

Welcome to the Assisted Living Medicaid Waiver Training



July 2011

Assisted Living Waiver Program

What is it? How does it work?



Description and Purpose

Description

“The ALE Waiver is a Medicaid program that provides extra support and supervision through provisions of services to eligible recipients living in ALF’s licensed for ECC or LNS. ALE Waiver recipients must demonstrate functional deterioration that would result in placement in a nursing facility were it not for the provisions of ALE waiver services”. (Page 4-2, guidelines)

Purpose

“The purpose of the ALW Waiver program is to promote, maintain, and restore the health of eligible recipients, and to minimize the effects of illness and disability in order to delay or prevent nursing home placement”. (Page 4-2, guidelines)

Reimbursement:

- The ALE reimburses a maximum of \$32.20 daily.
- Incontinent supplies up to a maximum of \$125.00.



Facility Responsibilities

ALE providers must:

1. Provide 24 hour on site staff;
2. Have sufficient staff and provide variety of services to all individuals;
3. Provide each client with a private room or apartment or semi-private room of the client's choice and consent;
4. Develop a service plan for each ALE waiver client;
5. Specify a staff member to serve as the facility supervisor authorized to sign the service plans, if the administrator does not perform this function;
6. Comply with all provisions of the Medicaid Provider Agreement; and
7. Cooperate with Medicaid monitoring staff or its designated representatives.
8. Notify the case manager of any additional services the consumer is receiving (hospice, home health services, etc).

Facility Responsibilities (cont')

9. Provide an ongoing activity program verifying that no less than 12 hours per week of activities for the ALF residents (watching TV is not a valid activity). An activities calendar shall be posted in common areas where residents normally congregate.
10. Must have proof of liability insurance as required by Rule 58A-5.021, F.A.C.
11. Develop and implement a policy to ensure that its employees, board members, and management will avoid any conflict of interest or the appearance of a conflict of interest when disbursing or using ALE funds or when contracting with another entity which will be paid by ALE funds. (Section P. of Referral Agreement)

Case Management Responsibilities

The case manager is responsible to:

1. Assist ALE clients with making application for Waiver services;
2. Advise clients of their fair hearing rights and grievance process (yearly);
3. Develop and implement an assessment-based care plan for each client;

NOTE:

- The case manager must look at the consumer's ALF contract to determine which services are already being provided by the facility's basic charges.
- The ACS service plan must also be reviewed to determine which services are being provided through ACS.
- The client and family/guardian must also be present during the assessment process. If the client suffers from dementia/memory problems, the family/guardian must sign all forms. The administrator must not sign for the client, unless they are the "designated payee" for that client (the SS check comes directly to the administrator). A letter from the family and/or client representative authorizing the ALF administrator to sign for the client is not acceptable. **The person being authorized must be designated legally.**

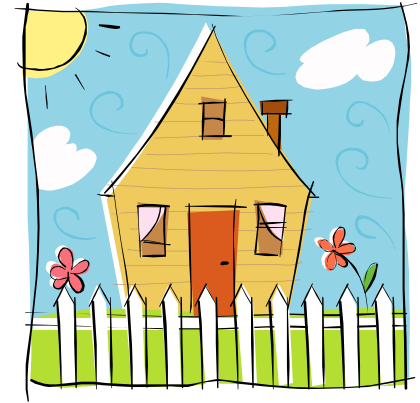


Case management responsibilities (cont.)

4. Review plans of care every 3 months to assure the continued need for waiver services;
5. Contact AHCA, Health Quality Assurance simultaneously with the Alliance for Aging within 24 hours of a site visit if a recipient is not receiving needed services; and
6. Notify the Florida Abuse Hotline (1-800-96-ABUSE) immediately in cases where lack of service provision endangers the recipient's health, safety, or welfare.
7. Visit each recipient at least once every 30 days and document the status, satisfaction with services and additional service needs in the client's record;
8. Maintain up-to-date client case records;
9. Coordinate other services provided to the consumer, including hospice and Medicare with the ALE service provider for waiver clients electing to receive those services;



