CHAPTER 7: COMMUNITY CHOICES WAIVER

APPENDIX B: FORMS

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APPENDIX B

The following forms, handbooks, and procedural policies are available on the Office of Aging and Adult Services' website:

Form/Document Name	Web Address
Back-Up Staffing Plan	http://new.dhh.louisiana.gov/assets/docs/OAAS/Emergen cyPrep/BackupStaffingPlanForm.pdf
Emergency Plan	http://new.dhh.louisiana.gov/assets/docs/OAAS/Emergen cyPrep/EmergencyPlanandAgreementForm.pdf
Rights and Responsibilities for Applicants/Participants of Home and Community-Based Waiver Services (HCBWS)	http://new.dhh.louisiana.gov/assets/docs/OAAS/publicati ons/RightsRespon_Waivers.pdf
Log of Weekly Services/Supports and Daily Progress Notes for Community Choices Waiver – PAS – Single Employee	http://www.dhh.louisiana.gov/assets/docs/OAAS/publicat ions/ServiceLogs/CCWServiceLogAndInstructions.pdf
OAAS Transition Services Expense and Planning Approval (TSEPA) Form	http://new.dhh.louisiana.gov/assets/docs/OAAS/publicati ons/OAASPF07010TSEPAFormRI81408.pdf
OAAS Critical Incident Reporting Policies and Procedures	http://new.dhh.louisiana.gov/assets/docs/OAAS/publicati ons/OAASADM10020CIRpoliciesOAASRI62210HENL EYLEVELLE.pdf
Louisiana Department of Health and Hospitals Office of Aging and Adult Services Self-Direction Option Community Choices Waiver Employer Handbook	http://new.dhh.louisiana.gov/assets/docs/OAAS/publicati ons/CommChoice/SELFDIRECTIONSEmployerHandbo ok.pdf
Louisiana Department of Health and Hospitals Office of Aging and Adult Services Permanent Supportive Housing Policies and Procedure Manual	http://new.dhh.louisiana.gov/assets/docs/OAAS/PSH/PS HManual.pdf
Community Choices Waiver Permanent Supportive Housing Housing Stabilization Services Housing Transition/Crisis Intervention Services Progress Note Form	http://new.dhh.louisiana.gov/assets/docs/OAAS/publicati ons/PSHProgressNote.pdf

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The following form and instructions are included on the following pages:

Form Name

Request for Payment/Override Form

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ISSUED:

REPLACED:

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Reissued October 17, 2011 Replaces All Previous Issuances	REQUEST FOR PAYMENT/OVERRIDE FORM	NT/OVERRIDE FORM	OAAS-PF-08-014 Page 1 of 2
This form will be used for:	Request for Payment of Transition Intensive Support Coordination	Request for payment of Transition Services	Request for Poyment of Denied Claims
Participant Name:		Medicaid # (13 digits):	Date of Birth:
Agency Name:		Agency Contact Person:	Agency Phone:
Agency Fax Number		Agency E-mail Address:	
Population: Check One	COMMUNITY CHOICES	Арнс	Other
Reason for Request:			
PA Request is for: Begin Date: / /	End Date: / / In	Initials Only: Date Support Coordination Agency Received the 18-W:	cy Received the 18-W: / /
ATTACH ONLY THOSE DOCUMENTS NECESSARY TO JUSTIFY REQUEST: (DHH may request additional information.)	TO JUSTIFY REQUEST: (DHH may request a	dditional information.)	Check documents that are attached.
Approved CPOC	Progress Notes/Typed Chronology	CMS 1500 (completed)	Other:
DHH WILL NOT OVERRIDE TIMELY FILING LIMITS. IT IS THE RESPONSIBILITY OF EACH AGENCY TO RECONCILE ALL BILLINGS IN A TIMELY MANNER. DHH WILL REQUIRE A MAXIMUM OF FORTY-FIVE (45) CALENDAR DAYS TO PROCESS ALL REQUESTS AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION. ANY REQUEST NOT CONTAINING THE NECESSARY INFORMATION WILL BE RETURNED AS INCOMPLETE AND CONSIDERED NOT RECEIVED.	 IT IS THE RESPONSIBILITY OF EACH AGENCY TO REC UIRED DOCUMENTATION. ANY REQUEST NOT CONTA 	IG LIMITS. IT IS THE RESPONSIBILITY OF EACH AGENCY TO RECONCILE ALL BILLINGS IN A TIMELY MANNER. DHH WILL REQUIRE A MAXIMUM OF FORTY-FIVE (45) CALENDAR OF ALL REQUIRED DOCUMENTATION. ANY REQUEST NOT CONTAINING THE NECESSARY INFORMATION WILL BE RETURNED AS INCOMPLETE AND CONSIDERED NOT RECEVED.	. REQUIRE A MAXIMUM OF FORTY-FIVE (45) CALENDAR VED AS INCOMPLETE AND CONSIDERED NOT RECEIVED.
TO BE COMPLETED BY OAAS:	APPROVED	DENIED	RETURNED (See Reason Below)
Notes:		If Denied or returned, please provide reason below:	reason below:
OAAS Authorized Reviewer	Date		
TO BE COMPLETED BY DHH/WAIVER ASSISTANCE AND COMPLIANCE (WAC) IF APPLICABLE:	APPROVED	DENIED	RETURNED (See Reason Below)
Notes:		If Denied or returned, please provide reason below:	e reason below:
DHH/WAC Authorized Reviewer	Date		

