

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	Section: 5 Children with Complex Medical Conditions Waivers	Number: 5-1	Page: 1
	Subject: Children with Complex Medical Conditions Program Eligibility and Enrollment		
	Approved: /s/ Kimberli Poppe-Smart Kimberli Poppe-Smart Acting Director		Date: 8/4/10

Purpose

To provide a standardized process for program eligibility determinations.

To delineate responsibilities for the process.

Policy

Senior and Disabilities Services (SDS) administers the Children with Complex Medical Conditions (CCMC) program, a component of Home and Community-Based Waiver Services. The CCMC program is a Medicaid program that funds services for individuals, under the age of 22 years, who require a level of care ordinarily provided in a nursing facility. The Division of Public Assistance determines whether individuals meet financial eligibility requirements, and SDS determines whether individuals meet program eligibility requirements.

Individuals interested in services submit required information about medical needs and functional abilities for an initial screening. SDS reviews these materials to determine whether an in-depth assessment is warranted. If so, SDS authorizes a registered nurse to evaluate the individual further. Severity of illness, intensity of care, and dependence on technology are among the elements of the assessment, and are key to a decision that nursing facility placement would be required if services were not provided in the home or community.

Individuals who meet the age, financial eligibility, and level of care requirements are eligible for CCMC program services. When notified of program eligibility, the care coordinator prepares a *Plan of Care* that must be approved by SDS before reimbursement for services can be authorized.

Once enrolled, participants remain eligible for waiver services as long as both financial and program requirements are met. SDS reviews the need for services and determines whether the participant continues to meet program eligibility requirements annually. The care coordinator then prepares a new *Plan of Care*, and submits it to SDS for approval and renewal of the waiver.

Authority

7 AAC 130.205 Recipient enrollment and eligibility; 7 AAC 130.230 Screening, assessment, plan of care, and level of care determination; 7 AAC 130.235 Nursing oversight; 7 AAC 140.505 (a) [Determination of level of care]; 7 AAC 140.510 Intermediate care facility services; 7 AAC 140.515 Skilled nursing facility services. AS 47.07.045 (b) [Termination of payment for CCMC services]. SDS Policy and Procedure 2-2: Program Rights Information for Recipients.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	Section: 5 Children with Complex Medical Conditions Waivers	Number: 5-1	Page: 2
	Subject: Children with Complex Medical Conditions Program Eligibility and Enrollment		
	Approved: /s/ Kimberli Poppe-Smart Kimberli Poppe-Smart Acting Director		Date: 8/4/10

Definitions

“Nursing facility” means a facility certified to provide skilled nursing care or intermediate care under the provisions of 7 AAC 43.170 - 43.280.

“Participant” means an individual who is enrolled in the Children with Complex Medical Conditions program.

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

Responsibilities

1. The **applicant/participant** or **representative** is responsible for
 - a. providing documentation required for an application, and
 - b. scheduling and participating in an assessment.
2. The **care coordinator** is responsible for
 - a. submitting a complete application,
 - b. facilitating the scheduling of an assessment when requested,
 - c. providing information for the assessment, and
 - d. developing a plan of care for the applicant/participant.
3. The **agency RN assessor** is responsible for
 - a. contacting the applicant/participant or representative to schedule an appointment for an assessment,
 - b. notifying the care coordinator of the appointment,
 - c. completing the assessment form, and
 - d. submitting the assessment form to SDS.
4. The **SDS Assessment Unit** is responsible for
 - a. determining whether the applicant/participant meets the level of care requirement,
 - b. requesting a third-party review when the requirement is not met, and
 - c. notifying the applicant/participant or representative and the care coordinator of the determination.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	Section: 5 Children with Complex Medical Conditions Waivers	Number: 5-1	Page: 3
	Subject: Children with Complex Medical Conditions Program Eligibility and Enrollment		
	Approved: /s/ Kimberli Poppe-Smart Kimberli Poppe-Smart Acting Director		Date: 8/4/10

5. The **SDS Waiver Unit** is responsible for
 - a. evaluating the plan of care,
 - b. approving or denying services,
 - c. confirming Medicaid financial eligibility, and
 - d. notifying the applicant/participant or representative and the care coordinator of the services approved.

