

Notice of Instruction

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West Central Florida
Area Agency on Aging, Inc.



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Notice of Instruction Number: #091407-ARC Waitlist Management -KP

TO: All Lead Agencies/PSA 6

FROM: Katie Parkinson, Senior Program Manager (Extension 225)

DATE: September 14, 2007

SUBJECT: Aging Resource Center (ARC) Waitlist Management and Referral Procedures

cc: Program Managers and ARC Intake and Screening Specialists

This Notice of Instruction is to provide your agency with the updated methods to ensure services to frail elders are initiated promptly and in accordance with NOI #011404-1-PC-PE, the DOEA Policy Clarification NOI #102403-1-I-PE and NOI #060407-1-I-SWCBS. The goal of the updated Waitlist Management and Referral Procedures is to ensure CARES Unit and Community Referral designated frail elders are initiated promptly to consumers with greatest need for services.

This procedure applies to all consumers assessed and requesting services which are not available and must be put on a waiting list. The ARC Intake and Screening Specialist and the Enrollment Manager will be responsible for ensuring services to frail elders contacting the ARC are assessed, prioritized and receive services in a timely manner beginning September 17, 2007.

The attached procedures: Client001, Client003, Client004, and Client006 outline the steps that have been established by WCFAAA for wait list prioritization. Case Management Agencies will be responsible for abiding by the time parameters outlined when in receipt of an ARC authorized referral released from the waiting list. Any subsequent revisions to the attached procedures will be forwarded to your agency for review and implementation. It will be necessary for each Lead Agency to update your waitlist procedures to incorporate the changes outlined by WCFAAA.

Thank you for your continued commitment to Florida's elders. Should you require additional information, please contact Katie Parkinson, WCFAAA Senior Program Manager.

Attachments:

WCFAAA Aging Resource Center (ARC) Waitlist Management and Referral Procedures

PUOP Client001

WCFAAA Aged/Disabled Adult and Assisted Living for the Elderly Medicaid Waiver Waitlist Maintenance Procedures **PUOP# Client003**

WCFAAA Adult Protective Service Referral Procedures **PUOP# Client004**

WCFAAA Local Protocols for Transitioning "Aging Out" Consumers **PUOP #Client006**

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PUOP# Client001 Revision: 9/14/07
Effective Date: 12/17/2004

Prepared By: KP
Approved By: GS

Title: Aging Resource Center (ARC) Waitlist Management and Referral Procedures

Policy: To outline the methods to ensure services to frail elders are initiated promptly and in accordance with NOI # 011404-1-PC-PE, the DOEA Policy Clarification-NOI #102403-1-I-PE and NOI #060407-1-I-SWCBS.

Scope: This procedure ensures CARES Unit and Community Referral designated frail elders are initiated promptly to consumers with greatest need for services.

Responsibilities: The Intake Specialist(s) and ARC Enrollment Manager will be responsible for ensuring services to frail elders contacting the ARC are assessed, prioritized and receive services in a timely manner.

Procedure:

❖ **Waitlist Management** (established by WCFAAA)

1. Anyone screened or assessed and requesting services which are not available must be put on a waiting list.
2. The Intake and Screening Specialist is responsible to contacting the Cares Unit within 3 days of receipt of any Imminent Risk referrals. The Cares Unit will need to be notified if funding is unavailable and the consumer will be placed on the waitlist. Funding allowed, Imminent Risk referrals must be seen within 3 business days.
3. The Intake and Screening Specialist is responsible for updating CIRTS within 5 days to acknowledge referrals made by the CARES Unit. The "Date Received" field in the CARES Referral Information screen is to be updated along with the imminent risk designation (N=not imminent risk; Y=imminent risk).
4. The waiting list must be reviewed at least every 6 months for consumers with priority rank 3, 4, or 5 and at least annually for consumers with priority rank 1 or 2 by the Intake and Screening Specialist, with the exception of Imminent Risk referrals (as detailed below).
5. If unable to locate by telephone, those clients/caregivers/representatives are sent a "10-Day Letter" notifying them of the ARC's attempt to update client waitlist information. The letter is sent to the last known address and states that their application will be terminated in 10 days if a response is not received.
6. Imminent Risk referrals placed on the APCL must be reviewed every month by a certified case manager to determine if there has been a change in the situation, as required by the DOEA Policy Clarification-NOI 102403-1-I-PE. This process is to be repeated until the client is either released for pick up or has been terminated from the waiting list.
7. Imminent Risk client's whose condition has improved or there has been a change in the support system making the client no longer imminent risk, will have their assessment update made to indicate the client is no longer at Imminent Risk.
8. Funding allowed, the ARC Enrollment Manager will release a specified amount of either ADI/HCE/ALW/CCE/MW program waitlist applicants to be assessed for pick up by a case manager;
9. The ARC Enrollment Manager will then run a report by specific program and priority score of these waitlist clients, using CARES/Lead Agency Imminent Risk referrals first, as they take priority and are to be released first.

