**New EPD Waiver Enrollment Process (as of June 2015)**

**Purpose:** To highlight the changes that will be taking place in the Elderly and Persons with Physical Disabilities (EPD) Waiver enrollment process for New Waiver Certifications, with a focus on the DC Office on Aging’s (DCOA) Aging and Disability Resource Center’s (ADRC) expanded role in the process. ADRC staff will interact directly with Qualis, Economic Security Administration (ESA), and Case Management Agencies in a different capacity than under the current system.

**Intake/Referral – ADRC**

**Step 1:** An applicant/beneficiary contacts DCOA/ADRC to request LTC services. The ADRC’s Information and Referral/Assistance Unit (I&R/A) collects general information, demographics, and referral information for all requested services and supports on the Universal Intake form.

**Step 2:** If a referral is requested for the Elderly and Persons with Physical Disabilities (EPD) Waiver, I&R/A staff notes the EPD Waiver on the Universal Intake form and forwards this information to the Medicaid Lead, who will assign the case to a Medicaid Enrollment Specialist.

If applicable, I&R/A will also refer the case (via Universal Intake form) for case management either to a Lead Agency Social Work Supervisor (if resident is 60 or older), or to the ADRC Clinical Social Work Supervisor to assign the case to an ADRC Community Social Worker (if the resident is under 60 years old).

It is likely that each case will have both a Medicaid Enrollment Specialist and a community case manager involved, and it is important that these two entities work collaboratively on the case.

**Application Coordination Assistance - ADRC**

**Step 3:** The Medicaid Enrollment Specialist conducts a home visit to explain the EPD Waiver program, and assist the applicant in understanding, and completing (if needed) all of the required **enrolment paperwork (application package):**

* Beneficiary Freedom of Choice, Rights/Responsibilities form
* Attestation form with case management selections
* 30 AW form
* 1728 form to be signed by DC Medicaid Physician
* LTC Application
* Combined Medicaid Applications (if not currently a Medicaid beneficiary)
* Proof of residency (i.e. utility bill, driver license, or bank statement)
* Proof of income and other supporting documentation (i.e. bank statements, Social Security allocation letters, annuity letters)
* Proof of assets (i.e. stocks and bonds, mortgage statement, property tax information, life insurance policy)
* Proof of Guardianship
* Proof of Power of Attorney

**Also addressed during the initial home visit:**

* Introduce the DHCF EPD handbook, point out key sections
* Review the list of approved providers for EPD Waiver services, highlighting PCA agencies that they can choose among
* Review appeals process in case they are not approved for the Waiver
* Review any home and community-based services and supports (HCBS) they are currently receiving, and discuss current needs that ADRC can help with while they are waiting for the Waiver. Work collaboratively with community case manager to ensure that he/she is aware of the requested services.
* Ensure the applicant knows how to contact both the Medicaid Enrollment Specialist and their case manager (if applicable).

Follow up visits will be conducted as needed until all application materials are complete.

**Step 4:** Once the 1728 form is completed and signed, the Medicaid Enrollment Specialist will fax and/or scan the form to the DC Medicaid Physician.

**Step 5:** The Medicaid Enrollment Specialist will upload the complete 1728 form to Casenet.

**Level of Care Certification - Qualis**

**Step 6:** The Medicaid Enrollment Specialist tasks Qualis to do a Level of Care review (desk review).

**Step 7:** Qualis completes the Level of Care assessment and approval/certification.

**Financial Assessment - ESA**

**Step 8:** If the case is approved by Qualis, the MES updates the 30-AW to reflect the Eligibility Start and End Date identified on the 1728 (Level of Care), found under the Case Tab in Intake and Eligibility, then uploads the application package to Casenet (under Member Information).

**If the LOC is not approved, the MES will still upload the application package to Casenet under Member Information for consideration for State Plan Medicaid Option.**

**Step 9:** The MES emails a daily application transmittal to ESA, along with the following attachments for each applicant, for Processing:

* Screenshot of the 1728 LOC Determination (under the Case Tab in Intake and Eligibility)
* Combined Medicaid Application
* Long Term Care Application
* 30-AW
* Proof of residency
* Proof of income
* Proof of assets

**Note: For those applicants who do not have an approved Level of Care 1728, the MES will email only the Combined Medicaid Application, Long Term Care Application, and Supporting Documents to ESA for financial review for State Plan Medicaid Option.**

The Medicaid Lead will be copied on the emails.

**ESA** will contact the MES directly to request any additional documentation and with any questions/concerns pertaining to the application packet.

The Medicaid Lead will send a weekly transmittal to ESA with all the applications submitted for the week.

ESA has **60** days to process the materials. If no determination is made after **60** days, the MES follows up with ESA.

**Step 10:** ESA performs the financial assessment and makes a determination. If approved, ESA notifies the ADRC via emailed reconciliation report, and mails the Approval Notice to the beneficiary.

**MES** notifies all responsible parties.

**If not approved,** remind the applicant of the appeals process and refer them to helpful materials, deadlines, resources, etc. to help them appeal the decision (if applicable).

**Case Management Assignment and Case Transfer – ADRC and Case Management Agency**

**Step 11:** If approved by ESA, the MES will contact selected case management agencies (CMA) and secure acceptance via email. MES also uploads the CMA Attestation form to Casenet (Member Information section).

**Step 12:** The MES will send a follow up letter to the applicant including CMA selection and CMA contact information. The MES will notify Department of Healthcare Finance of the selection via email.

**Step 13:** DHCF issues a case management Prior Authorization to the CMA in the “Waiver Cost and Services” section in Casenet.

**Step 14:** Within 48 hours of the CMA acceptance of the case, the MES will upload a discharge summary to Casenet (under Member Information) outlining all services provided during the time they worked with the applicant/beneficiary in order to discharge the case.

The MES and assigned case manager discuss case as needed to ensure a smooth case transfer.

**Developing the Person-Centered Plan – Case Management Agency**

**Step 15:** Within 48 hours of accepting the case, the CMA contacts the applicant to conduct an intake and home visit.

**Step 16:** The assigned case manager completes and uploads the Person-Centered Plan within 7 days of the CMA accepting the case (currently, the process requires the development of the Integrated Service Plan, ISP).

**Step 17:** After submission of the Person-Centered Plan, the Case Management Agencies will task Qualis to issue Prior Authorizations for all Waiver services identified in Person-Centered Plan other than Case Management.

**Assessment for PCA Services - Delmarva**

**Step 18:** If a need for PCA services is identified in the person-centered plan, a face-to-face (Level of Need) assessment is conducted by Delmarva. A physician order is required prior to face-to-face assessment (the 1728 form is used as the Physician Order form).