Procedures

A. Timeframes.

1. Initial application.
 - a. Within five business days of receipt of a *CCMC Screening Tool*, SDS sends a *Notice to Proceed with CCMC Waiver Planning* letter to an applicant/representative when further assessment is warranted.
 - b. Within 10 days of receipt of the *Notice to Proceed* letter, the applicant/representative selects an agency to conduct the assessment, and notifies SDS of the selection.
 - c. Within 10 business days of selection, the agency RN assessor submits to SDS a complete *Nursing Facility Level of Care Assessment Form for Children*.
 - d. Within 10 business days of receipt of the *Assessment Form*, the SDS reviewer determines whether the applicant meets the nursing facility level of care (NF LOC) requirement, and notifies the applicant and/or representative and the care coordinator of the determination.
 - e. Within 10 business days of receipt of an application indicating circumstances that require expedited processing, SDS determines whether the applicant meets the NF LOC requirement, and notifies the applicant and/or representative and the care coordinator of the determination.
 - f. Within 60 days of the NF LOC determination notice, the care coordinator submits a complete *Plan of Care* to SDS.
 - g. Within 30 days of receipt of a complete *Plan of Care*, SDS approves services, and notifies the applicant and/or representative and the care coordinator of the approval.
2. Waiver renewals.
 - a. No later than 60 days before the expiration of the period covered by the preceding NF LOC approval, SDS notifies the care coordinator and the agency RN assessor of the need to renew.
 - b. No later than 45 days before the expiration of the period, the care coordinator submits renewal documents regarding the participant.
 - c. No later than 45 days before the expiration of the period, the agency RN assessor schedules and conducts an assessment (within 365 days of the last assessment), and submits a complete assessment form to SDS.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	Section: 5 Children with Complex Medical Conditions Waivers	Number: 5-1	Page: 4
	Subject: Children with Complex Medical Conditions Program Eligibility and Enrollment		
	Approved: /s/ Kimberli Poppe-Smart Kimberli Poppe-Smart Acting Director		Date: 8/4/10

- c. Within 10 business days of receipt of the assessment form, the SDS reviewer determines whether the participant continues to meet the NF LOC requirement, and notifies the participant/representative and the care coordinator of the determination.
- d. Within 30 business days of the NF LOC determination notice, the care coordinator submits a complete *Plan of Care* to SDS.
- e. Within 30 days receipt of a complete *Plan of Care*, SDS approves services and notifies the participant and/or representative and the care coordinator of the approval.
- f. For reassessments indicating a participant not longer meets NF LOC requirements.
 - i. Within 5 business days of the NF LOC determination, the SDS reviewer requests an independent third-party review
 - ii. Within 15 days of receipt of the SDS document packet (or additional materials, if requested), the third-party reviewer notifies SDS of its determination.

B. Application for services.

1. Initial application.

- a. The care coordinator prepares or obtains, and submits to SDS, all documents required for a screening:
 - i. *CCMC Screening Tool, Parts 1 and 2*, completed by a registered nurse (RN),
 - ii. supportive diagnostic documentation, and
 - iii. *Authorization for Release of Information* form.
- b. The SDS screener
 - i. determines whether the applicant
 - (A) falls within the category of children with complex medical conditions,
 - (B) has medical needs and functional abilities that require CCMC program services, and
 - (C) warrants an assessment to evaluate the level of care needed for his/her medical condition;
 - ii. verifies financial eligibility with the Division of Public Assistance; and
 - iii. sends the names of applicants to the SDS Chief of Programs and the Waiver Unit manager.
- c. The SDS Chief of Programs
 - i. reviews the list of applicants with verified eligibility, and
 - ii. notifies the SDS Waiver Unit of his/her approval to proceed with the waiver process.
- d. The SDS Waiver Unit sends to the applicant/representative
 - i. a *Notice to Proceed with CCMC Waiver Planning* letter;
 - ii. a list of agencies certified by SDS to provide care coordination services, and a list of agencies certified to provide nursing oversight services; and
 - iii. a post card notification to be sent to SDS upon selection of a care coordination agency and a nursing oversight agency.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	Section: 5 Children with Complex Medical Conditions Waivers	Number: 5-1	Page: 5
	Subject: Children with Complex Medical Conditions Program Eligibility and Enrollment		
	Approved: /s/ Kimberli Poppe-Smart Kimberli Poppe-Smart Acting Director		Date: 8/4/10

