

1. Q. What is 3rd Party Review?

A. A Home and Community Based Waiver (HCBW) participant is required to be assessed annually to determine level of care. When the re-assessment shows that the person DOES NOT MEET level of care (level of care is denied), an independent qualified health care professional under contract with the department reviews assessment documents. This 3rd Party review is authorized under AS 47.07.045.

2. Q. What's the purpose of 3rd Party Review?

A. The purpose of a 3rd Party Review is to ensure that recipients have a fair and objective professional review of assessment results if level of care has been denied at re-assessment.

3. Q. Who does the 3rd Party Review?

A. Depending on the type of waiver at issue, Qualis Health medical professional staff (medical doctors, registered nurses and qualified intellectual disability professionals as listed under 42 CFR 483.430). Qualis staff has received specific training about the Medicaid HCBW system and the assessment tools that are used to determine level of care for all SDS HCBW types.
<http://www.qualishealth.org/>

4. Q. What documents does the 3rd Party Reviewer look at?

A. The 3rd Party Reviewer compares the current (most recent) re-assessment documents to the most recent assessment documents through which the person was admitted to the waiver program and was found to meet level of care. Assessment and re-assessment documents are defined as the Consumer Assessment Tool (CAT) for the Older Alaskans (OA) and Adults with Physical Disabilities (APD) Waivers, the Nursing Facility Level of Care for Children (NFLOC for Children) for the Children with Complex Medical Conditions (CCMC) Waiver, and the Inventory for Client and Agency Planning (ICAP) for the Intellectual and Developmental Disabilities (IDD) Waiver.

5. Q. What does the 3rd Party Reviewer look for?

A. Material improvement. Material improvement is defined in different ways according to the waiver type. Per AS 47.07.045, material improvement is defined as:

For a child with complex medical conditions, the child no longer needs technical assistance for a life-threatening condition, and is expected to be placed in a skilled nursing facility for less than 30 days each year.

For individuals experiencing mental retardation (intellectual disability) or developmental disability: The individual no longer needs the level of care provided by an intermediate care facility for the mentally retarded (people with intellectual disability) either because the qualifying diagnosis has changed or the recipient is able to demonstrate the ability to function in a home setting without the need for waiver services.

For an older Alaskan or adult with a physical disability: the person no longer has a functional limitation or cognitive impairment that would result in the need for nursing home placement, and is able to demonstrate the ability to function in a home setting without the need for waiver services.

6. Q. Why is 3rd Party Review being implemented now?

A. AS 47.07.045 was adopted by the legislature in 2006, since that time SDS has had the authority to conduct 3rd Party Reviews and has recently procured funding to secure the required third party contractor. This has allowed SDS to move forward with meeting this requirement. SDS contracted with a qualified independent health care professional entity as required under AS 47.07.045. That entity is Qualis Health, <http://www.qualishealth.org/>.

7. Q. When is the 3rd Party Review process starting?

A. SDS will implement the 3rd Party Review process for clients that have re-assessment denials on assessments conducted on or after December 1, 2011.

8. Q. How many people does 3rd Party Review potentially affect and which waiver types do they have?

A. As of November 21, 2011, there were 779 persons, all with OA and/or APD waivers, who may not currently meet Nursing Facility Level of Care. These individuals will receive an assessment as it becomes due. These individuals will be notified if they do, or do not meet level of care upon reassessment. If a determination is made that those individuals do not meet the applicable level of care, their assessments will be forwarded to the 3rd Party Reviewer for a final determination.

9. Q. What does 3rd Party Review mean for people with the IDD waiver?

A. Although the 3rd Party Review process applies for all waiver types, because of the life- long nature of intellectual and developmental disability (IDD) as found in the definition of IDD per AS 47.80.900(7), and the related level of care (Intermediate Care Facility for people who experience Intellectual Disability/Mental Retardation- ICFID or ICFMR) it is unlikely that people who have already met this level of care will be found not to need HCB waiver services at re-assessment per AS 47.07.045. If this did happen, the re-assessment documents would undergo 3rd Party Review.

10. Q. What is SDS looking for with re-assessments at renewal?

SDS is looking for continued eligibility for HCBW services for people who meet Level of Care for the HCBW program.

11. Q. What are some ways that clients and Care Coordinators who assist them prepare for a re-assessment?

A. Be prepared for the assessment. When a Care Coordinator is accomplishing monthly ongoing contacts with people served, collect documentation related to health needs. The SDS Assessor

will take other supporting documentation that portrays health related needs into consideration. Examples of supporting documentation can include: Documentation including new diagnosis or treatments from medical specialists the participant has consulted; the treatment schedule and provider for any physical, occupational or speech therapy the client is receiving; the reason and outcome for any emergency room visits or hospitalizations; the reason for and usage of any new equipment the client has received; list of current medications, including reason prescribed; any changes in living situation or natural supports from previous year assessment ; current Individualized Educational Plan (IEP) if receiving Special Education Services; any additional documentation that supports the diagnosis including Care Coordination visit notes.

