

LME Letterhead  
CAP-MR/DD Waiver Transition Letter

**Date:**

**Name and Address of LME**

**RE: CAP-MR/DD Waiver Transition**

(LME's complete)

**Participant MID#**

(LME's Complete)

Dear Name of participant and/or legally responsible person

(LME's Complete)

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH-DD-SAS) plans to implement two new waivers (Comprehensive waiver and the Supports waiver) on November 1, 2008, pending approval from the Federal Agency, Center for Medicare and Medicaid Services (CMS). This letter serves to provide you with information regarding the cost limits of the new waivers and to inform you as to which waiver you have been assigned.

The DMH-DD-SAS collected information from the Local Management Entity and your case manager regarding your current cost summary. The assignment to the Comprehensive Waiver is for individuals whose cost summary is more than \$17,501 but not exceeding \$135,000. The assignment to the Supports waiver is for individuals whose cost summary is \$17,500 or less. Based upon the cost summary information we collected you are identified as a participant in the \_\_\_\_\_ (LME's Complete) Waiver.

Please be aware that your November 2008 Medicaid Card will indicate either a "CM" for the Comprehensive waiver or a "C2" for the Supports waiver. We are not anticipating any service interruptions with the implementation of the two new waivers. If you have any concerns regarding this letter please contact your Case Manager or LME.

Sincerely,

LME Contact  
Phone number

Cc: Case Manager w/ phone # (Case Manager Complete)

DSS contact (Per the participant's Medicaid County) (LME's Complete)

Att: Waivers Fact Sheet

**CAP-MR/DD**  
**Case Manager Transition Process Check Sheet**

**INSTRUCTIONS**

The Case managers must meet with the participant/family prior by 10/30/08 to complete this process.

1. The Case Manager will receive the Waiver Transition Letter from there respective LME's and will fill out contact information for the participant on the Waiver Transition Letter. The Case Manager will contact each participant/guardian or responsible person.
2. Between 10/6/08- 10/30/08 the case manager will send a copy of the transition letter to following:
  - a. The LME
  - b. The participant/ family/guardian

**\*NOTE:** It is **CRITICAL** that the transition letter be provided to the DSS contact person/office in the county from which the participant's Medicaid originates. The DSS **MUST** receive the letter by 10/30/08. This information can be found on the participants Medicaid card (County Number). The case manager will keep a copy of the transition letter for their records

3. The Case Manager and participant, guardian or responsible person will discuss:
  - a. the waiver in which the participant will receive services effective at the implementation of the new waivers.
  - b. the differences between the waivers
  - c. the current services needs in connection with the assigned waiver
  - d. identify issues with the transition and resolutions to those issues
4. The Case Manager will make the participant, guardian or responsible person aware of appeal rights for changes in amount, frequency, or duration of service
5. The Case Manager will document this discussion on the Case Manager Transition Process Check Sheet as well as in a Case Manager documentation note. The case manager will use the Case Manager Transition Process Check Sheet as a tool to assist them to review information with the participant/family/ guardian in regards to transition.
6. The Case Manager, participant, guardian, or responsible person will sign the Case Manager Transition Process Check Sheet.
7. The Case Manager Transition Process Check sheet will be filed in the participant's record with a copy given to the participant, guardian or responsible person, and a copy sent to the LME by 10/30/08.

**CAP/MR-DD**  
**Case Manager Transition Process Check Sheet**

Participants Name: \_\_\_\_\_

MID: \_\_\_\_\_

- Identified Waiver
- Description of Waiver Identified
- Current Service Needs

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Anticipated Changes (if any)

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Issues Identified (if any)

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Resolution to Issues (if any)

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Notification of appeal rights for changes in amount, frequency, or duration of service

\_\_\_\_\_  
Participant/ Date

\_\_\_\_\_  
Parent of Minor or Guardian/ Date

\_\_\_\_\_  
Case Manager/Date

Distribution:  
Original: Participant's Record  
cc: Participant/Guardian/responsible Person  
cc: LME

**CAP/MR-DD**  
**LME/Case Manager Transition Letter Process**

**Instructions**

1. LME's are to distribute the following to all case management agencies in there catchment area by 10/9/08:
  - a) Completed Waiver Transition Letter (per participant with waiver assignment) on LME letterhead
  - b) Case manager Transition Process Check Sheet/Instructions Waiver Factsheet
  - c) LMEs keep a copy of the Waiver Transition Letter for their records
  
2. The LME's will send a copy of the Waiver Transition Letter participant's respective DSS office.

**\*NOTE:** It is **CRITICAL** that the Waiver Transition Letter be provided to the DSS contact person/office in the county from which the participant's Medicaid originates. The DSS **MUST** receive the letter by 10/30/08. This information can be found on the participants Medicaid card (County Number). The case manager will keep a copy of the transition letter for their records.
  
3. The case management agency will:
  - a) Fill out contact information for the participant on the Waiver Transition Letter.
  - b) Hand deliver or mail the Waiver Transition Letter and Waiver Factsheet to the CAP-MR/DD participants and or guardians by 10/30/08.
  - c) Review the Case Manager Transition Process Check Sheet with the CAP-MR/DD participants and or guardians by 10/30/08.
  - d) Complete and sign the Case Manager Transition Process Check Sheet. The case manager will send a copy of Case Manager Transition Process Check Sheet:
    - To the LME by 10/30/08 and,
    - The participant/ family/guardian.The case manager will keep a copy of the Case Manager Transition Process Check Sheet for their records. The original Case Manager Transition Process Check Sheet will be filed in the participant's record.
  
4. Between 10/6/08- 10/30/08 the case manager will send a copy of the Waiver Transition letter to following:
  - a) The LME
  - b) The participant/ family/guardian.
  
5. Case managers must meet with the participant/family prior by 10/30/08. The case manager will use the Case Manager Transition Process Check Sheet as a tool to assist them to review information with the participant/family/ guardian in regards to transition. Once the Case Manager Transition Process Check Sheet is completed and signed, the case manager will send a copy to the LME by 10/30/08 and the participant/ family/guardian. The case manager will keep a copy of the Case Manager Transition Process Check Sheet for their records.