

## ***Cost Caps***

When the cost of the services needed exceeds the established cost cap amount, additional requirements for approval and authorization must be met. The overall cost-effectiveness of the waiver will be monitored to determine if any limitation on the number of cost cap cases is needed and if waiting lists for exception requests need to be implemented. A CCAP packet is required when the ILC is proposing a Level II (\$2313.00-\$3677.99) or Level III (\$3678.00 and above) POC.

### **H-1 AMM responsibility**

- a. The Area Medicaid Management (AMM) staff serve as the contact and liaison between EES Specialist and the ILC. The AMM staff have the overall responsibility to monitor the fiscal expenditures of the HCBS/PD services including working with the ILC to insure the quality, accuracy, and appropriateness of the Plan of Care (POC).
- b. AMM staff may develop procedures for how to submit the appropriate supporting information (CCAP packet) and how they will notify the ILCs (i.e. mail, fax, courier, etc.).
- c. The AMM staff will review all pertinent paperwork including the UAI, LTC Services Threshold Guide and the ACW prior to approving or disapproving the POC and its cost cap. The AMM staff will indicate approval or disapproval on the MMIS system as well as prepare a written notification for the ILC. Approval of a POC shall not be made retroactive to the request date.

### **H-2 Approval process for cost cap exceptions**

#### **a. General criteria for approval**

- i. The consumer is experiencing an acute medical episode that is considered to be short-term.
- ii. The consumer is determined to need additional hours of services due to a documented decline in functional capacity.
- iii. The POC is required for an individual to maintain employment.
- iv. A consumer is in the end stages of a terminal illness (e.g., AIDS, Alzheimer's, COPD or cancer).
- v. No nursing facility placement is available for a consumer.

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### b. Completing an updated assessment

If the consumer has experienced a significant change in condition, a new or updated assessment, with supporting documentation, must be completed prior to submitting an exception request. (See Section D-3 for reassessment instructions.)

### c. Approval procedure

ILCs should develop a POC and input it into the Prior Authorization system. They should also provide a cost cap exception request packet (CCAP) and submit it to the AMM staff for approval, at least ten working days prior to the proposed date of implementation.

- i. The following information is required in the CCAP:
  - (1) The form cover letter which contains certain consumer information, present status and condition of consumer and the rationale for the CCAP request.
  - (2) A copy of the consumer's current UAI.
  - (3) A copy of the completed POC form with all required signatures.
  - (3) A copy of the LTC Services Threshold Guide showing functional eligibility.
  - (4) A signed copy of the Consumer Choice form.
  - (5) Any additional materials supporting the need for the CCAP request.
- ii. If the CCAP results from a one-time Assistive Service, submission of the exception packet is not necessary.

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### d. Cost cap limitations

- i. The AMM may establish time limits for cost cap exception requests for temporary or short-term conditions.
- ii. A completed cost cap exception packet must be submitted prior to the onset of service delivery.
- iii. Approval of a POC shall not be made retroactive to the request date.
- iv. The final decision as to the amount of services to be provided for all cost cap exception requests should be made within ten (10) working days of receiving a complete and accurate cost cap exception packet, including receipt of the electronic POC.