Waiver Service Coordination

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Waiver Service Coordination Overview

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Delegation of Waiver Service Coordination and Member Eligibility

Delegated Service Coordination
Agency is responsible for coordinating waiver services for eligible members aged 60 and older under the MyCare Ohio HCBS Waiver.

Member Eligibility Criteria
Eligibility applies to members 60 years and older, with possible amendments to include younger members by mutual agreement.

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Person-Centered Approach and Waiver Service Coordination

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Person-Centered Coordination and Medicaid Benefits

Person-Centered Approach
The program emphasizes a person-centered approach to support independent living and personalized care planning.

Comprehensive Medicaid Coordination
Coordination covers all Medicaid benefits and services under LTSS and waiver programs for seamless support.

Support and Oversight
Agency assists in coordinating all waiver services and community resources while overseeing service usage

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Assessment and Reassessment Processes

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Initial and Ongoing Waiver Services Assessments

Initial Needs Assessment
Conduct initial waiver needs assessments after level of care is determined using the ACAT tool for members.

Timely Assessment Completion
Complete waiver services assessment within 30 calendar days of enrollment or retroactive notification.

Supplemental Screenings
Supplemental screenings may be conducted anytime but must finish within 30 days after enrollment completion.

Assessment Tool Approval
Initial assessments use ODM-approved ACAT tool.

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Use of Tools and Assessment Locations

Tasking Tool Usage
The agency uses the Plan's tasking tool until a standardized ODM tool is available statewide, with changes mutually agreed.

Ongoing Reassessments
Waiver Services reassessments must be conducted within 364 days based on the level of care for current Members.

Assessment Locations
Initial and reassessments occur at the Member's primary service location such as home or assisted living facilities.

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Care Planning and Interdisciplinary Collaboration

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Interdisciplinary Care Team Participation and Service Plan Development

ICT Meeting Participation
Engage actively in Interdisciplinary Care Team meetings to address service gaps and improve member care access.

Service Plan Development
Develop and update Waiver Service Plans within four days using person-centered care plans to fill care gaps.

Collaborative Care Coordination
Work collaboratively with the Plan to create a unified, comprehensive care plan including authorized Waiver Services.

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Member Education, Disaster Preparedness, and Appeals

Member Education on Providers
Inform Members about Waiver Service options and ensure non-agency providers receive necessary training specified by Members or their representatives.

Disaster Preparedness Planning
Develop and document a disaster preparedness and backup plan with contact information in the Member's Waiver Service Plan for emergencies.

Appeals Process Support
Educate Members on appeal rights, assist with appeals communication, and support or attend state hearings based on agency responsibility.

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Service Coordination and Provider Management

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Coordination of Services and Claims Data Utilization

Service Coordination
Coordinate approved Waiver Services and communicate effectively with providers excluding payment and contracting issues.

Claims Data Review
Utilize Waiver Services claims data to review service utilization against the Waiver Service Plan for appropriateness.

Data Access and Sharing
Ensure plans provide the agency with access to claims data in a mutually acceptable format to support reviews.

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Provider Recommendations and Crisis Intervention

Medicaid Provider Recommendations
Recommend Ohio Medicaid state plan providers to ensure Waiver Services funding remains the payer of last resort.

Member Contact Requirements
Perform required member contacts based on risk tier to coordinate Waiver Services effectively.

Crisis Intervention Protocol
Take immediate action on crisis discovery to ensure member welfare and notify the plan by end of business day.

Plan's Crisis Responsibilities
After notification, the plan manages behavioral health or medical crises following established protocols.

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Discharge Planning and Incident Follow-Up

Discharge Planning Participation
Attend discharge planning meetings as a member of the Interdisciplinary Care Team when notified and invited.

Incident Follow-Up
Follow up on critical and reportable incidents in accordance with regulatory requirements promptly.

Waiver Service Plan Updates
Agency updates Waiver Service Plan and notifies relevant parties by end of day upon incident discovery.

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Health and Safety Planning

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Home Environment Changes and RSRI Documentation

Home Environment Coordination
Collaborate with care teams to address changes in home environment, caregiver, and functional needs promptly.

Person-Centered Care Plan Reevaluation
Regularly re-assess and update care plans to reflect the Member's evolving physical, mental, and functional status.

RSRI Documentation Verification
Ensure accurate documentation of restraints, seclusion, or restrictive interventions in all relevant care records.