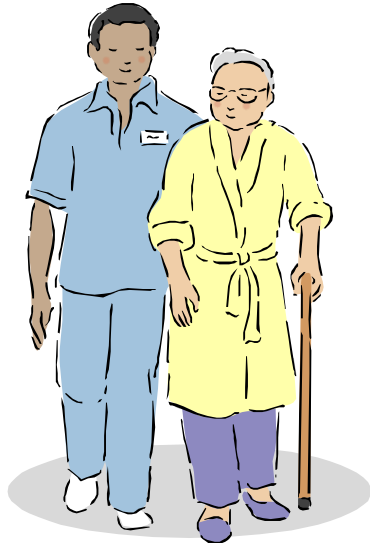
Who can receive services?



- 60 years or older
- Medicaid eligible
- Be residing in an ALW facility
- Be approved and case managed by one of our case management agencies
- Meet one of the following functional criteria:
 - Require assistance with 4 or more ADLs or 3 ADLs plus supervision or administration of medications; or
 - Require total help with one or more ADLs; or
 - Have a diagnosis of Alzheimer's disease or another type of dementia and require assistance with 2 or more ADLs
- Meet LOC (Level of Care) annually

ALW services

- Attendant care
- Behavior management
- Incontinent Supplies
- Companion Services
- Intermittent Nursing
- Medication Management
- Occupational Therapy
- Personal Care
- Physical Therapy
- Specialized Medical Equipment and Supplies
- Speech Therapy
- Therapeutic social and recreational services
- Please refer to ALE Coverage and Limitations Handbook for additional services (p. 5-10 through 5-14)



Documentation

ALF CLIENT FILE RECORD

1. Care Plan
2. Service Plan
3. Service Logs (*waiver services*)
4. Progress Notes
5. ACS Service Plan
6. Copy of ALF contract
7. ACS Worksheet
8. Proof of Income



Please refer to the “Assisted Living for the Elderly Medicaid Waiver Program ALF Client File Checklist” Tool

ALF FACILITY RECORD

Additional documents required:

1. Staff Schedule (Posted in common area)
2. Administrator's CORE Card
3. Delegation of Authority Memo (Posted in common area)
4. Choice of Roommate (Posted in common area or signed by client)
5. Activity Schedule (Posted in common area)
6. Certificate of Liability Insurance (Posted in common area and in the AAA file)
7. AHCA License (Posted in common area and on file at the AAA)
8. Most recent AHCA survey (Posted in common area and on file at the AAA)

*During annual ALE monitoring, Administrator should notify AAA of how many approved/attending ADC (Adult Day Care) client(s).

Please refer to the "Assisted Living for the Elderly Medicaid Waiver Program ALF Facility Checklist" Tool

Care Plans

- Are developed by the case manager with the cooperation of the administrator and the consumer after the review of the ALF contract and ACS service plan.
 - See handout page 5-10
- All formal services must be listed
 - ACS, Therapies, ADT (Adult Day Treatment or Partial Hospitalization Plan), etc.
 - » See handout page 5-6
- Should be signed by the case manager and the consumer. Administrator can sign for consumer if they are the designated payee.
 - » See handout page 5-8
- Reviewed and updated quarterly by case managers.

NOTE: Please make sure that the case manager specifies the incontinence supplies, including the individual price, on the care plan. The incontinence supply claims should not exceed the authorized amount on the care plan (**the ALW maximum reimbursable amount for supplies is \$125/month).

Also, please be aware that any supplies covered by Medicaid should not be included. (Example: gloves, alcohol, and hydrogen peroxide are covered by Medicaid and should be arranged by the case manager through Medicaid).



