RECIPIENT REQUIREMENTS

The Community Choices Waiver program is only available to individuals who meet the following criteria:

- Meet initial and continued Medicaid eligibility criteria,
- Are age 65 years or older, **OR** 21 through 64 years of age with a disability that meets Medicaid standards or the Social Security Administration's disability criteria,
- Meet initial and continued nursing facility level of care requirements,
- Have their name on the Request for Services Registry for the Community Choices Waiver, and
- Have a Plan of Care sufficient to:
    - Reasonably assure that the health and welfare of the waiver applicant can be maintained in the community with the provision of waiver services, and
    - Justify that the Community Choices Waiver services are appropriate, cost effective and represent the least restrictive environment for the individual.

Failure of the individual to cooperate in the eligibility determination process or to meet any of the criteria above will result in denial of or discharge from admission to the Community Choices Waiver.

NOTE: An individual may only be certified to receive services from one home and community-based waiver program at a time.

Request for Services Registry

The Department of Health and Hospitals (DHH) is responsible for the Request for Services Registry (RFSR), hereafter referred to as "the registry," for the Community Choices Waiver. An individual who wishes to have his or her name placed on the registry shall contact a toll-free telephone number which is maintained by the Office of Aging and Adult Services (OAAS).

Requests for Community Choices Waiver services shall be accepted from the following:

- The applicant,

- An individual who is legally responsible for the applicant, or
- A responsible representative designated by the applicant to act on his/her behalf.

Individuals will be screened to determine whether they meet nursing facility level of care. Only individuals who meet this criterion will be added to the registry. The individual's name is placed on the registry in request date order.

Community Choices Waiver opportunities are offered according to the following needs-based priority groups, in the following order:

- Individuals with substantiated cases of abuse or neglect referred by Adult Protective Services (APS) or Elderly Protective Services (EPS) who, without Community Choices Waiver services, would need institutional placement to prevent further abuse and neglect as determined by OAAS review,
- Individuals diagnosed with Amyotrophic Lateral Sclerosis (ALS), if the designated reserved slots are all filled,
- Individuals admitted to a nursing facility who are approved for a stay of more than 90 days,
- Individuals who are not presently receiving home and community-based services under another approved Medicaid waiver program, including, but not limited to:
    - Adult Day Health Care Waiver,
    - New Opportunities Waiver (NOW),
    - Supports Waiver, or
    - Residential Options Waiver (ROW), and
- All other eligible individuals on the registry, by date of first request for services.

Community Choices Waiver expedited opportunities may also be offered to qualified Long-Term Personal Care Services (LT-PCS) recipients.

If an applicant is determined to be ineligible for any reason at the time an offer is made, the next individual on the registry, based on the above stated priority groups, is notified and the process continues until an individual is determined eligible. A Community Choices Waiver opportunity is assigned to an individual when eligibility is established and the individual is certified.

Seventy-five waiver opportunities are reserved for individuals diagnosed with ALS. Qualifying individuals who have been diagnosed with ALS are offered one of these Community Choices

Waiver opportunities on a first-come, first-serve basis.

Expedited Waiver Opportunities

Notwithstanding the priority group provisions, a limited number of waiver opportunities may be granted to qualified individuals who require expedited waiver services. These individuals shall be offered an opportunity on a first-come, first-serve basis. To be considered for an expedited waiver opportunity, the individual must, at the time of the request for the expedited opportunity, be approved for the maximum amount of services allowable under the LT-PCS Program and require institutional placement, unless offered an expedited waiver opportunity. The following criteria shall be considered in determining whether or not to grant an expedited waiver opportunity:

- Support through other programs is either unavailable or inadequate to prevent nursing facility placement,
- The death or incapacitation of an informal caregiver leaves the person without other supports,
- The support from an informal caregiver is not available due to a family crisis,
- The person lives alone and has no access to informal support, or
- For other reasons, the person lacks access to adequate informal support to prevent nursing facility placement.

Admission Denial or Discharge Criteria

Failure of the individual to cooperate in the eligibility determination process or to meet any of the following criteria will result in denial of admission to/discharge from the Community Choices Waiver.

Admission shall be denied or the recipient shall be discharged from the waiver if any of the following conditions are determined:

- The individual does not meet the target population criteria,
- The individual does not meet the criteria for Medicaid eligibility,
- The individual does not meet the criteria for a nursing facility level of care,

- The recipient resides in another state or has a change of residence to another state,

- Continuity of services is interrupted as a result of the recipient not receiving and/or refusing Community Choices Waiver services (exclusive of support coordination services) for a period of 30 consecutive days,

  NOTE: Continuity of services will not apply when interruptions are due to a recipient being admitted to an acute care hospital, rehabilitation hospital or nursing facility so long as the stay does not exceed 90 consecutive days.

- The health and welfare of the individual cannot be reasonably assured through the provision of the Community Choices Waiver services within the individual's cost effectiveness,

- The individual fails to cooperate in the eligibility determination process or in the development or performance of the Plan of Care,

- The individual fails to maintain a safe and legal home environment,

- It is not cost effective to serve the individual in the Community Choices Waiver,

- The safety or health of a recipient(s) or provider staff is endangered, or

- The provider ceases to operate or discontinues providing a particular service type so that certain services are no longer provided.