

MS - AGING AND ADULT SERVICES WAIVERS
Aging and Adult Services Waivers

26100-26110**26100 Aging and Adult Services Waivers****04-01-03**

The Division of Aging and Adult Services (DAAS) sponsors home and community based Waiver programs providing non-institutional long term care services to individuals as an alternative to institutionalization in a long term care facility. Individuals eligible for DAAS Waiver services must be potentially eligible for admission to a long-term care facility and must require an Intermediate Level of Care. The ElderChoices program provides services for individuals aged 65 and over. The Alternatives for Adults with Physical Disabilities Home and Community-Based Waiver Program (AAPD) provides services for individuals aged 21 through 64.

26105 History of ElderChoices and AAPD Waiver**07-15-09**

- ◆ ElderChoices: Arkansas implemented the Alternative Community Services (ACS) Program for the Aged (ElderChoices) effective August 1, 1991. Authorization for the ElderChoices program was established by Section 2176 of the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35.
- ◆ Alternatives for Adults with Physical Disabilities Waiver: Federal Regulations at 42 CFR 435.217 allows states to provide home and community based waiver services to physically disabled individuals under age 65 as an alternative to institutionalization.

On July 1, 1997, Arkansas implemented the statewide Alternatives for Adults with Physical Disabilities Home and Community Based Waiver Program (AAPD) for individuals aged 21 through 64.

- * On July 1, 2007, AAPD recipients turning age 65 had a choice of remaining in the AAPD waiver or transitioning to ElderChoices. Effective July 15, 2009, individuals turning age 65 will not be allowed to continue in the AAPD waiver.

26110 Scope of Services**10-01-08**

- ◆ ElderChoices: Services available through this program include:
 - Homemaker Services
 - Chore Services
 - Home Delivered Meals
 - Personal Emergency Response System
 - Adult Day Health Care
 - Adult Family Home
 - Respite Care
 - Adult Day Care
- ◆ AAPD Waiver: Services available through this program are available to a limited number of recipients and include:

- Attendant Care
 - consumer directed/co-employer
 - traditional agency services
- Environmental Accessibility Adaptation Services
 - case management/counseling support

Both ElderChoices and AAPD Waiver recipients are eligible for the full range of Medicaid benefits. However, the individual must accept the services provided by the Waiver program for which they apply to be eligible for Medicaid. The need or desire for a Medicaid card only will not qualify an individual for eligibility.

Applicants for ElderChoices must be 65 years of age or older. Applications made by individuals who have not reached their 65th birthday will be screened for AAPD Waiver eligibility.

26115 Eligibility Requirements

07-15-09

ElderChoices and AAPD Waiver share most eligibility requirements. To be eligible for either Waiver program, an individual must meet both the non-medical and medical criteria listed below:

I. Non-Medical Criteria

1. Income - Gross income cannot exceed the current LTC income limit. (Re: SSI Chart at Appendix S). Income is determined and verified according to LTC guidelines (Re. MS 3340-3348). VA A&A and CME/UME will be disregarded as income for eligibility. The spousal rules for income do not apply to either AAPD or ElderChoices as the individual makes no contribution toward the cost of care.
2. Resources - Total countable resources cannot exceed the current LTC limitations. Resources are determined and verified according to LTC guidelines (Re. MS 3330). The spousal rules for resources at MS 3337 - 3338.12 apply to ElderChoices and AAPD Waiver applicants and recipients.

The transfer of resource provisions will apply. If assets have been transferred during the look back period, a period of ineligibility for Waiver services will be imposed for uncompensated value.

3. Citizenship - It must be verified that the individual is a citizen of the United States or a lawfully admitted qualified alien (Re. MS 6700).
4. Residency - The individual must be a resident of Arkansas (Re. MS 2200).
5. Social Security Enumeration - The individual must meet the Social Security Enumeration requirement (Re. MS 1390).
6. Cost Effectiveness - The average cost of services provided to individuals in the community must be less than the cost of services for those

individuals if they were in an institution. This determination will be made by DAAS.

- * 7. ElderChoices Recipients must be age 65 or over. AAPD recipients must be age 21 through 64, and must be physically disabled according to SSI/SSA guidelines.

Each eligibility requirement, with the exception of cost effectiveness, will be verified and documented in the case record at initial certification. It may be assumed by DCO that an individual applying for the ElderChoices or AAPD Waiver program will meet the cost

When the Office of Appeals and Hearings reverses an Agency decision that an individual did not meet medical necessity requirements, a new DHS-704 will not be issued. The final Agency decision will contain the determination of the Intermediate Level of Care. The Medicaid Begin Date will be the date of the hearing officer's decision and the Eligibility Start Date on the Waiver portion of the case will be the same as the Action Date. As no Level of Care Review Date will be given, the caseworker will enter a date 12 months after the date of the hearing officer's decision.

