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analysis to advance the health of vulnerable populations

LTSS
Authorization to Participant
Overall Decision/Letter Training
Policy Training

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UMBC

AN HONORS UNIVERSITY IN MARYLAND

Agenda

- Welcome
- Authorization to Participate Form
- Technical and Medical Criteria
    - CFC and MAPC
    - CO
    - ICS
- Authorization to Participate Types
    - Advisory Authorization
    - Authorization
    - Denial
    - Disenrollment
- Authorization to Participate Process
- Questions and Answers

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Authorization to Participate Form

- What is the purpose of the ATP form?

  - To notify DHMH if an applicant meets the technical and medical criteria for the waiver/program of interest

    or

  - To notify DHMH that a participant no longer meets the technical and medical criteria for the waiver/program they are enrolled

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CFC and MAPC
Technical and Medical Criteria

- Age Requirement – None
- Medicaid Type - Community
- Applicant/Participant lives in a community setting in Maryland
- Plan of Service (POS)
  - Meets applicant/participant's health and safety
  - POS is within cost neutrality
  - Approved by DHMH POS Unit
- Level of Care (LOC)
  - CFC - Nursing Facility or Institutional
  - MAPC - MAPC or Nursing Facility or Institutional

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CO
Technical and Medical Criteria

- Age Requirement – 18 years or older

- Medicaid Type

    - LTC Medicaid (typically when preparing Advisory ATP)

    - Community Medicaid (typically after enrollment)

- Applicant/Participant lives in an institutional setting in Maryland

- Ability to safely live in the community with waiver services

- Signed Waiver Application

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CO
Technical &Medical Criteria Continued

- Signed Freedom of Choice Form

  (Option 1 selected applicant is willing to receive home and community based services)

- Level of Care (LOC)

  - Nursing Facility or

  - Institutional

- Plan of Service (POS)

  - Meets applicant/participant's health and safety

  - POS is within cost neutrality

  - Approved by DHMH POS Unit

ICS
Technical and Medical Criteria

- **Denied financially for Community Options** (previously LAH and WOA) waiver but income does not exceed 300 percent of SSI.

- Age Requirement – 18 years or older

- Medicaid Type

    - LTC Medicaid (typically when preparing Advisory ATP)

    - Community Medicaid (typically after enrollment)

- Applicant/Participant lives in an institutional setting in Maryland

- Ability to safely live in the community with waiver services

- Signed Waiver Application

ICS
Technical & Medical Criteria Continued

- Signed Freedom of Choice Form

  (Option 1 selected applicant is willing to receive home and community based services)

- Level of Care (LOC)

  - Nursing Facility or

  - Institutional

- Plan of Service (POS)

  - Meets applicant/participant's health and safety

  - POS is within cost neutrality

  - Approved by DHMH POS Unit

ATP Types

- Advisory Authorization ATP
  - The **applicant** meets the technical and medical criteria for the waiver/program with the **exception** of having community housing
  (Note this ATP Type is only applicable to CO and ICS waiver)

- Authorization ATP
  - The **applicant** meets the technical and medical criteria for the waiver/program of interest.

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ATP Types Continued

- ## Denial ATP
  - The **applicant** does meet at least one of the technical and/or medical criteria for the waiver/program of interest
  - Examples include:
    - Age
    - Level of Care
    - Housing
    - Plan of Service could not be approved
    - Applicant or authorized representative declined services
    - Person can not live safely in the community with waiver/program services

      Please note this is not the complete list of denial reasons

      Please view an ATP Denial form to obtain a full listing of reasons

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ATP Types Continued

- ## Disenrollment ATP
    - The **participant** no longer meets at least one of the technical and/or medical criteria for the waiver/program they are **enrolled**
    - Examples include:
        - Level of Care not met
        - Plan of Service could not be approved
        - Deceased
        - Person is institutionalized in a LTC facility (nursing facility, chronic care hospital, rehabilitation hospital, chronic institution for mental disease, ICF/ID) for at least 30 days with Medicaid as the primary payer

            Please note this is not the complete list of disenrollment reasons
        Please view an ATP Disenrollment form to obtain a full listing of reasons

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When Should a SP Create and Submit an ATP to DHMH?

