

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: Waivers	NUMBER: 3 - 7	PAGE: 1 of 4
	SUBJECT: Complete Applications and Reapplications for Waiver Services		
	APPROVED: /s/ Duane G. Mayes Duane G. Mayes, Director		DATE: 12/13/16

Purpose

To define a complete application and reapplication

To emphasize timeliness and completeness as an essential part of the application and reapplication process

Policy

Pre Screening:

Prior to processing an initial application for the ALI (Alaskans Living Independently) or the APDD (Adults with Physical and Developmental Disabilities) Waivers, the individual seeking services (if not already screened and referred by the ADRC program), must be referred to and undergo the prescreening and options counseling service conducted by the “ADRC Pre-Screen and Options Counseling Program”.

Applications:

Individuals seeking services from the ALI, APDD, CCMC (Children with Complex Medical Conditions), or the IDD (Intellectual and Developmental Disabilities) Home and Community Based Waiver Programs must submit an initial application. A Care Coordinator selected by the individual usually submits the application on behalf of the applicant. All applications or reapplications must have all sections requiring entries completed or marked “not applicable”; be free of deletions of the form, in whole or in part; include all required attachments; be signed by hand by the applicant or his/her representative. If an application is incomplete it is returned to the applicant with a request for the missing information. When SDS verifies that the application is complete, an assessment to determine the applicant’s level of care is scheduled.

***Note:** All signatures must be handwritten (if a mark is used, it must have two witnesses); the original document or form may be scanned and/or copied. Forms requiring check marks or initials should be completed by hand, not type written. There is no provision to process electronic signatures at this time.

Reapplications:

Recipients of Waiver services must receive a yearly assessment of level of care to determine their continuing eligibility. Because initially payment for services is authorized specifically for one year, timely reapplication is essential to ensure continuity of services.

ALI, APDD and CCMC Reapplication:

If the recipient of Waiver services wishes to continue receiving services, it is necessary to reapply each year. The Care Coordinator initiates the renewal process and must submit a reapplication in a timely manner and prior to submitting a renewal plan of care (POC). When a reapplication is verified SDS schedules the reassessment. Timely and accurate completion of the reapplication prompts the scheduling of the assessment date which allows for the timely determination of continuing eligibility

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: Waivers	NUMBER: 3 - 7	PAGE: 2 of 4
	SUBJECT: Complete Applications and Reapplications for Waiver Services		
	APPROVED: /s/ Duane G. Mayes Duane G. Mayes, Director		DATE: 12/13/16

based on level of care (LOC).

IDD Waiver Reapplications:

All recipients of the IDD Waiver must also have an annual determination of level of care; the procedure used to determine level of care is based upon the individual circumstances of the recipient.

Authority

AS 47.05.010 [Duties of the Department]; AS 47.07.010 [Purpose]; AS 47.07.030 [Medical Services to Be Provided]; AS 47.07.045 [Home and Community Based Services]; AS 47.80.900 (7) [Definitions]. 7AAC 130.205 Recipient enrollment and eligibility; 7AAC 130.207 Application for home and community-based waiver services; 7AAC 130.211 Screening; 7AAC 130.213 Assessment and Reassessment; 7AAC 130.215: Level of Care Determination

Definitions

“Applicant” means an individual who is seeking to enroll in one of the Home and Community-Based Waiver Services programs

“Care Coordinator/Care Coordinator Agency” means a provider that is acting on behalf of applicants, participants and/or recipients to complete Initial Applications and/or Reapplications for Waiver Services

“Complete application” means all completed documents required by SDS to determine eligibility and enroll an applicant in Waiver Services or to request a yearly assessment to renew the waiver of a participant/recipient.

“Home and Community-Based Waiver Services programs” means the Intellectual and Developmental Disabilities, the Children with Complex Medical Conditions, the Alaskans Living Independently and the Adults with Physical and Developmental Disabilities Waiver programs.

“Participant” means an individual who receives services, funded by Medicaid, through one of the Home and Community-Based Waiver Services programs.

“Provider” means a Care Coordinator or a Care Coordinator Agency that has entered into a Medicaid provider agreement and complies with the standards for certification as set out in SDS Policy and Procedure 12-1.