CARE PLAN

PAGE ____ OF ____ CONSUMER: _____ SOCIAL SECURITY NUMBER: _____ CASE MANAGER: _____ PROVIDER: _____ WORKER ID: _____	CARE PLAN DATE: _____ CARE PLAN REVIEW: _____ _____ _____ _____	DESIRED OUTCOMES: ____ Prevent acute episode or nursing home placement. Short Term(ST), Long Term (LT) PROVIDER: Non-DOEA Funded Source: (1) Family and Friends, (2) Local Government, (3) Faith Based, (4) Other Non-profit /Association DOEA Funded Source: (1) OAA, (2) MW, (3) ALW, (4) CCE, (5) HCE, (6) ADI, (7) SHINE, (8) Other (Specify) ANTICIPATED SERVICE IMPACT ON HEALTH CONDITIONS: (1) improve (2) maintain (3) decline (4) unknown	DOEA-FUNDED MONTHLY CARE PLAN COST: ANNUALIZED DOEA-FUNDED CARE PLAN COST: NON-ANNUALIZED DOEA-FUNDED CARE PLAN COST: CO-PAY MONTHLY AMOUNT (circle CCE or ADD): ANNUALIZED CO-PAY AMOUNT: ANNUALIZED NON-DOEA RESOURCE: NON-ANNUALIZED NON-DOEA RESOURCE: Care Plan Total:
HEALTH CONDITIONS AND SERVICE IMPACT: (a) _____ (b) _____ (c) _____ (d) _____			

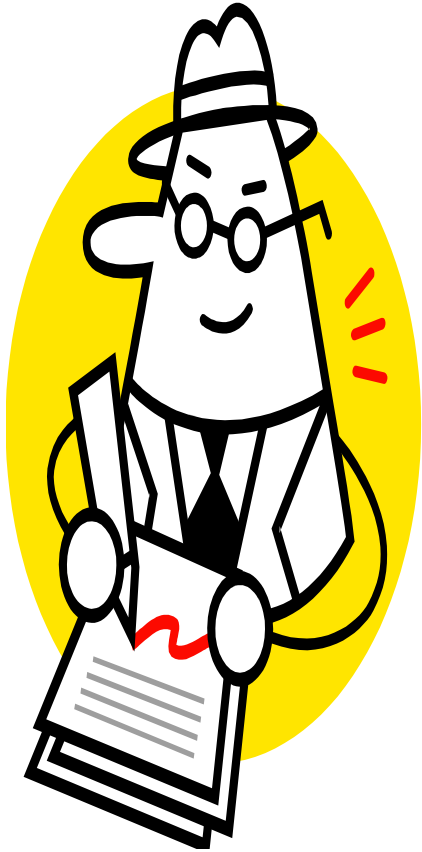
#	Date	Problems/Gaps	Service/Activity	Frequency & Duration Needed: Began (B) Ended (E)	Non-DOEA (ND) / DOEA (D) Planned	Provider: Non-DOEA (ND) DOEA (D)	Date Service: Began (B) Ended (E) Problem: Resolved (RS) Revised (RV)	Unit Cost/ Individual Purchase	Monthly Cost/Value
1	9/1/08	Consumer unable to perform activities of daily living without assistance due to her arthritis.	Personal Care Bathing Assistance Dressing Assistance Diaper Changes	9/1/08 (B) 1 x day x 1 yr 2 x day x 1 yr 6 x day x 1 yr	1 x day/ D	ABC ALF, Inc./ ALW	9/5/08 (B)		
2	9/1/08	Consumer needs assistance with ADL/IADL's due to her arthritis.	ACS	9/1/08 (B) 1 x day x 1 yr	1 x day/ ND	ABC ALF, Inc./ Medicaid	9/5/08 (B)		

I have participated in developing this care plan through discussions regarding my assessed needs, and the services and service providers available to help meet those needs. I prefer to handle my service needs with the assistance of a ____CM, ____Service Coordinator, or ____Consultant. While I may select the assistance of a case manager or service coordinator, I also understand that the amount of assistance I receive is dependent upon my ability and preference. I understand I am entitled to a grievance review if my services are reduced, changed, or terminated. For Medicaid Waiver services, I accept the services from my choice of enrolled providers, instead of nursing home placement. I understand under Medicaid Waiver, in addition to a grievance review, I am further entitled to a fair hearing. I authorize the provider to release information concerning the services I receive under all programs to the Florida Department of Elder Affairs.