NOTE: If Waiver services were provided and the applicant dies prior to the approval of the application, Waiver eligibility will begin the date services began and end the date of death if all other eligibility requirements are met.

26170 Procedures for AAPD Waiver Recipients Turning 65 07-15-09

Individuals receiving services through AAPD lose eligibility when they reach the age of 65. These individuals are usually eligible to continue coverage through ElderChoices if they choose to make application. To allow the individual to move from AAPD to ElderChoices without a lapse in coverage, the AAPD RN will determine medical necessity and then send the DHS-3330 and page 2 of the Plan of Care signed by the AAPD recipient to the county office approximately 45 days prior to the recipient's 65th birthday. The DHS-3330 and page 2 of the ElderChoices Plan of Care will serve as the application. It is not necessary for the recipient to complete a DCO-777 or DCO-215 unless it is time for the annual reevaluation.

The ElderChoices case cannot be approved unless all of the following conditions are met:

- The county has received the DHS-3330 and Page 2 of the Plan of Care signed by the recipient.
- The system shows an Intermediate Level of Care.
- The Level of Care was entered into the system in the previous 6 months.
- There is a future Level of Care Review Date
- A 10-day notice has been sent to the recipient informing him or her of the case action that will be taken on the AAPD waiver case.

If the Intermediate Level of Care was entered by the county more than 6 months previously, or if the Level of Care Review Date has expired, the ElderChoices Waiver case may not be certified until the county receives a new DHS-704 verifying Intermediate Level of Care status.

If ElderChoices eligibility is finalized on or before the individual's 65th birthday, the Medicaid portion of the case will remain open, but the waiver portion will be closed **effective** the day before the 65th birthday. The waiver portion for ElderChoices will be opened beginning the day of the 65th birthday.

If **approval of the** ElderChoices application is not finalized by the 65th birthday, the AAPD case must be closed. Approval of the ElderChoices case cannot begin until the day after the 10-day notice has expired; therefore, the 10-day notice must be sent at least 10 days prior to the applicant's 65th birthday. If the applicant is approved for

ElderChoices anytime after his or her 65th birthday, the Medicaid portion of the case will remain open, but the waiver portion will be closed effective the day **of the applicant's 65th birthday**. The waiver portion for ElderChoices will be opened beginning the day of ElderChoices approval.

If the ElderChoices application is denied, the DHS caseworker will close the AAPD waiver case the day before the recipient's 65th birthday.

26175 Reevaluations

04-01-03

ElderChoices and AAPD Waiver reevaluations will be conducted annually by the county office. Form DCO-777 or DCO-215 and all other forms required at initial application will be completed. After eligibility has been redetermined, the review date will be entered in the system.

Reassessment of medical necessity will also be completed annually by the UCC of OLTC.

26180 Changes/Closures

10-01-04

Recipients will be advised to report any changes in the amount of household income or resources.

If at any time DAAS or the UCC of the OLTC determines that cost effectiveness is not met, that the client no longer meets the requirements for Intermediate Level of Care, or that the client is no longer receiving Waiver services, the county office will be notified by Form DHS-3330 or DHS-704, and the Waiver case will be closed. If the Waiver case is closed for any reason, the caseworker will determine if the client is eligible for any other Medicaid category. If eligible in another category, the recipient can be certified in that category without requiring a new application.

If the ElderChoices or AAPD Waiver client loses eligibility for one month only, the case may remain open with an overpayment submitted for the month of ineligibility. When the county has advance knowledge of ineligibility in a future month (e.g., land rent paid annually), procedures at MS 3341 #1 will be followed, advance notice given, and the case adjusted on the system at the appropriate time. In both instances, a DHS-3330 and a copy of the advance notice must be submitted to the DHS RN or AAPD Counselor the same day the notice is mailed to the client.

If the Waiver client will be ineligible for more than one month, the case will be closed and a new application will be required. If closure was due to a reason other than medical necessity, a new DHS-704 will not be required at reapplication if the following conditions are met:

- The case is being reopened within 2 months of the closure date.
- The DHS-704 was signed within 6 months prior to the new application date
- The DHS RN or AAPD Counselor was notified by a DHS-3330 of the closure within 3 days of the action taken.
- The DHS RN or AAPD Counselor was notified by a DHS-3330 of the reopening within 3 days of the action taken.

If all of the conditions above are not met, a new DHS-704 will be needed to reopen the ElderChoices or AAPD case.

When closing an ElderChoices or AAPD case because a recipient refuses to receive at least one service, closure code "Refused Other Procedural Requirement", will be used. A manual notice