- The Supports Planner should complete an:
  - Advisory Authorization ATP when an **applicant** has met all technical and medical criteria **except** housing for CO or ICS
  - Authorization ATP when an **applicant** has met **all** technical and medical criteria including housing for MAPC, CFC, CO, or ICS
  - Denial ATP when an **applicant** has not met at least one of the technical and/or medical criteria for MAPC, CFC, CO or ICS
  - Disenrollment ATP when a **participant** no longer meets all of the technical and/or medical criteria for MAPC, CFC, CO or ICS

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ATP Form - Creation
LTSS Maryland
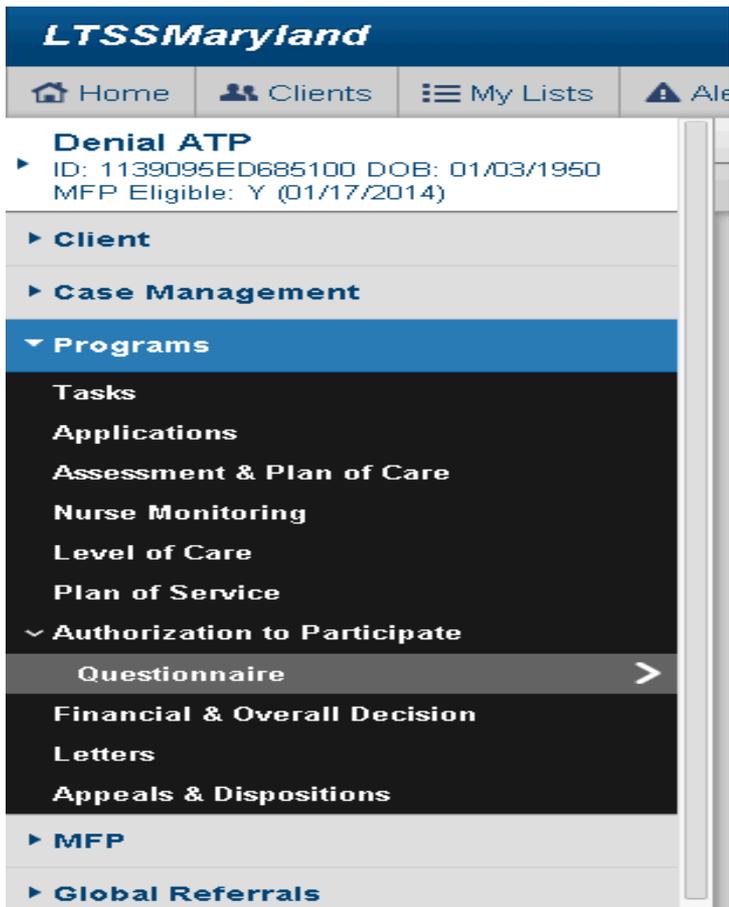
- Login to LTSS Maryland

- Search for the person

- Click on Programs in the left navigation bar

- Click on Authorization to Participate in the left navigation bar

- Click on the Add button in the upper right corner of the page

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ATP Form Creation LTSS Maryland – ATP Program Type

■ ATP Program Type – Selected by the user from the drop down list in LTSS Maryland. Note: it is important to select the correct Program Type because this selection tells LTSS which questions to populate in the Pre ATP Questionnaire

■ CFC

■ MAPC

■ CO

■ ICS

ATP Form Creation
LTSS Maryland - ATP Type

- ATP Type – Selected by the user in LTSS Maryland
  - Advisory Authorization
  - Authorization
  - Denial
  - Disenrollment

ATP Form Creation
LTSS Maryland – Client Info

■ This section is pre-populated by LTSS based on information entered on the client profile

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ATP Form Creation
LTSS Maryland
Pre ATP Questionnaire

- Pre-populates key technical and medical criteria outcomes from various sections of LTSS Maryland
(This is not a substitute for your viewing the individual forms)

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ATP Form Creation
LTSS Maryland - Advisory Authorization ATP

After verifying the **applicant** has met all medical and technical criteria with the **exception** of housing simply click on the **Submit to DHMH for Review** button.
An alert will be sent to the assigned DHMH Program Staff or Program Staff Admin

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ATP Form Creation
LTSS Maryland - Authorization ATP

After verifying the **applicant** has met all medical and technical criteria including housing and provider enrollment enter the Service **Effective Date** and the **Latest Date That all Three Above Items are Complete** fields. Simply click on the **Save** button followed by **Submit to DHMH for Review** button.
<u>An alert will be sent to the assigned DHMH Program Staff or Program Staff Admin</u>

ATP Form Creation
LTSS Maryland - Denial ATP

After verifying the **applicant** does meet at least one of the technical and/or medical criteria for the waiver/program of interest **click on the checkbox beside the reason**. Followed by clicking on the **Save** button followed by **Submit to DHMH for Review** button.

