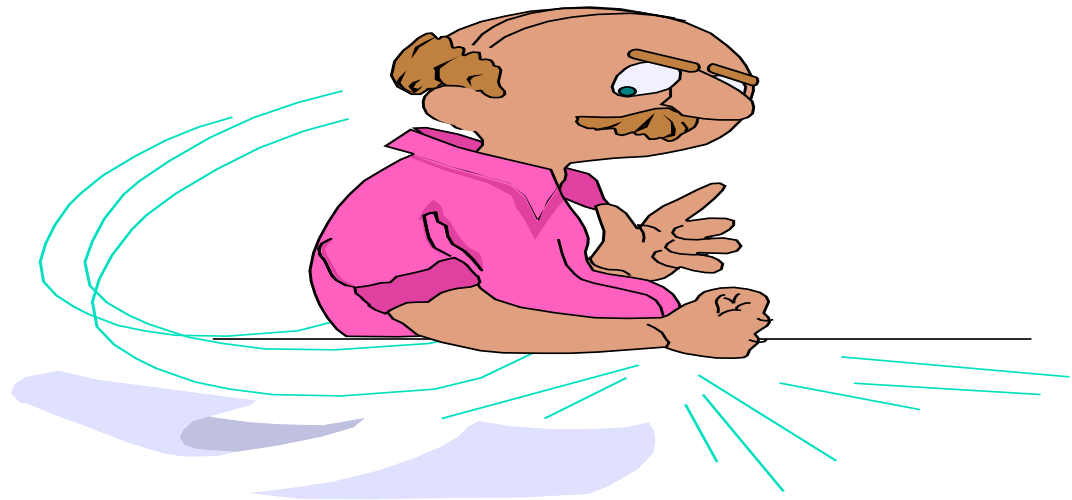
Narrative Content (cont.)

- Any problems consumer is having with service providers
- Benefits of the program (preventing nursing home placement, improving client's quality of life, etc.)
- Client was notified of their fair hearing rights and grievance procedures
- Time spent (must be reflected in units and hours/minutes)
NOTE: 1 unit = 15 minutes, EXAMPLE ON NARRATIVE: 2 hours and 26 minutes hours = 10 units **Please make sure that the documentation in the narrative justifies the time billed.**
- Case manager's name and signature

“IF IT’S NOT WRITTEN DOWN,
IT DIDN’T HAPPEN!”

AND

IF IT’S NOT WRITTEN CORRECTLY,
DON’T BILL FOR IT!”



**Welcome to the
Assisted Living for the Elderly (ALE)
Medicaid Waiver (MW)
Training
(ALE – MW Program)**



January 2011

Assisted Living for the Elderly (ALE) Medicaid Waiver (MW) Program

What is it? How does it work?



Assisted Living for the Elderly (ALE) Medicaid Waiver (MW) Program

- The ALE – MW program is a Medicaid program in which the federal government pays \$.6482 of every dollar and the state provides \$.3518 of every dollar.
- The ALE – MW program is handled by the Department of Elder Affairs (DOEA), who sub-contracts the Alliance for Aging (Area Agency on Aging for Miami-Dade and Monroe Counties) to monitor the program.
- The objective is to prevent or delay nursing home placement.
- Reduces cost to the Government.
- The Coverage and Limitations Handbooks for each MW program can be downloaded at: <http://mymedicaid-florida.com/> (click on “public information for providers,” then “provider support”, then “provider handbooks”)

Description and Purpose

Description

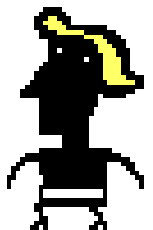
“The ALE Waiver is a Medicaid program that provides extra support and supervision through provisions of services to eligible recipients living in ALF’s licensed for ECC or LNS. ALE Waiver recipients must demonstrate functional deterioration that would result in placement in a nursing facility were it not for the provisions of ALE waiver services”. (Page 4-2, guidelines)

Purpose

“The purpose of the ALW Waiver program is to promote, maintain, and restore the health of eligible recipients, and to minimize the effects of illness and disability in order to delay or prevent nursing home placement”. (Page 4-2, guidelines)

Reimbursement:

- The ALE – MW program reimburses a maximum of \$32.20 daily per client. This would cover the additional services the client needs (which are not included in the client’s ALF residential contract. NOTE: The ALE – MW program does not cover room and board.
- Incontinent supplies up to a maximum of \$125.00.