- e. The applicant/representative
 - i. selects agencies from the list provided, and
 - ii. notifies SDS of his/her selection.
 - f. SDS, upon notification by the applicant/representative,
 - i. issues a Care Coordination Assignment Number (CCAN) and, for individuals not listed in the SDS database, a DSDS ID number, and
 - ii. notifies the care coordinator of the CCAN by email.
 - g. The care coordinator
 - i. notifies the agency, selected by the applicant/recipient, to proceed with the assessment, and
 - ii. prepares and submits to SDS within 10 business days
 - (A) an *Appointment for Care Coordination Services* form, and
 - (B) copy of documents (e.g., guardianship or Power of Attorney) indicating another has authority to act on behalf of the applicant.
2. Expedited application.
- a. The care coordinator submits an application requesting expedited processing, and indicating the qualifying circumstances regarding the applicant in the *CCMC Screening Tool, Part 2, Comments* section.
 - b. SDS reviews to application for completeness, and determines whether the application indicates any of the following qualifying circumstances:
 - i. diagnosis of a terminal illness,
 - ii. anticipated discharge from an acute care facility within 7 days,
 - iii. death of the primary caregiver within the previous 90 days,
 - iv. absence of the primary caregiver due to hospitalization or travel because of a medical or family emergency,
 - v. referral from Adult Protective Service, or
 - vi. referral from the Office of Children’s Services.
 - c. For applications indicating qualifying circumstances, SDS conducts an assessment, determines whether the applicant meets the NF LOC requirement, and notifies the applicant and/or representative and the care coordinator of the determination within 10 business days.
3. Waiver renewal.
- a. SDS notifies the care coordinator and the agency RN assessor by email, no later than 60 days before the expiration of the period covered by the preceding NF LOC approval, of the need to provide materials required for waiver renewal.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	Section: 5 Children with Complex Medical Conditions Waivers	Number: 5-1	Page: 6
	Subject: Children with Complex Medical Conditions Program Eligibility and Enrollment		
	Approved: /s/ Kimberli Poppe-Smart Kimberli Poppe-Smart Acting Director		Date: 8/4/10

- b. The care coordinator submits, no later than 45 days before the expiration of the period covered by the preceding NF LOC approval, the following:
 - i. Application form (sections of the *Plan of Care*)
 - (A) *Section I ~ Information and Identification*,
 - (B) *Section II ~ Diagnosis & Medical* (except for *Current Medications*),
 - (C) *Section III ~ Personal Profile*;
 - ii. an *Authorization for Release of Information* form, and
 - iii. a signed *Senior and Disabilities Services Program Recipient Rights* form.
- c. The agency RN assessor, not later than 45 days before the expiration of the period covered by the preceding NF LOC approval, conducts an assessment, and submits a complete *Assessment Form* to SDS.

C. Assessment.

1. Scheduling.

- a. The agency RN assessor
 - i. schedules an in-person appointment for the assessment, and
 - ii. notifies the care coordinator by telephone and/or email of the date, time, and place of the assessment.
- b. If the applicant/participant or representative has not been reached after two attempts (at least 3 days apart), the agency RN assessor contacts the care coordinator by email and requests assistance with scheduling an appointment.
 - i. If no appointment is scheduled within 10 days, the care coordinator notifies SDS by email.
 - ii. SDS sends a certified letter to the applicant/participant or representative requesting that he/she contact the agency RN assessor to schedule an appointment.
 - iii. If the applicant/participant or representative fails to respond to the letter, the care coordinator notifies SDS by email, and SDS sends
 - (A) a certified letter giving notice of closure of the application or of termination of eligibility for services, and
 - (B) a copy of the letter to the care coordinator.

