DD Waiver Waiting List Guide

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<tr>
<th>Page posted: 10/14/09</th>
<th>Page reviewed: 10/14/09</th>
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</thead>
<tbody>
<tr>
<td><strong>Legal Authority</strong></td>
<td>DD Waiver Plan, Minn. Stat. §256B.092, subd. 1F, Minn. Stat. §256B.0916, subd 2 and 7</td>
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<tr>
<td><strong>Background</strong></td>
<td>The DD Waiver has historically had restrictions limiting enrollment growth since 1984. If the county or alliance of counties is not able to provide waiver services to all eligible individuals, the county or alliance will maintain a waiting list. The county or alliance is required to submit a copy of the policies and procedures to manage DD Waiver resources, including the prioritization of the waiting list, to the Disability Services Division for review and approval every five years.</td>
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<td><strong>Management of waiting list</strong></td>
<td>The county or alliance periodically reevaluates the needs, choices and options for those individuals waiting for waiver services. The county or alliance prioritizes the allocation of waiver resources consistent with any of the following priorities:</td>
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<td>• Individuals in unstable living situations due to the age or incapacity of the primary caregiver.</td>
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<td>• Individuals with a need for services to avoid out-of-home placement of children.</td>
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<td>• Individuals affected by private sector ICF/DD closures.</td>
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<td>• Individuals with immediate risks of out-of-home placement.</td>
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<td>• Individuals with immediate risk of ICF/DD placement.</td>
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The county or alliance meets with individuals to review their continuing need for and interest in DD Waiver services and updates screening information in MMIS at least every three years to indicate the person’s continuing need and eligibility for DD Waiver services by one of the following methods:

- Full Team screening document (Action Type 01)
- Annual Review screening document (Action Type 02)

CADI/BI Waiver Waiting and Planning Lists Guide

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Legal Authority

Minn. Stat. §256B.49, subd. 21 and Minn. Stat. §256B.0916, subd. 7

Background

The Centers for Medicare & Medicaid Services (CMS) instructions for waiver waiting list direct that lead agencies may establish and maintain a waiting list if necessary to defer the enrollment of a person to the waiver when waiver capacity is not available.

CMS waiting list requirements:

- Allocate waiver capacity statewide
- Reallocate unused waiver capacity to areas with waiver
waiting lists
• Track the number of persons on each county or tribe’s waiver waiting lists

Some lead agencies use the potential list in the Waiver Management System (WMS) as their future planning and waiting list. CMS has asked why there is a waiting list when waiver capacity exists.

To meet CMS requirements and to help lead agencies appropriately place people on a waiting list, in 2009, DHS made changes to how it defines and collects information through the LTC Screening Document – AC, BI, CAC, CADI, EW, MSC+, MSHO, SNBC DHS-3427 (PDF).

**Reporting**

Lead agencies maintain two separate lists:

1. **Waiting List**: List for persons who are eligible for and choose to access a waiver. However, the lead agency has determined they cannot afford to serve the person within their aggregate budget.

2. **Planning List**: The planning list serves as a tool to assist lead agencies with future planning and meeting assessed need for supports and services. This list is for all persons who are eligible for a waiver but:
   - Choose not to access the waiver due to certain assessment result reason codes or
   - Already receive services through other funding sources that meet their needs

**NOTE**: The potential recipient list in the WMS is not a waiting or planning list for the CADI/BI waivers. The purpose of the potential recipient list is to allow lead agencies to simulate and pend-enter potential waiver recipients. See Waiver Management System.

To ensure accuracy of data for the Annual Legislative Waiver Report, DHS will only pull waiting list data from the past three years.

**Management of Waiver Lists**

Lead agencies periodically reevaluate the needs, choices and options for persons waiting for waiver services.

Counties or tribal agencies are responsible to:
   - Prioritize the allocation of waiver resources
   - Cooperate and work with the Regional Resource
Specialist(RRS) to assure unused allocations are reallocated to other county/tribal agencies as needed
- Inform the RRS when they have persons placed on a waiting list after making a determination their aggregate budget cannot afford to serve additional participants

### Screening Document Field Updates

<table>
<thead>
<tr>
<th>Section D: Screening / Assessment Results</th>
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<tbody>
<tr>
<td><strong>Field 75</strong></td>
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<tr>
<td>New assessment result value codes 41, 42 and 43 replace assessment result code 27:</td>
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<tr>
<td>- 41 CADI Waiver Access</td>
</tr>
<tr>
<td>- 42 BI-NF Waiver Access</td>
</tr>
<tr>
<td>- 44 BI-NB Waiver Access</td>
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</tbody>
</table>

**Fields 78 - 81**
Do not use values 41, 42 or 44 in fields 78-81: Client Choice, Family Choice, Guardian Choice or LTCC/IDT Recommendation. Use a different assessment result value to complete the fields that appropriately reflect the person’s needs and choices.

**Field 85**
When using values 41, 42 or 44, you must enter a reason(s) into Field 85-REASONS for the ASSESSMENT RESULT using the values listed for field 85.

The REASON codes entered on Field 85 identifies the list a person will be tracked in the WMS as waiting or planning.

**Waiting**
01 - AC or Waiver Funding Unavailable

**Planning**
03 - Health Status
04 - Lack of Housing
05 - Services not available
06 - Caregiver temporarily unavailable
07 - Vulnerable situation
08 - Caregiver exhaustion
09 - Client Choice
10 - Rehabilitation not complete

New assessment result value code 47 is for when the person no longer needs waiver program and will not be opening to the
CADI or BI waiver:

- No Longer need Waiver Access

Continue to use assessment result value code 28 - Person Opened to a Program when the person is opened to the CADI or BI Waiver from a list.

This statute on priorities is referenced in the manual pages.

Subd. 11a. **Waivered services statewide priorities.**

(a) The commissioner shall establish statewide priorities for individuals on the waiting list for community alternative care, community alternatives for disabled individuals, and brain injury waiver services, as of January 1, 2010. The statewide priorities must include, but are not limited to, individuals who continue to have a need for waiver services after they have maximized the use of state plan services and other funding resources, including natural supports, prior to accessing waiver services, and who meet at least one of the following criteria:

1. no longer require the intensity of services provided where they are currently living; or
2. make a request to move from an institutional setting.

(b) After the priorities in paragraph (a) are met, priority must also be given to individuals who meet at least one of the following criteria:

1. have unstable living situations due to the age, incapacity, or sudden loss of the primary caregivers;
2. are moving from an institution due to bed closures;
3. experience a sudden closure of their current living arrangement;
4. require protection from confirmed abuse, neglect, or exploitation;
5. experience a sudden change in need that can no longer be met through state plan services or other funding resources alone; or
6. meet other priorities established by the department.

(c) When allocating resources to lead agencies, the commissioner must take into consideration the number of individuals waiting who meet statewide priorities and the lead agencies' current use of waiver funds and existing service options. The commissioner has the authority to transfer funds between counties, groups of counties, and tribes to accommodate statewide priorities and resource needs while accounting for a necessary base level reserve amount for each county, group of counties, and tribe.

Subd. 12. **Informed choice.**
Persons who are determined likely to require the level of care provided in a nursing facility as determined under section 256B.0911, subdivision 4e, or a hospital shall be informed of the home and community-based support alternatives to the provision of inpatient hospital services or nursing facility services. Each person must be given the choice of either institutional or home and community-based services using the provisions described in section 256B.77, subdivision 2, paragraph (p).

[See Note.]