

Step 1: OPTIONS consumer is found to be NFCE (via LCD). Options Care Manager will notify Aging Enrollment Entity of potential eligibility for Aging Waiver.

A. Enrollment Entity will:

1. Assist Applicant with PA 600L completion
2. Complete shortened CMI-the following sections of the CMI are to be completed at the time of Enrollment
 1. *Introduction*
 - 1A. *Consumer Identification (1-11)*
 - 1B. *Consumer Demographics (1-7)*
 - 1C. *Address Information (1-11)*
 - 1D. *Care Management Information (1-4)*
 - 1E. *Consumer Contacts (1-5)*
 2. *Physical Health*
 - 2A. *Physician Contacts (2-4, 11)*
 - 2C. *Use of Medical Services (1, 2, 5, 6)*
 - 2D. *Eye, Ear, Nose Throat and Mouth (1-4, 7)*
 - 2E. *Illness and Conditions, Breast, Cardio Pulmonary, and other Internal Organs (2-7)*
 - 2F. *Illness and Conditions, General (1,3-8)*
 - 2G. *Communicable Diseases, Disabilities and Surgeries (1,2,5)*
 - 2H. *Cognitive and Mental Health Conditions (1-5, 7)*
 3. *Activities of Daily Living*
 - 3A. *ADL's (1-9,11)*
 4. *Mobility*
 - 4A. *Mobility (1-9)*
 5. *Instrumental Activities of Daily Living*
 - 5A. *IADLs (1-9,11)*
 6. *Nutrition*
 - 6A. *Dietary Habits (6,8)*
 - 6B. *Nutrition Risk Assessment (1)*
 7. *Cognitive Functioning*
 - 7A. *Consumer Cognitive (1-4)*
 - 7B. *Short Portable Mental Status Questionnaire (1-10)*
 - 7C. *SPMSQ Results (1,2,4,8)*
 10. *Informal Supports*
 - 10A. *Primary Helper/Caregiver Section (1-6,8)*
 - 10E. *Primary Caregiver/Representative Cognitive (1)*
 13. *Formal Services*
 - 13A. *General (1,2,5)*
 14. *Physical Environment*
 - 14A. *Current Dwelling Unit (1)*
 - 14B. *Condition of Home (5,6)*

15. Financial Resources

15A. Consumer Income (1,3)

15F. Consumer Health Insurance (1-7)

15I. Financial/Legal Management (1-4)

17B Care Management Certification (1-2)

3. Complete Freedom of Choice form and Provider Choice form (to select SC Agency) with Applicant
4. Obtain a Physician's Certification
5. Send PA 1768, PA 600L, and supporting documentation to CAO
6. Enter PDA Waiver Care Enrollment as "Waiting" pending receipt of PA 162

B. Options Care Manager will:

1. Determine if Options providers are also providers under Aging Waiver
 - a. If yes—Options services can be transferred to Waiver plan with same providers
 - b. If no--offer Provider Choice form for Applicant to select new providers. Applicant must choose a provider who serves both Options and Waiver programs. This process will guarantee there is no gap in billing between the two programs.
 - i. If Applicant is utilizing consumer-PAS under Options, the Applicant will need to select a PAS-agency for the interim until PPL is set up under Waiver.
2. Update Options Care Plan with providers chosen on the Provide Choice form.

Step 2: Enrollment Entity receives PA 162 showing Applicant is eligible for Aging Waiver

A. Enrollment Entity will:

1. Change the "Waiting" Care Enrollment Status to "Waiting Terminated"
2. Enter a new and separate "Waiting" Waiver Care Enrollment
3. Enter Enrollment fee to the Waiver Care Plan as "Waiting"
4. Enter SC of 144 units per care plan to the Waiver Care Plan as "Waiting"
5. Copy the Options services over into the Waiver Care Plan at the same level of services. (Do not copy over Care Management). These services should be "Waiting" on the Aging care plan.
6. Submit Activity & Referral for Enrollment to OLTL

Step 3: OLTL approves Enrollment Activity & Referral

A. Options Care Manager will:

1. End-date Options Care Plan and services. End date will be the day prior to OLTL approval of Waiver Enrollment.
2. End-date Options Care Enrollment. End date will be the day prior to OLTL approval of Waiver Enrollment.

B. Enrollment Entity will:

1. Update PDA Waiver Care Enrollment to “Active” with a Start Date of the day OLTL approved Waiver Enrollment
2. Update PDA Waiver Care Plan to “Active” with a Start Date of the day OLTL approved Waiver Enrollment
3. Update all services on the Waiver Care Plan to “Active”
4. Transfer SAMS record to selected SC Agency

C. SC will:

1. Notify Waiver providers of the participant’s eligibility for Aging Waiver and send Service Authorization Forms
2. Conduct a home visit to determine additional services necessary (via ISP)
3. Complete the incomplete sections of the CMI
4. Submit the “Service Plan Review-Initial” to OLTL for review/approval of additional services needed. Any increased or new services should be entered as “Waiting” on the Aging Care Plan.
 - a. For PAS-consumer model Applicants: once PPL gives a “good to go” date, update the Care Plan to reflect PAS-consumer model and end-date interim PAS-agency. Submit as “Service Plan Review-Increase” to OLTL.