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ISSUED: REPLACED:

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Step One - Indicate Reason for Use of Form. 1.) Request for Parment of Transition Intensive Support Coordination (TISC) - Use form to request payment for TISC services for up to four months prior to the individual transition back into the community with a waiser opportunity. 2.) Request for Parment of Transition Exercises - Use form to request payment of funds expended by a designated purchaser prior to learning a participant will be unable to transition back into the community with a waiser opportunity. 3.) Request for Parment of Transition. Step Two - Complete Demographing and Support Coordination Agency Information 3.) Request for Payment of the community with a waiser or targeted case management polation the request and incluse the aveied or targeted case management polation the request is for. 3.) Request for Payment of Denied Claims', indicate the events of an other and the advective services could note be completed because services of on payment of taims the event of the second for the movied or targeted case management polation the request is for. Be provides did pegin this is needed so the PA for the provider can be advect. Indicate the evalues if for the period of reimbursement you are request in the last second for the nordifer can be advected for that second to the complete operation. Services for the period of reimbursement you are request in the last second for the period of reimbursement you are request in the request. Indicate the start and and date for the period of reimbursement you are request in the request. Step Flove - Date Support Coordination Agency Received the 138-Wis. Indicate the tas upport coordination Agency of rescended for the period of reim
Step Two - Complete Demographic and Support Coordination Agency Information Do not leave any blanks. Indicate the waiver or targeted case management population the request is for. Do not leave any blanks. Indicate the waiver or targeted case management population the request is for. Step Three - Reason for the request is for. Do not leave to rangeted case management population the request is for. Step Three - Reason for the request is and include the 3 digt Medicaid claim denial code from the Remittance Advice, it is, observation services could not be completed became services did not begin in that cuarter and the date the support to the provider can be canceled for that period. Denial Code 191 Step Four - PA Request is for: Indicate the support coordination agency received the 18.W. Meduest is a services of an observice scienced for that period. Indicate the support coordination agency received the 18.W. Indicate the support coordination agency received the 18.W. Based on documentation provided. Junal more accurate contents and the request is. Based on documentation provided. Junal more accurate and service science of cancel of case of the provide deny of services could not be completed cases. Request for Payment Reason 1.J Approved POC, progress notes, CMS 100 (completed) and any transition of on take laste. Based on documentation provided. Junal more score deny orequest; i. Based on
Step Three - Reason for Request: Be specific. For "frequest for Payment of Denied Claims", indicate the reason for the request and include the 3 digit Medicaid claim denial code from the Remittance Advice, i.e., observation services could not be completed because services did not begin in that quarter and the date the services did not begin (this is needed so the PA for the provider can be canceled for that period). Denial Code 191 Step Four Step Four - PA Request is for: Indicate the start and end date for the period of reimbursement you are request is for: Step Four - PA Request is for: Indicate the start and end date for the period of reimbursement you are request is for: Step Four - PA Request is for: Indicate the start and end date for the period of reimbursement you are requesting. Step Four - PA Request is for: Indicate the start and end date for the period of reimbursement you are requesting. Step Four - Date Support Coordination Agency Received the 18-W: Indicate the support coordination agency received the 18-W Based on documents necessant to usitiv your request i.e. Request for Payment Reason 1.) Approved POC, progress notes, CMS 1500 (completed), and any other pertinent documents necessant. Request for Payment Reason 2.) Cony of Revices typenes Planning and Approval (TSEPA) form, copy of reviewal for payment. If denial is for late CPOC due to issues with requesting additional information, attach any correspondence received relative to the delay. PROGRESS NOTES MUST BE LEGIBLE. Request for Payment Reason 2.) Copy of services typenes and approval (TSEPA) f
