

**MEDICAID ELIGIBLE CONSUMERS WITH DD RECEIVING CBS
TRANSITION QUESTIONS
February 13, 2006**

TOPIC	QUESTION	RESPONSE
Targeted Case Management	Can agencies that have been providing Case Management and CBS now provide Case Management and CAP waiver services if they are enrolled to provide the waiver services?	<p>TCM services are a required service for individuals participating in the waiver. Provider agencies, including their subsidiary corporations, related partners, or closely allied entities, may not provide TCM services and waiver services to the same person. Although TCM has not yet been approved and implemented the expectation is that case management and waiver services could not be provided by the same agency to the same individual. For those individuals who have been receiving both TCM and CBS from the same agency, it will be the choice of the consumer as to what agency they wish to provide TCM and which they would choose to provide waiver services.</p>
Plan of Care	What components of the Plan of Care may be waived in order to complete an abbreviated Plan?	<p>The following components of the Plan of Care may be waived for the purpose of completing an abbreviated Plan. Please remember that a full person centered plan must be developed by July 20, 2006.</p> <ul style="list-style-type: none"> -What has happened in my life this past year? -What does the person want his/her life to be like? -What supports do I need to maintain what is important to me in my life. -What natural supports are available to me? -What community supports are available to me?

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Plan of Care	The Communication Bulletin states that case managers should prepare an abbreviated Plan of Care that crosswalk to services that most closely replace CBS. Will there be a crosswalk to waiver services prepared to assist with this?	Due to the variability in duration and frequency of CBS provided to current consumers a clearly defined crosswalk would be difficult. LMEs will soon be receiving a projected allocation to serve these individuals. It is strongly recommended that case management provider agencies work closely with the LME local approval unit during this transition to assist in identifying an appropriate service mix that results in comparable frequency and duration of services until a full person centered Plan of Care is completed. Consideration must be given to waiver Utilization Review guidelines as well during this process. Note: CBS does not necessarily have to crosswalk to a waiver habilitation service; it may be appropriate to have a mix of habilitation and personal care.
Transition to the Waiver	Can we add someone who is on our wait list for CAP who is not currently receiving CBS to the waiver at this time with our expansion dollars?	No. The bulletin dated 2/2/06 from Mike Moseley states that in order to address this emergency situation created by the CMS decision, regardless of the plan or process that an LME has developed to prioritize the use of waiver funding allocations, the only people that shall be added to the waiver at this time are Medicaid eligible consumers currently receiving CBS. Therefore, only those individuals who were receiving or in the process of obtaining CBS services prior to 2/2/06 would be considered to be added to the waiver. Please see question below for additional information.
Transition to the Waiver	If an individual is currently in process of being brought onto the waiver prior to the direction to bring only those currently receiving CBS on, should we proceed with bringing on those	If a consumer had already been identified (and informed of the intent) to bring into the waiver and was in process of final determination of level of care, the LME should continue to process that individual

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	<p>individuals?</p>	<p>onto the waiver. In addition, LMEs/case managers working with individuals residing at the developmental centers and are in the process of transition planning to move to the community with CAP supports should continue with this process. However, as noted above, the intent is that only individuals that are Medicaid eligible consumers currently receiving CBS are to be added at this time. A statement must be included within the packet that clearly documents the reason that a packet on an individual not currently receiving CBS is being submitted.</p>
<p>Supporting Documentation for ICF-MR Level of Care</p>	<p>We are very concerned about the ability to complete psychologicals for individuals being brought onto the waiver within the short time available. Can the requirement of an up-to-date psychological be waived for this time period?</p>	<p>The Division has already waived the current requirements for psychological evaluations by accepting psychological evaluations for children that have been completed within three years and for adults if they were completed within five years, as opposed to one year for a child and three for adults. (In addition, it should be noted that a licensed psychologist may determine that in some cases an older psychological evaluation is still valid. In these cases the full psychological evaluation can be submitted along with a concurrence from the psychologist indicating that the attached evaluation remains valid.) However, because of the short time frame in which to bring individuals into the waiver, the Division will waive the timeframes completely for psychological evaluations for ICF-MR level of care determinations for persons transitioning from CBS to CAP-MR/DD. Nevertheless, a valid psychological evaluation</p>

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		<p>addressing the person's cognitive and adaptive functioning must be included in the application packet, although the date of the evaluation may be past the 3 year or 5 year timeframe. In cases where the psychological does not adequately address issues needed to determine eligibility or cases where there are discrepancies with current MR2, additional information may be requested from the LME (e.g., new psychological evaluation.) In addition, it should be noted that this waiver of documentation requirements is only temporary and there is the expectation that an up to date psychological (within the 3 year or 5 year timeframe) be provided by July 20, 2006 when a full person centered plan must be completed. This updated information must be submitted to the LME as opposed to the developmental center. After July 20 we will go back to the original requirements of 1 year for a child and 3 for adults. The assessment process is critical in the development of a person centered plan.</p>
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