

<b>Title:</b>	Waiver Service Requirements			
	<b>Version:</b>	1.0	<b>Effective Date:</b>	10/10/2014

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10/10/2014

Approved By: *(Authorized Signer Name)*

Date Approved

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## Overview

**Description:** The Waiver Service Requirements Technical guide is designed to outline waiver service requirements and provide technical assistance regarding required follow-up in the event that service requirements are not met.

**Purpose/Rationale:** In order for an individual to remain enrolled in a waiver and receive waiver service(s) they must require and receive a monthly waiver service, such as waiver case management. Additionally, in order for an individual to remain enrolled in a waiver and receive waiver services an individual must receive a monitoring service at least quarterly, see Case Management Contact Technical Guide.

There are scenarios in which an individual may not receive a monthly waiver service. The purpose of this technical guide is to outline required follow-up action from the case management entity in the event that service requirements are not met in these scenarios.

## Guideline(s) that apply:

### **Section I: Service requirements**

If an individual is enrolled and receiving waived services, receipt of a waiver service (such as waiver case management)<sup>1</sup> is required each calendar month to assure that an individual remains eligible for and enrolled in a waiver. K-plan services are not waiver services and do not meet the service requirements to maintain waiver eligibility.

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<sup>1</sup> See the Expenditure Guidelines for additional information regarding waiver service and what qualifies as a waiver service.

## Section II: Individual refusal to receive or lack of utilization of waiver service(s)

- a. If an individual *refuses to receive or does not utilize* their waiver service for an entire calendar month, the waiver service requirement is no longer met. The case management entity must terminate all waiver services by issuing a notification of Planned Action (NOPA) in accordance with OAR 411-318-0020. If after an NOPA is sent to the individual, the individual responds to it and receives a waiver service on or prior to the effective date of the NOPA, the case management entity that issued it must rescind the NOPA and continue to provide waiver service(s) to the individual.
- b. If the individual does not respond to the NOPA or receive a waiver service on or prior to the effective date of the NOPA:

**Individuals served by Brokerages:** submit Customer Information Update form DHS 4111 indicating the termination of the waiver services identified on the NOPA. CDDPs will update the Eligibility and Enrollment form in eXPRS reflecting the termination of waiver services indicated on form DHS 4111

**Individuals served by CDDPs:** submit Eligibility and Enrollment form in eXPRS reflecting the termination of the waiver services identified on the NOPA.

The individual would continue to receive non-waiver case management and be open to the case management entity. Individuals who have chosen Brokerage case management can continue to receive non-waiver case management from the Brokerage. Individuals who have chosen CDDP case management can continue to receive non-waiver case management from the CDDP.

- i. When the monthly waiver contact requirement is not met for an individual known to be eligible for OSIPM due to the “300% rule,” “presumptive eligibility”, or “not deeming parental income” the case management entity must send a copy of the NOPA to the field office that determines Medicaid eligibility (SPD, APD, AAA, DSO, DAV office), notifying them that the individual is being terminated from the waiver. The Medicaid eligibility field office is responsible for sending any required NOPA to the individual regarding the individual’s Medicaid. If CDDP or Brokerage issued NOPA is rescinded prior to the effective date the Service Coordinator or Personal Agent

will notify the Medicaid eligibility field office that the waiver service are continuing without interruption.

- c. If the individual requests to be re-enrolled in waiver service(s) after the effective date of the NOPA (waiver services have been terminated), and the individual is currently OSIPM eligible and utilizing k-plan services, the case management entity must re-enroll the individual in waiver services. As the individual had continued to utilize the k-plan service during this time, the LOC remained valid, thus no new LOC is needed.

**Individuals served by CDDPs:** submit a DD Eligibility and Enrollment form in eXPRS to TAU to reflect current services.

**Individuals served by Brokerages:** submit Customer Information Update form DHS 4111 indicating the re-enrollment of the waiver services. CDDPs will update the Eligibility and Enrollment form in eXPRS reflecting the enrollment into the current services indicated on form DHS 4111.

- d. If the individual requests to be re-enrolled in waiver services after the effective date of the NOPA (waiver services have been terminated), and the individual continues to be enrolled in General Fund non-waiver case management Developmental Disability Services (DDG, but not k- plan services), the entity providing case management must:
  - i. Complete a new LOC assessment; and
  - ii. Complete a new needs assessment; and
  - iii. Complete a new service plan including required approval signatures, on or prior to the date of entry into the service.
  - iv. Enroll the individual in waiver services by submitting an DD Eligibility and Enrollment form in eXPRS to TAU to reflect current services.

**Individuals served by CDDPs:** submit a DD Eligibility and Enrollment form in eXPRS to TAU to reflect current services.

**Individuals served by Brokerages:** submit Customer Information Update form DHS 4111 indicating the enrollment of the waiver services. CDDPs will update the

Eligibility and Enrollment form in eXPRS reflecting the current services indicated on form DHS 4111.

- e. If the individual requests to be re-enrolled in waiver service(s) after the effective date of the NOPA and the individual is no longer OSIPM eligible, the case management entity should work with the individual to garner Title XIX Medicaid eligibility and then follow the steps outlined in section (d) above to help the individual re-enroll in waiver service(s).
- f. If the individual requests to be re-enrolled in waiver services after the effective date of the NOPA and the individual has chosen not to be enrolled in a k- plan service or non-waiver case management (the individual is no longer enrolled in *any* DD Services) the individual must reapply for all services.

### **Section III: Lack of waiver service due to administrative error**

In the event that an individual does not receive a waiver service due to no fault of their own (they were eligible for the service and did not refuse a service) for an entire calendar month or longer, deliver a waiver service and document the reason for the missed waiver service in the progress notes. Note: the individual's service must not be changed (this includes not being denied, terminated, reduced or suspended).

#### **Form(s) that apply:**

Eligibility and Enrollment Form/DHS 0337

Title XIX Waiver form/DHS 0520 (LOC Assessment/Waiver used until 8-1-13)

LOC Assessment/DHS 0520

Notification of Eligibility/SDS5103

Notification of Planned Action/SDS0947

Customer Information Update Form/DHS 4111

Child Needs Assessment/Adults Needs Assessment

### Definition(s):

300% rule: An individual who meets LOC and receives a monthly waiver service may have income up to 300% of the SSI standard to be eligible for Title XIX Medicaid. Consult with the DD Provider Technical Support Unit for further information.

Case Management Entity: Community Developmental Disabilities Program (CDDP), Support Services Brokerage, or Children’s In-Home Intensive Supports

Financial Eligibility: In order to be eligible for waiver an individual must have Title XIX Medicaid via OSIPM.

Monthly waiver service: Means that the individual receives a HCBS waiver funded service as outlined in the Expenditure Guidelines.

OSPIM: Oregon Supplemental Income Program Medicaid: Title XIX Medicaid is based on the individual’s income and disability per Social Security Administration standards.

### Reference(s):

- OAR 411-320
- OAR 411-340
- OAR 411-318
- All ODDS Waivers (CIIS, Support Services, Comprehensive)
- State Plan (k-plan)
- Expenditure Guidelines

### Contact(s):

**ODDS Diagnosis and Evaluation Coordinator**

**ODDS In-Home Support Specialist**