

Bulletin: MSA 09-47

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: September 1, 2009

Subject: MI Choice Waiver Waiting List

Effective: October 1, 2009

Programs Affected: Medicaid

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.

Background

The following delineates the current waiting list priority categories and their associated definitions. They are listed in descending order of priority.

- **Persons No Longer Eligible for Children's Special Health Care Services (CSHCS) Because of Age**
This category includes only persons who continue to need Private Duty Nursing care at the time coverage ended under CSHCS.
- **Nursing Facility Transition Participants**
A given number of program slots will be targeted by MDCH each year to accommodate nursing facility transfers. Nursing facility residents are a priority only until the enrollment target established by MDCH has been reached.
- **Current Adult Protective Services (APS) Clients**
When an applicant who has an active APS case requests services, priority should be given when critical needs can be addressed by MI Choice Program services. It is not expected that MI Choice Program agents seek out and elicit APS cases, but make them a priority when appropriate.
- **Chronological Order By Date Services Were Requested**
This category includes potential participants who do not meet any of the above priority categories and those for whom prioritizing information is not known.

Updates

Below are the two waiting list priority categories that have been updated. 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 face barriers that exceed the capacity of the nursing facility routine discharge planning process qualify for this priority status. Qualified persons who desire to transition to the community 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 form, MSA-0812 (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.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Tiffany Romelus
Michigan Department of Community Health
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: romelust@michigan.gov

If responding by e-mail, please include "MI Choice Waiver Waiting List" in the subject line.

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



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)