Facility Responsibilities

ALE providers must:

1. Provide 24 hour on site staff;
2. Have sufficient staff and provide variety of services to all individuals;
3. Provide each client with a private room or apartment or semi-private room of the client's choice and consent;
4. Develop a **service plan** for each ALE waiver client;
5. Specify a staff member to serve as the facility supervisor authorized to sign the service plans, if the administrator does not perform this function;
6. Comply with all provisions of the Medicaid Provider Agreement; and
7. Cooperate with Medicaid monitoring staff or its designated representatives.
8. Notify the case manager of any additional services the consumer is receiving (hospice, home health services, etc).

Facility Responsibilities (cont')

9. Provide an ongoing activity program verifying that no less than 12 hours per week of activities for the ALF residents (watching TV is not a valid activity). An activities calendar shall be posted in common areas where residents normally congregate.
10. Must have proof of liability insurance as required by Rule 58A-5.021, F.A.C.
11. Develop and implement a policy to ensure that its employees, board members, and management will avoid any conflict of interest or the appearance of a conflict of interest when disbursing or using ALE funds or when contracting with another entity which will be paid by ALE funds. (Section P. of Referral Agreement)
12. Develop **service logs** to track the ALW services provided to the client on a daily basis.
13. Develop **progress notes** on a monthly basis documenting the client's health condition and any significant changes.

Case Management Responsibilities

The case manager is responsible to:

1. Assist ALE clients with making application for Waiver services;
2. Advise clients of their fair hearing rights and grievance process (yearly);
3. Develop and implement an assessment-based care plan for each client;

NOTE:

- The case manager must look at the consumer's ALF contract to determine which services are already being provided by the facility's basic charges.
- The ACS (Assistive Care Services) service plan must also be reviewed to determine which services are being provided through the ACS program.
- The client and family/guardian must also be present during the assessment process. If the client suffers from dementia/memory problems, the family/guardian must sign all forms. The administrator must not sign for the client, unless they are the "designated payee" for that client (the SS check comes directly to the administrator). A letter from the family and/or client representative authorizing the ALF administrator to sign for the client is not acceptable. **The person being authorized must be designated legally.**



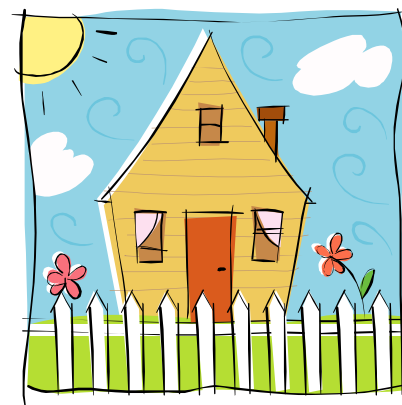
Case management responsibilities (cont.)

4. Review plans of care every 3 months to assure the continued need for waiver services;
5. Contact AHCA, Health Quality Assurance simultaneously with the Alliance for Aging within 24 hours of a site visit if a recipient is not receiving needed services; and
6. Notify the Florida Abuse Hotline (1-800-96-ABUSE) immediately in cases where lack of service provision endangers the recipient's health, safety, or welfare.
7. Visit each recipient at least once every 30 days and document the status, satisfaction with services and additional service needs in the client's record;
8. Maintain up-to-date client case records;
9. Coordinate other services provided to the consumer, including hospice and Medicare with the ALE service provider for waiver clients electing to receive those services;