CONSUMER/RESPONSIBLE PARTY:	CAREGIVER:	DATE:	CASE MANAGER:	DATE:
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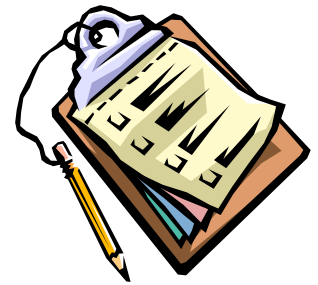
ALW Service Plans

- Developed annually at the time of the reassessment.
- Should include all ALW services/tasks that need to be performed. The ALW services on service plan must coincide with services on the care plan, and updated upon care plan revisions.
- Signed by the consumer and/or legal guardian/designated representative and the administrator.
- For ALW and ACS clients, an ACS service plan must be on file indicating which services are provided under each program. (Page 5-8)



Service Logs

- Used to track **daily** ALW services
- ALW services tracked on the service logs must coincide with the ALW services listed on the care plan and the service plan.
- Must contain original initials and signatures by the aides providing the direct care (not just the administrator)
- Must indicate absence from the facility (hospitalization, etc.)
- Number of days = units billed
- Not logged = Not billable – no excuses!
- Must be written in pen



NOTE: If medication management service is authorized on the care plan, the MAR (Medication Administration Record) must be available for review upon monitoring to ensure that the service is being provided accordingly.

Progress Notes

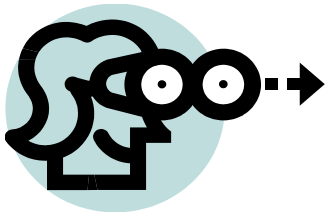


Documentation should include:

- ✓ Consumer's Name
- ✓ Date specific (recommended to be written towards the end of that month)
- ✓ Health condition (mention any hospitalization and medication/treatment changes). In addition, any significant changes in the client's health condition should be reported to the case management agency (date specific)
- ✓ Signature

NOTE: - Must be written in English

- Must be written in ink and/or computer generated



General Comments

- Service plan and service logs need to coincide with the ALW services authorized on the care plan
- Service plan needs to be updated at the time of the annual assessment /care plan development
- The ALF administrator should not sign on client's behalf unless he/she is the legally designated representative
- The aides providing direct services to the client must sign the service logs
- Services should be tracked on a daily basis
- The monthly billing for incontinent supplies should not exceed the amount authorized on the care plan
- If the client is enrolled in a Hospice Program, Hospice should cover the client's incontinence supplies. *We recommend that a copy of the Cooperative Agreement for a Hospice and Medicaid Waiver Enrolled Recipient be placed in the ALW file.*
- A current ACS Worksheet must be in the file (must be done annually)
- Proof of income must be in the file
- There should be no inconsistencies/duplication of services between the resident's ALF contract, the ACS service plan and the ALW care plan

CHANGE OF OWNERSHIP (CHOW)



CHANGE OF OWNERSHIP

IF YOU ARE BUYING OR SELLING AN ALF YOU MUST NOTIFY THE ALLIANCE FOR AGING **90 DAYS** PRIOR TO THE SALE.

The following documents must be submitted:



1. LETTER FROM THE CURRENT OWNER ADVISING THE AAA OF THE PENDING SALE. **(MEDICAID WAIVER NUMBERS ARE NOT TRANSFERABLE).**
2. A LETTER FROM THE NEW OWNER STATING THEY ARE BUYING THE FACILITY, THE TIME FRAME FOR COMPLETION OF THE SALE, IF THERE ARE ANY ACTIVE ALW CLIENTS AND THAT SERVICES WILL CONTINUE TO BE PROVIDED UNTIL THE NEW PROVIDED NUMBER IS ISSUED.
3. NEW APPLICATION (PLEASE MAKE SURE PAGE 7, QUESTION 26 IS COMPLETED), IN ADDITION TO ALL OTHER REQUIRED DOCUMENTS THAT WERE REQUESTED IN THE APPLICATION PACKAGE.