An alert will be sent to the assigned DHMH Program
Staff or Program Staff Admin

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ATP Form Creation
LTSS Maryland - Denial ATP

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ATP Form Creation
LTSS Maryland - Disenrollment ATP

After verifying the **participant** no longer meets the medical and technical criteria for the waiver/program they are enrolled **click on the checkbox beside the reason**. Followed by clicking on the **Save** button followed by **Submit to DHMH for Review** button.

An alert will be sent to the assigned DHMH Program Staff or Program Staff Admin

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ATP Form Creation
LTSS Maryland - Disenrollment ATP

o → Not certified to meet nursing facility level of care. ¶

o → The person does not meet the age requirement for the waiver/program. ¶

o → Not able to live safely in the community with the assistance of available services. ¶

o → Does not live in the community. ¶

o → The POS could not be approved. ¶

o → Individual cost-neutrality is not met; costs of services under the waiver/program are more than the cost of services in a nursing facility. ¶

o → The applicant is presently enrolled and chooses to remain in another community based program: ¶

o → Applicant or authorized representative declined or chooses waiver/program services as an alternative to nursing facility care in the Freedom of Choice document. ¶

o → The person died. Date of Death ¶

o → The person is institutionalized in a long-term care facility (nursing facility, chronic care hospital, rehabilitation hospital, chronic institution for mental disease, ICF/ID) for at least 30 days with Medicaid, rather than Medicare, as the primary payer. ¶

   o → Long Term Stay or Short Term Stay (Drop Down List) ¶

   o → Date the Participant Entered the LTC facility ¶

   o → Date the Participant Returned to the Community ¶

o → Other reason(s). ¶

o → Additional Comments: ¶

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ATP Form CO and ICS DHMH Processing

- What does the DHMH Program Staff do with the ATP for **CO** or **ICS**?
    - The DHMH Program Staff member will verify the information listed on the ATP
    - Upon completing the review the **DHMH Program Staff** member will **submit** the ATP to **DEWS**
    - **DEWS** will complete the **Overall Decision** and Letter based on the **technical**, **medical**, and **financial** criteria for the waiver
    - **DEWS** will mail the eligibility letter to the applicant/participant

ATP Form MAPC and CFC DHMH Processing

- What does the DHMH Program Staff do with the ATP for **MAPC** or **CFC**?
  - The **DHMH Program Staff** member will verify the information listed on the ATP
  - Upon completing the review for MAPC or CFC the **DHMH Program Staff** member will complete the **Overall Decision** and **Letter** based on the **technical** and **medical** criteria for the program in the LTSS
  - **DHMH Program Staff** member will mail the eligibility letter to the applicant/participant

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Acronyms

- ALF – Assisted Living Facility

- ATP – Authorization to Participate

- CFC – Community First Choice

- CO – Community Options (waiver)

- FOC – Freedom of Choice Form

- ICS – Increased Community Services (program)

- LHD – Local Health Department

- LOC – Level of Care

- LTC MA – Long Term Care, Medicaid

- MA - Medicaid

- MAPC – Medicaid Personal Care Program

- POS – Plan of Service

- SP – Supports Planner

- UCA – Utilization Control Agency

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Definitions

- Applicant – A person applying to receive services from a Medicaid waiver or programs

- Diverted Applicant – person that lives in the community and was not deinstitutionalized from a facility or institution

- Deinstitutionalization Applicant – person who lived in a facility or institution prior to discharge to the community

- Participant – A person enrolled and receiving services from a Medicaid waiver or program

- Services Effective Date – Date the applicant can begin receiving services
  - Financial Approved for the waiver or program
  - Medical and Technical Criteria met
  - Lives in the community
  - Appropriate Level of Care
  - interRAI (Medical Assessment) and Plan of Care completed by the LHD
  - Approved Initial POS
  - Providers are enrolled with fiscal intermediary (if applicable)
  - Providers are enrolled in ISAS (if applicable)

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