10. The ARC Enrollment Manager will then determine which clients will be released and follows this procedure:
 - ❖ Imminent Risks, Aging Out then Community Referrals by Priority Score in descending order are referred to case management for assessment.
 11. The ARC Enrollment Manager will forward authorized consumers to the lead agency for enrollment.
 12. The ARC Enrollment Manager will update CIRTIS enrollment from APCL to APPL to indicate consumer has been authorized and released for pickup by the lead agency.
- ❖ **Imminent Risk Referrals authorized to receive Case Management Services**
1. The Case Manager will have **3 business days** from date that the Imminent Risk referral is received from Intake to complete a 701B as required in the DOEA NOI 011404-1-PC-PE.
 2. The Case Manager is to contact the CARES Unit to update CARES worker that the consumer is being assessed.
 3. The care plan and service authorizations are expected to be completed at the time of the assessment (701B).
 4. The case manager is to forward the Care Plan Staffing Request to the ARC Enrollment Manager for approval prior to service implementation within in **five business days** of assessment, unless delay of services would cause harm to the client.
 5. The ARC Enrollment Manager will review Care Plan Staffing Request and respond to the case manager's request within **five business days** of receipt.
 6. Services are to be implemented within **five business days** of the WCFAAA authorization of the care plan.
 7. The Client Information Registration Tracking System (CIRTIS) must reflect the client's active status, including assessment and care plan information within **7 business days** of completion of the assessment.
 8. Imminent Risk consumers shall be routed through the care plan review procedure within **5 business days** of service implementation.
 9. The ARC Enrollment Manager will forward a CARES Imminent Risk Exception report at least monthly to the Lead Agency identifying each Imminent Risk client who was authorized to receive services, but is not yet showing active in CIRTIS. The Lead Agency will be required to provide a status update on each client, including service implementation information, to the A/DA Medicaid Waiver Specialist. The A/DA Medicaid Waiver Specialist will review the responses and follow-up as required.
- ❖ **All Other Referrals**
1. The Case Manager will have **seven business days** from the date that the referral is released from WCFAAA to complete the 701B and care plan staffing request, except for the Assisted Living Medicaid Waiver Program.
 2. The Case Manager will have **ten business days** from the date that the Assisted Living Medicaid Waiver referral has been authorized for funding by WCFAAA to complete the 701B and care plan.
 3. Services must be reviewed and approved by the ARC Enrollment manager prior to implementation. The Case Manager will have **five business days** from the date of the assessment to forward the care plan review staffing request to the ARC Enrollment Manager.
 4. Services are to be implemented within **five business days** of the Care Plan Staffing Review authorization.
 5. The CIRTIS must reflect the client's active status including assessment and care plan information within **seven business days** of a completion of the assessment (701B).

Revision History:

Revision	Date	Description of changes	Requested By
1	9/14/2007	Established ARC Waitlist Procedures	Katie Parkinson, Senior Program Manager

PUOP# Client003 Revision: 9/14/07
Effective Date: 12/19/2001

Prepared By: KP
Approved By: GS

Title: Aged/Disabled Adult and Assisted Living for the Elderly Medicaid Waiver
Waitlist Maintenance Procedures

Policy: Consumers are waitlisted in the ADA and ALE waiver program on a prioritized basis and WCFAAA is responsible for tracking and maintaining all identified MW eligible clients.

Scope: This procedure ensures WCFAAA has developed a tracking and maintenance procedure for the waitlisted Medicaid waiver potential consumers.

Responsibilities: The Medicaid waiver specialists (MWS) are responsible for tracking and maintaining the ADA Medicaid Waiver waitlist by county.

Procedure:

Lead Agency:

1. The Lead Agency receives a referral authorizing a consumer for a SGR program that appears to meet Medicaid waiver eligibility.
2. The Lead Agency case manager will complete an Assessment.
3. The Lead Agency case manager completes and submits the Medicaid Waiver Funding Approval Request (Form #: WCFMW 22) to appropriate MWS. If this information is hand delivered, it must be date stamped at WCFAAA.
4. CIRTS is updated by the Lead Agency and the consumer is identified in CIRTS as being waitlisted for the MW program (MW APCL).
5. The MWS will verify CIRTS enrollment as MW APCL and review the consumer's priority and risk level score.
6. Based on funding availability, the priority score will be used to determine which consumer is next for initiation of enrollment in descending order until each county has been addressed.** *If more than one referral is forwarded to WCFAAA with the same priority score, priority will be given to the individual with lesser ability to pay for services (S.B. 642).*
 - ♦ *Adult Protective Services (high risk), CARES Imminent Risk referrals and Aging Out clientele will be given priority to community referrals regardless of priority score.*
7. Once the Lead Agency receives funding approval from WCFAAA to initiate the enrollment process for the next consumer, the lead agency will update CIRTS to show consumer MW APPL, and start the eligibility determination process with DCF and the CARES Unit. *If a consumer has SSI (type MS) Medicaid at the time of application, it is not necessary to forward an RFA to DCF since Medicaid eligibility has already been determined.*
8. The Lead Agency will notify the MWS if the client will not enroll due to death, other placement, etc. through monthly updates of the APPL report.