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Health and Safety Action Plan (HSAP) Development and Collaboration

Safety Assessment
The Agency assesses member safety and identifies health, safety, or welfare issues to ensure protection.

Risk Notification
When risks are identified, the Waiver Service Coordinator notifies the Plan's care coordinator promptly.

Collaborative Plan Development
Agency collaborates with the Plan to develop and adjust the Health and Safety Action Plan as needed.

Plan Monitoring and Support
The Plan is responsible for HSAP development and monitoring; Agency supports and notifies for necessary follow-ups.

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Waiver Handbook Distribution and Provider Monitoring

Waiver Handbook Distribution
The agency provides the waiver handbook to members upon enrollment and reassessment, securing written receipt confirmation.

Provider Monitoring
Regular monitoring of providers ensures quality and compliance in delivering waiver services effectively.

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Self-Directed Care and Community Coordination

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Education and Assistance with Self-Directed Care

Assessment of Authorized Representatives
Evaluate the suitability of legal guardians or authorized representatives to provide paid services to Members.

Support During Service Termination
Assist Members in selecting alternative provider types if involuntary termination of self-direction occurs without qualified representatives.

Education on Waiver Services
Provide education on self-directed waiver services, including use of authorized representatives and budget worksheets using ODM resources.

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Budget Worksheet and Home Modification Coordination

Budget Worksheet Review
Agency sends recommended budget worksheet to Plan Care Coordinator for thorough review and approval.

Self-Direction Home Modification
If Member selects self-direction for home modification, Agency informs Plan for necessary follow-up actions.

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Community Organization Coordination and Resource Referrals

Care Coordination Collaboration
Work closely with community organizations and Plan care coordinators to ensure comprehensive care coordination for members.

Nonmedical Transportation Support
Assist members in securing nonmedical transportation services to meet their community and healthcare needs effectively.

Resource Education and Referrals
Provide education and referrals for food, housing, utility, and legal assistance to support members' health and safety.

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Contact Schedule and Documentation Requirements

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Member Contact Schedule and Risk Tier Table
Risk-Based Contact Frequency
Higher risk tiers require more frequent in-person and telephonic contacts to ensure proper waiver service coordination.
Collaboration Between Agency and Plan
Agency and Plan collaborate on visit schedules to meet regulatory requirements and adapt to member needs effectively.
Structured Visit and Contact Schedule
Visits and phone calls are scheduled based on member risk tiers, with higher tiers having more rigorous schedules.
Flexibility in Visit Locations
In-person visits can occur at locations agreed upon by members and agencies to accommodate member preferences.
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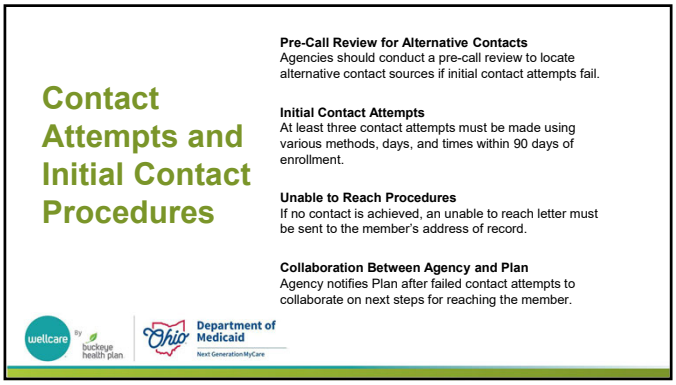
Contact Attempts and Initial Contact Procedures
Pre-Call Review for Alternative Contacts
Agencies should conduct a pre-call review to locate alternative contact sources if initial contact attempts fail.
Initial Contact Attempts
At least three contact attempts must be made using various methods, days, and times within 90 days of enrollment.
Unable to Reach Procedures
If no contact is achieved, an unable to reach letter must be sent to the member's address of record.
Collaboration Between Agency and Plan
Agency notifies Plan after failed contact attempts to collaborate on next steps for reaching the member.
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Documentation of Assessments and Activities
Timely Documentation
All assessments and coordination activities must be documented and uploaded within three business days after completion.
Comprehensive Content
Documentation must include participant details, dates, activity types, descriptions, outcomes, and next steps clearly.
Clear and Objective Writing
Documents should be objective, accurate, and understandable to ensure transparency and clarity for the Member.
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