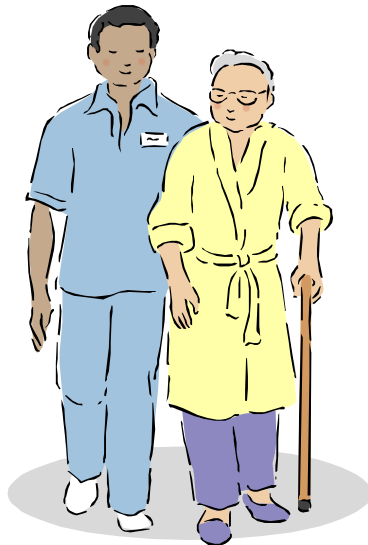
Who can receive services?

- 60 years or older
- Medicaid eligible
- Be residing in an ALE – MW enrolled facility
- Be approved and case managed by one of our case management agencies (First Quality Home Care, United Home Care Services, Douglas Gardens Community Care, Little Havana Activities and Nutrition Centers)
- Meet LOC (Level of Care) annually



ALE – MW Services

- Attendant care
- Behavior management
- Incontinent Supplies
- Companion Services
- Intermittent Nursing
- Medication Management
- Occupational Therapy
- Personal Care
- Physical Therapy
- Specialized Medical Equipment and Supplies
- Speech Therapy
- Therapeutic social and recreational services
- Please refer to ALE Coverage and Limitations Handbook for additional services (p. 5-10 through 5-14)



ALW WAITING LIST PROCEDURES



Give me a call!

ALW WAITING LIST PROCEDURES

- THE CLIENT OR FAMILY/GUARDIAN SHOULD CALL THE ARC (AGING RESOURCE CENTER), 305-670-4357
- ARC WILL COMPLETE TELEPHONE SCREENING
- THE CONSUMER WILL BE GIVEN A CHOICE OF CASE MANAGEMENT AGENCIES
- A PRIORITIZATION REPORT WILL BE RUN TO DETERMINE WHICH CASES TO OPEN. CLIENTS OF HIGHEST RISK WILL BE OPENED FIRST
- ARC WILL COMPLETE A COMPREHENSIVE ASSESSMENT, OBTAIN THE 3008 (PHYSICIAN'S REFERRAL) AND THE LOC (LEVEL OF CARE). **NO CARE PLANS ARE DEVELOPED AT THIS TIME.** IF THE CLIENT DOES NOT HAVE MEDICAID, THE AAA/ARC WILL OBTAIN ALL REQUIRED DOCUMENTS AND PROCESS THE APPLICATION



ALW WAITING LIST PROCEDURES - CONT'D

- ONCE LOC IS RECEIVED FROM CARES AND MEDICAID HAS BEEN PROCESSED, THE AAA/ARC WILL FORWARD THE CASE TO THE CASE MANAGEMENT AGENCY OF CHOICE. THE CASE MANAGER WILL THEN VISIT THE ALF, DEVELOP THE CARE PLAN, AND FINALIZE THE ACTIVATION. A BEGIN DATE OF SERVICE WILL BE GIVEN TO THE ALF AT THIS TIME. **NO BILLING CAN BE MADE PRIOR TO THIS DATE.**
- **NOTE:** CLIENTS MAY BE ACTIVE IN THE NURSING HOME DIVERSION PROGRAM AND MAY BE WAIT LISTED FOR ALW SERVICES IF HE/SHE CHOOSES. WHEN ALW FUNDING IS AVAILABLE, IF THE CLIENT IS NOT SATISFIED WITH THE DIVERSION PROGRAM, HE/SHE CAN CHOOSE ALW. HOWEVER, IF CASES ARE BEING ACTIVATED IN THE ALW PROGRAM AND THE CLIENT IS SATISFIED WITH THE DIVERSION PROGRAM, THEN THE CLIENT'S WAIT LIST STATUS WILL BE TERMINATED.

THE END