CHANGE OF OWNERSHIP (CONT.)

THE EFFECTIVE DATE OF YOUR NEW PROVIDER NUMBER WILL BE THE DATE THE SALE WAS COMPLETED IF YOU NOTIFIED ALLIANCE FOR AGING OF THE TRANSFER **90 DAYS** PRIOR TO THE SALE

IF YOU NOTIFIED ALLIANCE FOR AGING OF THE TRANSFER AFTER THE **SALE IS COMPLETE** OR **LESS THAN 90 DAYS** PRIOR TO THE SALE, THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS STAMPED BY THE AAA.

NOTE: You may lose billing!

CHANGE OF OWNERSHIP (CONT.)

IF THE FACILITY HAS **ACTIVE** CONSUMERS AT THE TIME OF THE SALE:

- YOU MUST CONTINUE TO PROVIDE ALW SERVICES UNTIL YOU RECEIVE YOUR NEW NUMBER WITHOUT PAYMENT, UNTIL YOUR PROVIDER NUMBER IS RECEIVED.

- We will only authorize retroactive billing if we were notified prior to the sell. If not, those days of service will not be reimbursed.



- IF YOU CHOOSE NOT TO PROVIDE SERVICES DURING THE TIME IT TAKES TO OBTAIN YOUR NEW PROVIDER NUMBER, ALL ALW ACTIVE CONSUMERS WILL BE GIVEN THE CHOICE TO MOVE TO ANOTHER WAIVER FACILITY.

Billing



Medicaid Fiscal Agent

EDS – Electronic Data Systems (an HP Company)

1-800-289-7799

or

<http://mymedicaid-florida.com>

Billing options

- **Option 1: Web Direct Data Entry (Web DDE)** will provide online, real time claim submission and processing. A claim can be submitted and within a few seconds the claim will adjudicate in the Florida Medicaid Management Information System (FMMIS). A response is returned to the submitter. If the claim is paid, details regarding the payment amount are provided. If the claim is denied, an explanation regarding any errors are provided. For claims that can be corrected, the claim can be immediately modified and resubmitted.
- **Option 2:** EDS will provide **Provider Electronic Solutions (PES)** software for submitters that choose to continue using a Personal Computer based option. PES provides similar functionality to the WINASAP software. Providers do not gain the real time processing benefits of Web DDE. Rather, claims are submitted in batch mode either through a dial-up or internet connection.

Medicaid Fiscal Agent (cont.)

The Provider Electronic Solution (PES) software may be downloaded from:

[http://portal.flmmis.com/flpublic/Provider EDI/Provider EDI SoftwareManuals/tabid/65/desktopdefault/+/Default.aspx](http://portal.flmmis.com/flpublic/Provider%20EDI/Provider%20EDI%20SoftwareManuals/tabid/65/desktopdefault/+/Default.aspx)

TRAINING

A training calendar can be found on line by accessing:

[http://portal.flmmis.com/FLPublic/Provider ProviderSupport/Provider ProviderSupport Training/tabId/47/Default.aspx](http://portal.flmmis.com/FLPublic/Provider%20ProviderSupport/Provider%20ProviderSupport%20Training/tabId/47/Default.aspx)

or

at the local Medicaid Office. For questions regarding this training, please contact AHCA at (305) 593-3000.

Billing

- Client must live in the ALF (NOT ADULT DAY CARE CLIENTS)
- Previously approved by the AAA and the case management agency
- Billing done once a month using the last day of the month as the “to and from” date of service. (Page 6-3 of Guidelines)
- Procedure codes for ALW program:
 - T1020 U3 TS (Waiver program)
 - S5199 U3 (Incontinent Supplies)



Billing Issues

Hospitalizations

- May not bill date of admission
- May bill day of discharge, **if services were rendered and tracked in the service log**
 - *Refer to page 6-5 of the guidelines*