2. Preparation. The assessor reviews

- a. the medical, developmental, and functional information records;
- b. previous assessment forms; and
- c. previous plans of care and amendments.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	Section: 5 Children with Complex Medical Conditions Waivers	Number: 5-1	Page: 7
	Subject: Children with Complex Medical Conditions Program Eligibility and Enrollment		
	Approved: /s/ Kimberli Poppe-Smart Kimberli Poppe-Smart Acting Director		Date: 8/4/10

3. In-person appointment. The agency RN assessor
 - a. interviews the applicant/participant and representative;
 - b. as necessary, collects additional information by contacting
 - i. medical providers to request records related to condition of the applicant/participant,
 - ii. contacting others knowledgeable about his/her condition, and/or
 - iii. others in attendance at the time of the appointment;
 - c. uses the information collected to complete the *Assessment Form*,
 - d. obtains the information and signature necessary for the Medical Certification section of the *Assessment Form*,
 - e. signs the Nurse Certification section of the *Assessment Form*, and
 - f. submits the *Assessment Form* to the SDS Assessment Unit.

D. LOC determination.

1. SDS review. The reviewer
 - a. evaluates
 - i. the *Assessment Form*,
 - ii. other information submitted by the agency RN assessor, and
 - iii. documents on file with SDS from previous annual assessments;
 - b. determines whether the applicant/participant requires a NF LOC on the basis of the following guidelines for determining level of care:
 - i. intermediate LOC characteristics, 7 AAC 140.510,
 - ii. skilled LOC characteristics, 7 AAC 140.515, and
 - iii. Criteria for Placement section of the *Manual for Prior Authorization of Long Term Care Services*;
 - c. signs the *Assessment Form*, indicating that the NF LOC requirement is or is not met; and
 - d. in the case of a reassessment, requests a third-party review when he/she finds that the participant does not meet the NF LOC requirement.
2. Third-party review. The third-party reviewer
 - a. evaluates the document packet provided by SDS;
 - b. determines whether the participant's condition has materially improved since the previous assessment, as defined in AS 47.07.045 (b)(3); and
 - c. notifies SDS of the determination.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	Section: 5 Children with Complex Medical Conditions Waivers	Number: 5-1	Page: 8
	Subject: Children with Complex Medical Conditions Program Eligibility and Enrollment		
	Approved: /s/ Kimberli Poppe-Smart Kimberli Poppe-Smart Acting Director		Date: 8/4/10

3. Notice of decision. For both initial assessments and reassessments, SDS sends to the applicant/participant or representative and to the care coordinator.
 - a. a letter indicating whether the NF LOC requirement is met, and
 - b. a copy of the *Assessment Form*.

E. Plan of care.

1. Development. The care coordinator
 - a. develops a *Plan of Care (POC)*, and
 - b. submits to SDS
 - i. the *POC*, and
 - ii. the signed *Senior and Disabilities Services Program Recipient Rights* form.
2. Evaluation. SDS evaluates the *POC* to determine whether it
 - a. is consistent with the assessment, and
 - b. meets the identified needs of the applicant/participant.
3. Approval. SDS approves services which meet regulatory requirements of 7 AAC 130.230 or denies services that do not.

F. Enrollment.

1. The applicant/participant is eligible to receive Children with Complex Medical Conditions program services funded by Medicaid when he/she is enrolled.
2. The applicant/participant is considered to be enrolled when SDS
 - a. confirms program eligibility,
 - b. verifies Medicaid financial eligibility with the Department of Public Assistance, and
 - c. sends a letter approving the *POC*.