

Bulletin: MSA 09-56

Distribution: Medicaid Home and Community Based Services Waiver for the Elderly and Disabled (MI Choice Waiver), Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Hospital Swing Beds, Ventilator Dependent Care Units, Centers for Independent Living

Issued: November 10, 2009

Subject: MI Choice Waiver Waiting List - Revised

Effective: As Indicated

Programs Affected: Medicaid

The purpose of this bulletin is to revise and clarify bulletin MSA 09-47 based on comments received.

The "Background" section of bulletin MSA 09-47 has been eliminated due to the confusion it created.

Under the section "Updates", MSA 09-47 stated that two waiting list priority categories have been updated. To clarify that the two waiting list priority category definitions entirely replace current policy, the word "updated" has been replaced with "revised" in the first sentence and now reads, "Below are the two waiting list priority categories that have been revised." The title of this section has also been changed from "Updates" to "Policy Revisions."

Within the same section ("Policy Revisions"), the definition for the waiting list priority category Nursing Facility Transition Participants is being clarified by removing the language regarding barriers and routine discharge planning in the first sentence and replacing it with the following:

"Nursing facility residents who desire to transition to the community, are medically and financially eligible, and require at least one MI Choice service on a continual basis to remain at home or in the community qualify for this priority status and are eligible to receive assistance with supports coordination, transition activities, and transition costs."

The revised bulletin in its entirety is as follows:

Purpose

The Michigan Department of Community Health (MDCH) has modified two of the four waiting list priority categories for the MI Choice Waiver: Nursing Facility Transition Participants and Current Adult Protective Services (APS) Clients. In addition, the MDCH waiting list reporting form, MSA-0812, has been updated with additional waiting list data reporting requirements.

Policy Revisions

Below are the two MI Choice waiting list priority categories that have been revised. The updated categories will also be available on the MDCH website at www.michigan.gov/medicaidproviders >> Prior Authorization >> The Medicaid Nursing Facility Level of Care Determination >> MI Choice Eligibility and Admission Process.

- **Nursing Facility Transition Participants**

Nursing facility residents who desire to transition to the community, are medically and financially eligible, and require at least one MI Choice service on a continual basis to remain at home or in the community qualify for this priority status and are eligible to receive assistance with supports coordination, transition activities, and transition costs.

- **Current Adult Protective Services (APS) Clients and Diversion Applicants**

When an applicant who has an active APS case requests services, priority is given when critical needs can be addressed by MI Choice Waiver services. It is not expected that MI Choice Waiver agents solicit APS cases, but priority should be given when appropriate.

An applicant is eligible for diversion status if they are living in the community or are being released from an acute care setting and are found to be at imminent risk of nursing facility admission. Imminent risk of placement in a nursing facility is determined using the Imminent Risk Assessment, an evaluation approved by MDCH. Supports coordinators administer the evaluation in person, and final approval of a diversion request is made by MDCH.

Update to Waiting List Data Collection

Implementation of this bulletin will update the MI Choice Waiting List Data Collection (MSA-0812) form, (see Attachment A) with the required data listed in the MI Choice Waiting List Data Collection document (see Attachment B). The data must be submitted in the order listed in the attached MI Choice Waiting List Data Collection form. This required waiting list template can also be requested by contacting the Medical Services Administration (MSA) at michoicewaitinglist@michigan.gov.

The waiting list data must be submitted quarterly to MSA (michoicewaitinglist@michigan.gov) no later than the 15th of the month following the end of the MDCH quarter as identified below:

Data Collection	Period	Due Date
First Quarter	October 1 – December 31	January 15
Second Quarter	January 1 – March 31	April 15
Third Quarter	April 1 – June 30	July 15
Fourth Quarter	July 1 – September 30	October 15

Each quarterly submission should list only those individuals who were on the waiting list during any portion of the reporting period. Persons who were enrolled in the waiver or who were otherwise removed from the waiting list prior to the first date of the quarter should not be included on the list. Individuals who are added to the waiting list after the conclusion of the fiscal quarter being accounted for (but before the data is submitted) should not be listed until the following quarter.