Termination from Program

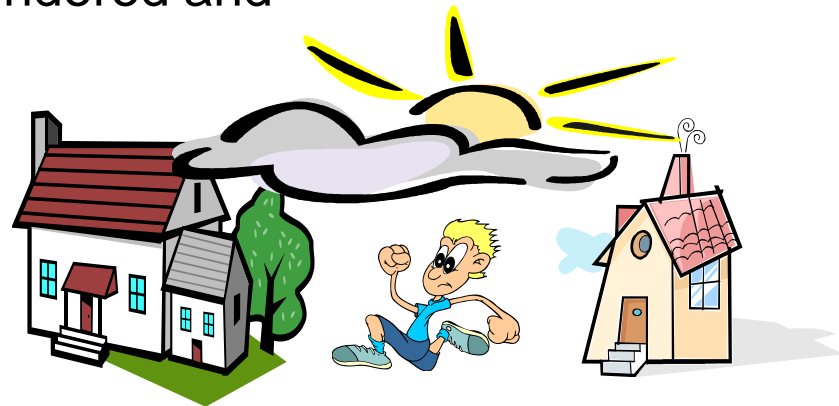
- Bill using the date the consumer left the facility



Billing Issues (continued)

- **Transferring Consumers**

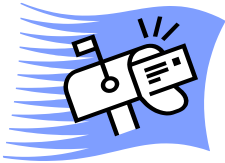
- ALF **must** notify the case manager **prior** to transferring the consumer to another facility. The case manager will offer the consumer a choice of enrolled ALFs.
 - The Case Manager must receive prior approval from the AAA prior to the transfer to another ALW facility.
 - NOTE: If the consumer chooses a non-Waiver facility, the case manager will terminate the case. Grievance procedure will be provided to the consumer.
- The discharging facility may not bill for the day of the discharge. The admitting facility may bill for the day of admissions, if ALW services were rendered and properly documented.
 - *Refer to page 5-18 of the guidelines*



Billing Issues (Continued)

- **Responsibilities**

- Claims must be billed within **60** days after services have been rendered. (*Refer to Section II. O. of the ALE Medicaid Waiver Referral Agreement*)
- No retroactive billing is allowed.



ACS Worksheet



ACS WORKSHEET



THE ACS WORKSHEET IS DONE FOR CONSUMERS WHO ARE DUALY ELIGIBLE FOR ALW AND ACS PROGRAM

INCOME IS DEFINED AS ANY MONEY THAT THE CONSUMER RECEIVES. EXAMPLES OF INCOME ARE:

- SSI
- SSA (gross amount)
- OSS
- RETIREMENT INCOME
- PENSIONS

NOTE:

•IF A CONSUMER IS ELIGIBLE FOR ACS, BUT THE PROVIDER CHOOSES NOT TO PARTICIPATE IN OR BILL FOR ACS SERVICES, **THE AMOUNT THAT ACS WOULD HAVE PAID SHOULD BE CARVED OUT**

•When billing ACS, if the client is also in the ALW program, the ALF must bill ACS using their Waiver provider number with the ACS procedure code (T1020 U3). You should not bill using your ACS provider number.

*** ALFs must not bill the ACS program for consumers whose income is over the limit for that program. (See ACS worksheet for income limit). **We will refer any discrepancies found to AHCA.**

Please note



**Revised ALE-ACS Reimbursement Worksheet
For January 2011**

Facilities participating in the ALE Waiver must bill Medicaid for both the ACS state plan service and the ALE waiver services for those beneficiaries with incomes up to \$859.00. Facilities must bill only for ALE waiver services for beneficiaries with incomes over \$859.00. **CLIENT WHOSE INCOME IS OVER \$859.00 ARE NOT**

ELIGIBLE FOR ACS.

Instructions for Worksheet

Facilities are required to use the worksheet to calculate the daily rate to bill for waiver services for each beneficiary.

1. Insert the number of days in the month on Line A.
2. Calculate the Maximum Waiver and ACS for the Month (Lines C and D).
3. Perform the calculations from Line F through Line L to obtain the daily waiver payment (L) to bill for the days the beneficiary received services in the facility.
4. If Line I is "0" (Zero), do not bill for ACS.