“Recipient” means an individual who is enrolled in one of the Home and Community-Based Waiver Services programs.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: Waivers	NUMBER: 3 - 7	PAGE: 3 of 4
	SUBJECT: Complete Applications and Reapplications for Waiver Services		
	APPROVED: /s/ Duane G. Mayes Duane G. Mayes, Director		DATE: 12/13/16

“Representative” means a parent, guardian, or other individual with authority to act on behalf of an applicant/participant/recipient.

“Timely application” means a complete application or reapplication submitted within the guidelines set out in the Program Eligibility and Enrollment Policy and Procedure for the Waiver service for which the applicant is applying or the participant/recipient is reapplying.

Responsibilities

1. **SDS** is responsible for
 - a. monitoring Care Coordinator compliance with the standards for a complete Initial Application for Services, including due dates and required forms, documents and signatures
 - b. monitoring Care Coordinator compliance with the standards for a timely and complete application including medical documentation as required by the specific Waiver, for *yearly assessment for level of care and renewal of services, submitted no sooner than 120 days and no later than 90 days prior to end of preceding Level of Care assessment date
 - c. Sending a closure/disenrollment notice via DSM to the Care Coordinator and via certified mail to the recipient and/or legal representative when the Care Coordinator has not submitted a renewal application within the time frame noted in paragraph b above
 - d. contacting the care coordinator one time informally about insufficient or incomplete applications with request to respond within 5 days; place in “pending” status for 5 days or until the information is received and the application is processed
 - e. giving notice by certified mail to the Recipient and/or Recipient’s legal representative, with a copy via DSM to the Care Coordinator or Care Coordinator Agency, when SDS does not receive a timely response to inquiries regarding insufficient applications; notice requires response within 30 days.
 - f. monitoring remediation progress regarding the notice of non-compliance
 - g. managing provider non-compliance
 - h. following the insufficient process until compliance is met or applicant is disenrolled
 - i. Providing a screening letter to ALI/APDD applicants once the initial application is processed as complete; date on letter reflects the date the application is reviewed and determined to be complete
 - j. Note: IDD Waiver requires a yearly determination of level of care individualized to the specific circumstances of the recipient.

2. **Care Coordinator** is responsible for
 - a. submitting a timely and complete initial application for services
 - b. submitting a timely and complete renewal application for yearly assessment for level of care and renewal of services, no sooner than 120 days and no later than 90 days before the end of the current Level of Care assessment date

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: Waivers	NUMBER: 3 - 7	PAGE: 4 of 4
	SUBJECT: Complete Applications and Reapplications for Waiver Services		
	APPROVED: /s/ Duane G. Mayes Duane G. Mayes, Director		DATE: 12/13/16

- c. responding promptly to the informal request regarding insufficient application within 5 days and/or formal notice of non-compliance within 15 days
 - d. Note: IDD Waiver requires a yearly determination of level of care individualized to the specific circumstances of the recipient.
3. **Applicant/recipient or representative** is responsible for
- a. submitting forms necessary for eligibility determination as requested by the Care Coordinator
 - b. releasing all confidential information that is necessary for application or reapplication as requested by the Care Coordinator
 - c. Obtaining Medicaid; providing proof of active coverage and providing a form of identification
 - d. Applicants for APDD waiver must show proof of DD eligibility

Procedures

Procedures for submitting a complete application or reapplication for the following Home and Community Based Waiver programs are found on the SDS Approved Program Forms webpage at <http://dhss.alaska.gov/dsds/Pages/info/approvedforms.aspx#idd>

- Intellectual and Developmental Disabilities (IDD) Waiver:
 IDD INITIAL APPLICATION REQUIREMENTS
 IDD INTERIM APPLICATION REQUIREMENTS
 IDD RENEWAL APPLICATION REQUIREMENTS
- Children with Complex Medical Conditions (CCMC) Waiver:
 CCMC INITIAL APPLICATION REQUIREMENTS
 CCMC RENEWAL APPLICATION REQUIREMENTS
- Alaskans Living Independently (ALI) Waiver and Adults with Physical and Developmental Disabilities (APDD) Waivers:
 ALI/APDD INITIAL APPLICATION REQUIREMENTS
 ALI/APDD RENEWAL APPLICATION REQUIREMENTS

Note: Most of the procedures (requirements) are designed as checklists for use by the Care Coordinator as an aid to ensure all required forms and documents necessary for a complete application or reapplication have been included in the submission.