

Waiting List

A waiting list will be maintained for the HCBS/PD waiver. The number of consumers to be served will be determined by the funding budgeted for the waiver. This applies to all consumers who apply and are found eligible for PD waiver services including, but not limited to consumers requesting to leave a nursing facility and consumers being discharged from a hospital and requesting services. Consumers who may go on the waiver without going through the process below are consumers who are transferring from the HCBS/HI, HCBS/MRDD, or HCBS/TA waivers or are in crisis as defined below.

The waiting list will remain in place as long as needed for the program to remain within budget limitations.

N-1 Procedures

- a. When consumers apply through SRS for PD services, the agency of their choice that conducts assessments will be notified via the ES-3160 form.
- b. If the consumer requests PD services through the assessment agency, the agency will refer the consumer to the local SRS office, via the ES-3160 form.
- c. If the consumer does not currently have Medicaid eligibility, the SRS office will process the application for Medicaid eligibility based on independent living methodologies and other categorical requirements with the knowledge that HCBS services are not available at the time of application and notify the CIL of the results of the eligibility determination using the ES-3160 form.
- d. An assessment will be completed on all applicants, using the UAI.
- e. Upon completion of the assessment, the ILC will send the results to the local SRS office via the ES-3160 form.
- f. If the consumer wants nursing facility placement, the consumer signs the Consumer Choice form indicating so. The ILC would make the appropriate referral for NF placement and, via the ES-3160 form, notify the local SRS office of the consumer's choice.
- g. If the consumer requests HCBS and has been found to meet waiver criteria, the ILC will explain that there is a waiting list and their name will be placed on the list. The choice form is not to be signed at this time, it will be signed when an opening occurs and the

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consumer is accepted for services.

- h. The ILC will send the following information to the Area Medicaid Management (AMM) staff: consumer's name, social security number, Medicaid identification number if they have one, date of birth, assessment date and time, LTC Services Threshold Guide score, IL counseling agency, SRS Area Office, ILC and contact phone number. This information needs to be submitted on the form found in Section Q. The assessment tool does not need to be sent.
- i. The AMM staff will then submit the above information to the PD waiver Program Manager.
- j. When the Program Manager receives the information, the consumer's name will be placed on the waiting list. The consumer's place on the list is based on the date and time the assessment tool was completed.
- k. If a consumer who has already been placed on the waiting list chooses a different IL Counseling agency, and the new IL Counseling agency completes a new assessment, the consumer's place on the waiting list will be determined by the date and time the assessment tool was completed by the new IL Counseling agency.
- l. If a PD waiver consumer enters a nursing facility or other institution for a planned brief stay, not to exceed the month of entrance and the following month, that individual will not be placed on the waiting list and the HCBS/PD case will remain open.

N-2 Notification of waiver opening

- a. When a consumer goes off of the PD waiver for any reason, the ILC will notify the EES Specialist within 5 working days of termination of services using the ES-3161. This is to be sent after the 10 day notice time has passed and an appeal has not been filed. The consumer has a total of 30 days to appeal a termination. If they file an appeal after the 10 days notice, the case will be reopened. This is to be done by the ILC and AMM staff working together. The AMM staff will notify the Program Manager that the case has been reopened. The ILC will notify the AMM staff of the closure by sending the following information: consumer's name, identification number, effective date of termination and reason for termination. This is to be done by using the form found on in Section Q.

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- b. The AMM staff will then notify the PD Waiver Program Manager by sending the above information.
- c. The Program Manager will notify the AMM staff in the area where the next consumer on the list lives that there is an opening on the waiver for the consumer. The AMM staff will then notify the CIL that assessed the consumer.
- d. The ILC will contact the consumer and advise them of the opening and, within 5 working days, notify the AMM staff if the consumer continues to request HCBS and meets waiver eligibility criteria. The Consumer Choice form will be signed at this time.
- d. The ILC will send the ES-3160 to the EES Specialist notifying them of the consumer's choice and start date. The start date will be the date the choice form is signed by the consumer if all other Medicaid eligibility criteria are met. The assessment date should not be used as the start date of services.
- e. The ILC will then finalize the Plan of Care, and obtain consumer signatures. Services are then to begin as soon as possible.

N-3 Crisis exceptions

- a. When the consumer is in crisis or imminent risk of crisis, the following procedure will be used. Crisis includes, but is not limited to persons who:
 - i. Are at significant, imminent risk of serious harm because the primary caregiver(s) is/are not able to provide the level of support necessary to meet the person's basic needs;
 - ii. Require protection from confirmed abuse, neglect, or exploitation;
 - iii. Are at risk of family unit dissolution (break-up), involving minor dependent child or dependent spouse; or
 - iv. Are in the end stages of a terminal illness, and life expectancy is documented by a physician to be less than six (6) months.
- b. In the situation where the ILC feels that the consumer is in a crisis situation, they will contact the AMM staff and explain the situation. The AMM staff will then contact the Program Manager, who will determine the need for an exception and waiver placement. If approved, the ILC will complete the ES-3160 with choice date and submit to the EES

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Specialist immediately in order for eligibility to be determined. The EES Specialist will process the application for eligibility in accordance with SRS guidelines.

N-4 Termination of eligibility

- a. If eligibility is terminated, the local SRS office shall notify the ILC as quickly as possible via the ES-3161. The ES-3161 will state effective date and reason for closure of the Medicaid case. When eligibility is terminated for reason other than financial or cooperation, i.e. moved out of state or death of consumer, the ILC will close the Plan of Care in the Prior Authorization system, notify the EES Specialist by using the ES-3161 and notify the AMM staff of the case closure using the waiver termination form. If closure is due to financial ineligibility or failure to cooperate, the plan of care will remain open on the Prior Authorization System with authorized amounts changed to \$.01 for all services on the plan. If the financial eligibility case is reinstated by the end of the month following the month of closure, the plan of care may be reinstated and services may begin as soon as possible following notification from the EES Specialist that financial eligibility has been re-established. The consumer will not be placed on the waiting list. The ILC will need to track these cases and if financial eligibility is not reestablished by the end of the month following the month of termination, the Plan of Care will be closed on the system and the AMM staff will be notified of the case closure.

Example:

A consumer fails to return the annual redetermination form to continue financial eligibility. The EES Specialist sends the ILC an ES-3161 stating financial eligibility was terminated effective June 30, 2000 for failure to return redetermination forms. The ILC will suspend the Plan of Care and stop services effective June 30. On July 6, 2000 the ILC receives an ES-3161 stating that the case has been reopened effective July 1, 2000 and the consumer remains financially eligible. The ILC would begin services as soon as possible following the date the ES-3161 is received and the consumer would not be placed on the waiting list.

If the consumer does not return the redetermination forms by July 31, 2000, the ILC will need to contact the EES Specialist to verify eligibility or ineligibility and then close the plan of care on the system with an effective date of June 30, 2000 and notify the AMM staff of the case closure. If the consumer subsequently reapplies and is found financially eligible, the consumer would be treated like a new applicant and is subject to being placed on the waiting list.

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N-5 Required documentation

- a. Only the first two pages of the UAI and the LTC Services Threshold Guide need to be completed for a consumer who is applying for HCBS/PD waiver services and who will be placed on the waiting list.
- b. The proposed monthly cost for a consumer being placed on the HCBS/PD waiver waiting list does not need to be on the ES-3160 form.
- c. Upon notification that there is an opening on the HCBS/PD waiver, the ILC should complete the remainder of the PD waiver case file paperwork, including reviewing the first two pages of the UAI to see if there have been any changes and if so, update the form.