A.	Number of Days In Month.		28	30	31
B.	Maximum Daily Waiver Rate.		\$32.20	\$32.20	\$32.20
C.	Maximum Waiver Payment for the Month: A times B.		\$933.80	\$966.00	\$998.20
D.	Assistive Care Service Daily Rate.		\$9.28	\$9.28	\$9.28
E.	ACS for the Month: A times D.		\$259.84	\$278.40	\$287.68
F.	Is Resident's Income Greater Than \$859.00 and Less Than \$913.00? If Yes, add C plus G and Subtract \$54.00. If No, add C plus \$859.00.				
G.	Method I Recipient Income: Insert Income Social Security: _____ OSS (State Subsidy) _____ Other (Income, if any) _____ Total Income _____	Method II (From Notice of Case Action)-If income is between \$752.40 and \$913.00. Needs Allowance: _____ Pat. Resp.: _____ Total Income _____			
H.	Subtract G From F				
I.	Is Recipient Income (G) more than \$859.00? If Yes, Insert "0" (Zero). If No, Insert ACS for the month (Line E).				
J.	Subtract I from H.				
K.	Add Line J plus \$54.00.				
L.	Daily Waiver Rate: Divide K by A.				

Share of Cost

- Consumer's whose income is over the maximum limit of \$674.00 for Medicaid, can obtain Medicaid benefits through our program as long as their income is under the ICP income level (\$2,022.00 this year) and their assets are less than \$2,000. Those consumers will have a Notice of Case Action indicating their patient responsibility.
 - **NOTE:** The ALF is responsible for collecting the financial responsibility from the client.
- A Notice of Case Action is only valid for **one year** or when their income increases throughout the year. You must contact the social worker at the Department of Children and Families every January to obtain the Notice of Case Action for that current year. You **MUST** not bill the Waiver until you have received this notice. Any income exceeding \$752.40 will be considered a share of cost.
 - **NOTE:** If you have not received a Notice of Case Action for clients whose incomes exceeds the maximum limit, you may contact the unit clerk at DCF at the following telephone number: (305) 252-4376. In addition, you may send a fax to (305) 278-0332, and the request for the Notice of Case Action will be passed on to the worker in charge of that zip code.



How to calculate
share of cost?

WORKSHEET FOR CONSUMERS WITH INCOME OVER \$913.00

JANUARY 2011

31 DAY MONTH

Capitated rate: \$1911.20
Minus Gross Income: - _____ (Obtain from Notice of Case Action
by adding the needs allowance + share of cost) ***
Bill the Waiver =

30 DAY MONTH

Capitated rate: \$1879.00
Minus Gross Income: - _____ (Obtain from Notice of Case Action
by adding the needs allowance + share of cost) ***
Bill the Waiver =

28 DAY MONTH

Capitated rate: \$1814.60
Minus Gross Income: - _____ (Obtain from Notice of Case Action
by adding the needs allowance + share of cost) ***
Bill the Waiver =

*** **These figures are obtained from the Notice of Case Action issued by the Department of Children & Families. The Notices of Case Action are renewed annually when the consumer's benefits increase. DO NOT BILL UNLESS YOU HAVE A NEW SHARE OF COST FOR 2011 FROM DCF. The consumer is responsible for paying the ALF the "share of cost" indicated on the Notice of Case Action.**

Sample – Claims (30 day month)

