

## The Waiver Certification Process: STEPS from Linkage to Services

- STEP 1 When you receive a Waiver Offer**, You must decide to accept or decline the Waiver. If you **accept**, you must select a Support Coordination agency- they will provide a *Support Coordinator (SC) that will; help you navigate the waiver process, ensure your service provider is providing the needed services for you, and confirm you are receiving all the needed Medicaid services.* If you **decline**, you may choose to remove your name from the Waiver Registry or stay on the Registry for an offer at another time (inactive). Inactive means that you will be placed on hold until you request to be reactivated in writing, at that time it might be another year (or longer) until a waiver is offered again. You must Review, Sign, and Send your Waiver offer forms back to Statistical Resources (SRI) **As Soon As Possible**.
- STEP 2** SRI will send your information to your chosen Support Coordination Agency- this starts the **Waiver Certification process**. You will receive a phone call from your Support Coordinator in **3 days**. They will call to introduce themselves and tell you about the next steps, including choosing a Service Provider and scheduling your next face-to-face meeting. A goal in the certification process is to be approved to start using your Waiver Services 90 days from the date you are linked to your chosen Support Coordination Agency.
- Step 3 Choosing a Service Provider** (see attached). The ***Service Provider will be the company that hires the people to provide Direct Services (A Direct Support Worker is a person that helps in activities of daily living and other care you may need in your home, work and community).*** It is important you **Ask Questions, Talk to others, and Select a Provider** that will meet you and your family's needs. However, even if you select a Provider and it doesn't work out, you have the Freedom to choose another Provider. This is called Freedom of Choice (FOC). If you are already receiving in home supports such as Long Term-PCS, EPSDT, Children's Choice Waiver or Family Support funded services, you may be able to keep the same provider that you currently have providing services. You have the right to keep the same provider or change.
- STEP 4 IMPORTANT STEP** You should immediately make an appointment to see your doctor for completion of the **90L form (medical certification)**. This form tells us you meet the required Level of Care for Waiver Services. If you need help with this form call your Support Coordinator or MHSD right away. Once you have this form completed call your Support Coordinator right away and remember to keep a copy for your records.
- STEP 5 IMPORTANT STEP** – Completing the **Medicaid application**. Even if you already have Medicaid you must complete a Medicaid application for Waiver Services. If you need assistance with the application ask for help immediately. It's important to note, the Medicaid application talks about Long term care- community based care, nursing home, group home. **You only need to fill out the information that is requested for Long Term care - community based care.**
- STEP 6** Only NOW Waivers. **IMPORTANT STEP** –A SIS (Supports Intensity Scale) and LaPlus Assessment must be completed. You will meet with a Support Coordinator from your Support Coordination Agency and YOU may invite anyone you choose to the meeting to complete this assessment. *This assessment could take 2 -4 hours, but it is important to helping determine the level of support you may receive through the NOW Waiver.* **Take your time. Ask Questions.** This is a time where your Support Coordinator can learn about you or your loved one's needs.
- STEP 7 Comprehensive Plan of Care Meeting (CPOC)**. The CPOC is a collaborative plan that outlines specific goals that a person wants to achieve. The **COLLABORATION** occurs between the person receiving the services, the Support

Coordinator, the Provider staff (Direct Support Worker), any significant others chosen by the person (including family, friends, clinicians, school representatives and anyone else you deem important). These people become your Support Team. **The CPOC cannot be completed until step 4 (obtaining your 90L) is completed.**

**STEP 8** Once your Comprehensive Plan of Care is written and reviewed by the team it is then submitted to your Local Waiver Office (MHSD, if you live in Orleans, Plaquemines or St. Bernard Parish) for **review and approval**. The Waiver office reviews the CPOC for Health and Safety indicators (such as medication administration, protocols for seizures, challenging behaviors, or other specific medical needs) as well as Personal and Quality of life goals (such as educational goals, work goals, and community involvement).

**STEP 9** The local Waiver office will contact you to schedule a **Home Certification Meeting**. The purpose of this meeting is to review your rights and responsibilities with the services you have selected to use and to answer any questions you may have. This completes your Medical/Developmental Disability eligibility for the Waiver services.

**STEP 10** Upon completion of the Home Certification meeting the Waiver office sends additional documentation to Medicaid to go along with the Medicaid application you submitted in **Step 5** above. **Medicaid completes your financial eligibility** for Waiver Services- Medicaid could request additional information from you or your family (especially for a minor). If you need help getting this information please contact your Support Coordinator. Once everything is received Medicaid will send out an authorization that says you are approved for Waiver Services which means your Waiver Services can begin in your home. Your Support Coordinator must meet with you in 10 days after your services start to make sure everything is going as **PLANNED**.

**Your role in your Waiver Certification process is important. Scheduling meetings, keeping appointments, communicating your concerns and asking for help is essential to the process. Listed below are important numbers you should have:**

**Metropolitan Human Services District:**

**Support Coordination:**

**Medicaid:**

**Your Primary Care Doctor:**