Provide the documents by email to the SDS waiver mailbox at:

dsdsoa-apscreening@alaska.gov or by fax at: 269-6246. Documents can be submitted up to 90 days in advance of the assessment date. If submitted in advance, copies of updated records may be provided to the assessor at the time of assessment or by 5 pm the day after the assessment.

12. Q. What if the assessment occurs and additional documentation was not given to the Assessor before or during the assessment?

A. Contact the Assessor or the NFLOC Unit at dsdsoa-apscreening@alaska.gov and provide the documentation by 5 pm the day after the assessment.

13. Q. I'm concerned about people who improve because of their HCBW supports. For example, could a person not meet level of care for the waiver because they have improved due to their supports?

A. The HCBW Program is meant to provide successful waiver services for people who are Medicaid-eligible and meet level of care required for the HCBW. Improvement due to successful waiver services is different than material improvement as found in a re-assessment.

The definition of material improvement is found in AS 47.07.045. The person would have to be found to no longer have a functional limitation or cognitive impairment that would result in the need for nursing home placement, and is able to demonstrate the ability to function in a home setting without the need for waiver services. For the IDD waiver, the individual would no longer need the level of care provided by an intermediate care facility for the mentally retarded (people with intellectual disability) either because the qualifying diagnosis has changed or the recipient is able to demonstrate the ability to function in a home setting without the need for waiver services.

In general, the need for Home and Community Based Waiver (HCBW) level of care means that the person needs one or more of the services offered by the waiver, on a monthly basis. Also, the HCBW level of care may be based on the need for monitoring the person's health and welfare, including "face to face" monitoring, on a monthly basis.

14. Q. If a person is denied level of care for the HCBW program, and there has been a 3rd party review which further supports the denial decision, can the person re-apply for the HCBW program?

Yes, but there must be current medical and functional related documentation that shows that the person's health needs have likely risen to the level of Nursing Facility Level of Care (or ICFID-ICFMR Level of Care).

15. Q. Does a person have a right to an assessment for the HCBW program?

A. The HCBW Program exists to serve individuals who qualify for Medicaid, meet level of care for the HCBW Program and without the provision of HCBW services, would require care in an institution. There must be current medical and functional documentation that shows that the person's health needs have likely risen to the level of Nursing Facility Level of Care. If a person has been determined to not meet the required Nursing Facility Level of Care and their health changes, documentation substantiating the changes would need to be submitted to SDS for review and SDS would evaluate the need for assessment. For individuals applying for waivers which serve those with intellectual/developmental disability, there must be diagnostic information that shows the person's needs would be met by services that provide ICFID-ICFMR Level of Care.

16. Q. What's the process when a person gets a denial of their level of care?

A. All HCBW participants may use the Fair Hearing process if they disagree with a decision that they no longer meet level of care. The Fair Hearing Process is found on the Notice of Adverse Actions and Appeals document, <http://www.hss.state.ak.us/dsds/docs/NoticeAdverActSDS2-2B.pdf> which is provided to the recipient when there is a denial of services or eligibility.

17. Q. If a person does not meet level of care after a re-assessment, and there has been a final decision that he/she does not meet level of care, how long before their services are no longer available?

A. This depends on the Fair Hearing process, if the person has chosen to implement this. Per the Notice of Adverse Actions and Appeals, services continue until the final decision is made, which means that a hearing decision has been issued. Timelines for the person's hearing request and the final decision are found on the Notice of Adverse Actions and Appeals document.

18. Q. Will the person potentially have to pay back for waiver services they received during the appeal and fair hearing process?

A. Potentially, yes. As found on the Notice of Adverse Actions and Appeals, the recipient may continue to receive benefits during the hearing process, per 7 AAC 49.190; however if the hearing decision is not in the recipient's favor, he or she may be required to repay these benefits per 7 AAC 49.070.

19. Q. Who has the burden of proof of material improvement in the Fair Hearing process?

A. Senior and Disabilities Services (SDS).

20. Q. Is 3rd Party Review done for denials at initial (first time) assessments?

A. No, it is done only for level of care denials after a re-assessment which determines that the person no longer meets level of care for the HCBW program.

21. Q. Is a 3rd Party Review another assessment that the person gets after being denied level of care?

A. No. It is a review of re- assessment documents by Qualis staff, as required by AS 47.07.045. It is not another assessment visit to the person.

22. Q. What options for care are available to people who no longer meet level of care for the HCBW?

A. Grant funded services are available from community grantee agencies. You can learn more about grant funded services at <http://www.hss.state.ak.us/dsds/grantservices/> .

23. Q. Are other state resources such as the grant programs ready to serve people who haven't met level of care for the Home and Community Based Waiver (HCBW)?

A. Yes.