Claim Detail							
Detail Number	1	Status	PAID	FDOS	04/30/2011	Billed Amt	\$278.40
Procedure	T1020	Diagnosis Ind	1	TDOS	04/30/2011	TPL Submitted Amt	\$0.00
Units Billed	30.00	Modifier1	U3	POS	12	Allowed Amt	\$278.40
Units Allowed	30.00	Copay Amt	\$0.00	Modifier2		Rend Prov ID	
Modifier3		Ref Prov1 ID		Rend Prov Type	67-HOME & COMMUNITY-BASED SERVICES WAIVER	System	NO
Modifier4		Ref Prov2 ID		Rend Prov Spec	ASSISTED LIVING FOR THE ELDERLY		
CHCUP Ref		CHCUP/Fam Plan		Emergency			
Detail Number	2	Status	PAID	FDOS	04/30/2011	Billed Amt	\$125.00
Procedure	S5199	Diagnosis Ind	1	TDOS	04/30/2011	TPL Submitted Amt	\$0.00
Units Billed	1.00	Modifier1	U3	POS	12	Allowed Amt	\$125.00
Units Allowed	1.00	Copay Amt	\$0.00	Modifier2		Rend Prov ID	
Modifier3		Ref Prov1 ID		Rend Prov Type	67-HOME & COMMUNITY-BASED SERVICES WAIVER	System	NO
Modifier4		Ref Prov2 ID		Rend Prov Spec	ASSISTED LIVING FOR THE ELDERLY		
CHCUP Ref		CHCUP/Fam Plan		Emergency			
Detail Number	3	Status	PAID	FDOS	04/30/2011	Billed Amt	\$848.10
Procedure	T1020	Diagnosis Ind	1	TDOS	04/30/2011	TPL Submitted Amt	\$0.00
Units Billed	30.00	Modifier1	U3	POS	12	Allowed Amt	\$848.10
Units Allowed	30.00	Copay Amt	\$0.00	Modifier2	TS	Rend Prov ID	
Modifier3		Ref Prov1 ID		Rend Prov Type	67-HOME & COMMUNITY-BASED SERVICES WAIVER	System	NO
Modifier4		Ref Prov2 ID		Rend Prov Spec	ASSISTED LIVING FOR THE ELDERLY		
CHCUP Ref		CHCUP/Fam Plan		Emergency			

Questions



ALW WAITING LIST PROCEDURES



Give me a call!

ALW WAITING LIST PROCEDURES

- THE CLIENT OR FAMILY/GUARDIAN SHOULD CALL THE ARC (AGING RESOURCE CENTER), 305-670-4357
- ARC WILL COMPLETE TELEPHONE SCREENING
- THE CONSUMER WILL BE GIVEN A CHOICE OF CASE MANAGEMENT AGENCIES
- A PRIORITIZATION REPORT WILL BE RUN TO DETERMINE WHICH CASES TO OPEN. CLIENTS OF HIGHEST RISK WILL BE OPENED FIRST
- ARC WILL COMPLETE A COMPREHENSIVE ASSESSMENT, OBTAIN THE 3008 (PHYSICIAN'S REFERRAL) AND THE LOC (LEVEL OF CARE). **NO CARE PLANS ARE DEVELOPED AT THIS TIME.** IF THE CLIENT DOES NOT HAVE MEDICAID, THE AAA/ARC WILL OBTAIN ALL REQUIRED DOCUMENTS AND PROCESS THE APPLICATION



ALW WAITING LIST PROCEDURES - CONT'D

- ONCE LOC IS RECEIVED FROM CARES AND MEDICAID HAS BEEN PROCESSED, THE AAA/ARC WILL FORWARD THE CASE TO THE CASE MANAGEMENT AGENCY OF CHOICE. THE CASE MANAGER WILL THEN VISIT THE ALF, DEVELOP THE CARE PLAN, AND FINALIZE THE ACTIVATION. A BEGIN DATE OF SERVICE WILL BE GIVEN TO THE ALF AT THIS TIME. **NO BILLING CAN BE MADE PRIOR TO THIS DATE.**
- **NOTE:** CLIENTS MAY BE ACTIVE IN THE NURSING HOME DIVERSION PROGRAM AND MAY BE WAIT LISTED FOR ALW SERVICES IF HE/SHE CHOOSES. WHEN ALW FUNDING IS AVAILABLE, IF THE CLIENT IS NOT SATISFIED WITH THE DIVERSION PROGRAM, HE/SHE CAN CHOOSE ALW. HOWEVER, IF CASES ARE BEING ACTIVATED IN THE ALW PROGRAM AND THE CLIENT IS SATISFIED WITH THE DIVERSION PROGRAM, THEN THE CLIENT'S WAIT LIST STATUS WILL BE TERMINATED.

THE END