Step Four - PA Request is for: Indicate the start and end date for the period of reimbursement you are requesting. Step Five - Date Support Coordination Agency Received the 18-W: Indicate the date the support coordination agency received the 18-W Step Five - Date Support Coordination Agency Received the 18-W: Indicate the date the support coordination agency received the 18-W Step Five - Date Support Coordination Agency Received the 18-W: Indicate the date the support coordination agency received the 18-W Based on documentation provided, DHH will review and either approve, deny, or return the request. Based on documentation provided, DHH will review and either approve, deny, or return the request. Based on documentation provided, DHH will review and either approve, deny, or return the request. Request for Payment Reason 1.) Approved POC, progress notes, CMS 1500 (completed), and any other pertinent documents necessary. Request for Payment Reason 1.) Approved POC, progress notes, CMS 1500 (completed), and any other reaction of reviewed POC budget sheet, copies of all receipts for expenditures from designated purchaser, copies of canceled checks, and narrative explaining why transition did not take place. Request for Payment Reason 2.) (copy of Pre-approved Transition Services could not be completed sheet, copies of all request for payment. If denial is for late CPOC due to issues with request for nonclogy that supports request for payment. If denial is for late CPOC due to issues with request for nonclogy that supports request f
Indicate the start and end date for the period of reimbursement you are requesting.
Step Five - Date Support Coordination Agency Received the 18-W: Indicate the date the support coordination agency received the 18-W Step Six - Support Documents Required: Based on documentation provided, DHH will review and either approve, deny, or return the request. Based on documentation provided, DHH will review and either approve, deny, or return the request. Based on documentation provided, DHH will review and either approve, deny, or return the request. Attach only those documents necessary to justify your request; i.e. Attach only those documents necessary to justify your request; i.e. Request for Payment Reason 1.) Approved POC, progress notes, CMS 1500 (completed), and any other pertinent documents necessary. Request for Payment Reason 2.) Copy of <u>Pre-approved</u> Transition Services could on an arrative explaining why transition did not take place. Request for Payment Reason 3.) If observation of services could not be completed submit program notes or typed chronology that supports request for payment. If denial is for late CPOC due to issues with requesting additional information, attach any correspondence received relative to the delay. PROGRESS NOTES MUST BE LEGIBLE. Other condination for relation using and supporting documentation to OAAS R.O. for approval and comments necessary. If approval, for approval and is convection using an extrastive time received relative to the delay. PROGRESS NOTES MUST BE colsprement is for late cordin dor returned the OAAS R.O. will event ag
Step Six - Support Documents Required: Based on documentation provided, DHH will review and either approve, deny, or return the request. Based on documentation provided, DHH will review and either approve, deny, or return the request. Request for Payment Reason 1.) Approved POC, progress notes, CMS 1500 (completed), and any other pertinent documents necessary. Request for Payment Reason 1.) Approved POC, progress notes, CMS 1500 (completed), and any other pertinent documents necessary. Request for Payment Reason 1.) Approved POC, progress notes, CMS 1500 (completed), and any other pertinent documents necessary. Request for Payment Reason 1.) Approved POC, progress notes, CMS 1500 (completed), and any other pertinent documents necessary. Request for Payment Reason 1.) Approved POC, progress notes, CMS 1500 (completed), and any other pertinent documents necessary. Request for Payment Reason 1.) Approved POC, progress notes, CMS 1500 (completed), and any other pertinent documents necessary. Request for Payment Reason 1.) folgence of Transition Services Expense Planning why transition did not take place. Request for Payment Reason 3.) if observation of services could not be completed submit program notes or typed chronology that supports request for payment. If denial is for late CPOC due to issues with requesting additional information, attach any correspondence received relative to the delay. PROGRESS NOTES MUST BE LEGIBLE. To be completed by OAAS Regional Office (R.O.) - Support coordinator agency will submit completed form and supporting documentation to OAAS R.O. And ernalia a cory to completed form w
The support coordination agency, a copy to SRI <u>liarrett@statres.com</u> for payment, and a copy to <u>susan.robinson@la.gov</u> at OAAS State Office (S.O.). Step Eight - Second Signature Block TO BE USED BY DHH/WAIVER ASSISTANCE AND COMPULANCE (WAC) SECTION, WHEN APPLICABLE.
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