Each person on the waiting list should have a single record on the file. If a waiver agent's database has multiple entries for the same person due to different addresses, contacts, etc., include only the most recent record.

All files must be encrypted and password protected as they contain Health Insurance Portability and Accountability Act of 1996 (HIPAA) protected personal health information. If a provider cannot submit information by e-mail, another acceptable option is to copy the file to a compact disc (CD) and mail it the MDCH Long Term Care Program Policy staff. Hard copy printouts of data records will not be accepted.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

APPROVED

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Acting Director
Medical Services Administration



MI Choice Waiting List Data Collection

Agent:	Reporting Dates:	
Quarter:	From:	To:

Period (Q)	Waiver Agent	Last Name	First Name	Middle Initial	Street Address 1	Street Address 2	City	Zip (#####)	SSN (###-##-####) or (###)	Medicaid ID (#####)	Date of Birth (MM/DD/YYYY)	Priority Category (1 - 4)	TIG Date (MM/DD/YYYY)	Date of Last Contact (MM/DD/YYYY)	Date Removed From WL (MM/DD/YYYY)	Reason for Removal Code (1-9)	Current Residence Code (1-15)	Current Living Arrangement Code (1-7)

MI Choice Waiting List Data Collection

Field Name	# Char	Format	Description
Waiver Agent	35	Text	Waiver agents must include their agency name.
Last Name		Text	Include the last name of the person on the waiting list. Suffix (Jr., III, etc.) information should be included with the last name.
First Name		Text	Include the first name of the person on the waiting list. Complete name fields should be parsed out into separate fields.
Middle Initial	1	Text	Include if collected.
Street Address 1		Text	Include the most recent street address.
Street Address 2		Text	Use if needed.
City		Text	
Zip	5 (9)	Numeric	Include either 5 or 9 digit zip codes.
Social Security Number (SSN)	11	###-##-#### or #####	If collected, include the SSN of the person for identification purposes. The last 4 digits of the SSN are also acceptable.
Medicaid ID Number	10	#####	Include if the person has a Medicaid ID number. If pending or not yet applied, please leave blank.
Date of Birth	10	MM/DD/YYYY	
Priority Category	1	Numeric	1 – CSHCS 2 – NFT 3 – APS and Diversion 4 – Community (Other)
Telephone Intake Guideline (TIG) Date	10	MM/DD/YYYY	Date that the person is placed on the waiting list. By policy, this is the date that the TIG or the Level of Care Determination (LOCD) was completed.
Date of Last Contact	10	MM/DD/YYYY	If collected, this field will help determine the frequency of contacts. If no other contact has been made or recorded, the default value would be the TIG Date above.
Date Removed From Waiting List	10	MM/DD/YYYY	Enter the date that the person was removed from the waiting list. Persons with this field blank are still on the waiting list and should not have listed any "Reason for Removal."
Reason for Removal	1	Numeric	1 – Enrolled in Waiver 2 – Death 3 – Moved from Agency Service Area 4 – Admitted to Nursing Facility 5 – Unable to Locate/Contact 6 – Medically/Financially Ineligible

MI Choice Waiting List Data Collection

Field Name	# Char	Format	Description
			7 – Refused Services 8 – Receiving Services from Another Program 9 – Other
Current Residence	2	Numeric	1 – Private Home/Apartment/Rented Room 2 – Board and Care 3 – Licensed Adult Foster Care 4 – Licensed Home for the Aged 5 – Unlicensed Congregate Setting 6 – Mental Health Residence 7 – Group Home for Persons with Physical Disabilities 8 – Setting for Person with Intellectual Disability 9 – Psychiatric Hospital or Unit 10 – Homeless 11 – Nursing Facility 12 – Rehabilitation Hospital/Unit 13 – Hospice Facility 14 – Correctional Facility 15 – Other
Current Living Arrangement	2	Numeric	1 – Alone 2 – With Spouse or Partner 3 – With Child(ren) 4 – With Parent(s) or Guardian(s) 5 – With Sibling(s) 6 – With Other Relative(s) 7 – With Non-Relative(s)