ARC Benefits Counselor

1. The ARC Waitlist Manager refers a consumer to the Benefits Counselor that appears to meet Medicaid waiver eligibility.
2. CIRTS is updated by the Benefits Counselor and the consumer is identified in CIRTS as being waitlisted for the MW program (MW APCL).
3. The Benefits Counselor will complete and submit the Medicaid Waiver Funding Approval Request (Form #: WCFMW 22) to appropriate MWS. If this information is hand delivered, it must be date stamped at WCFAAA.
4. The MWS will verify CIRTS enrollment as MW APCL and review the consumer's priority and risk level score.
5. Based on funding availability, the priority score will be used to determine which consumer is next for initiation of enrollment in descending order until each county has been addressed.** *If more than one referral is forwarded to WCFAAA with the same priority score, priority will be given to the individual with lesser ability to pay for services (S.B. 642).*
 - ♦ Adult Protective Services (high risk), CARES Imminent Risk referrals and Aging Out clientele will be given priority to community referrals regardless of priority score.
6. Funding authorized, the Benefits Counselor will complete an Assessment and assist the consumer with collecting and gathering required information and documents for the Medicaid application.
7. CIRTS is updated by the Benefits Counselor and the consumer is identified in CIRTS as being in the pipeline for the MW program (MW APPL).
8. The Benefits Counselor will notify the MWS if the client will not enroll due to death, other placement, etc. through monthly updates of the APPL report.

The Medicaid Waiver Specialist will check CIRTS to review and verify the waitlist (APCL) and pending list (APPL) and the Medicaid Waiver Probables on a monthly basis. Lead Agencies and the ARC Benefits Counselor will be requested to provide status updates on consumers in the pipeline.

Revision History:

Revision	Date	Description of changes	Requested By
1	9/14/07	Established ARC Benefit Counselor Responsibilities	Katie Parkinson, Senior Program Manager

PUOP# Client004 Revision: 9/14/07
Effective Date: 5/17/2007

Prepared By: KP
Approved By: GS

Title: Adult Protective Service Referral Procedures

Policy: To outline the methods to ensure Adult Protective Service (APS) designated consumers are served in an expedited manner, and in accordance with NOI # 012606-1-I-SWCBS and the NOI #021606-1-I-SWCBS.

Scope: This procedure ensures Adult Protective Service consumers designated at risk of abuse/neglect are initiated promptly.

Responsibilities: The Senior Program Manager will take the lead role for reviewing and analyzing high risk APS Exceptions, ARTT Exceptions and coordinating necessary communication between the lead agencies, the DOEA and the DCF.

The ARC Intake Specialists will be responsible for conducting a 701A for all Intermediate and Low Risk APS referrals within 14 days of receipt and updating the ARTT database "Aging Network" tab as appropriate.

All members of the WCFAAA Program Unit will participate in file reviews to ensure lead agencies follow proper protocol when serving APS designated elders.

Procedure:

1. Provision of Services to High Risk APS referrals are to be provided in accordance with the Memorandum of Understanding between the Department of Children and Families, WCFAAA, and the Lead Agency.
 - a. The Adult Protective Investigator (API) directly refers High Risk APS consumers to the designated lead agency.
 - b. The API refers Intermediate and Low Risk APS consumer to the ARC for Intake and Screening. ARC Intake Specialists will conduct a 701A Assessment within 14 days of referral.
 - c. High Risk APS Referrals require the Lead Agency to initiate the emergency or crisis resolving service within 72 hours, as received by the lead agency.
 - Provision of services to high risk referrals shall not exceed 30 days unless the API and the Lead Agency jointly agree the emergency or crisis still exists, and continuation of the services are necessary to stabilize the person's situation.
 - It is the responsibility of both API and the Lead Agency Case Manager to clearly communicate to the consumer that services are limited to 30 days for high risk referrals.
 - The Case Manager should authorize the crisis resolving service(s) not to exceed 30 days for high risk referrals.
 - Should it be determined during the 30 day period, that long-term services are required to alleviate any further emergency or crisis with the client, it is necessary for the Case Manager to consult with the API.
 - When the Case Manager and the API determine that it is necessary to continue services, the Care Plan must be revised to allow continuation of services for the remaining 11 months. The client will need to be advised of their co-pay responsibilities and any additional documentation required for funding continuation should also be completed (i.e. care plan review protocol).

- In some situations the Case Manager may be unable to reach the API; however, the consumer file should document the communication attempts.
- If removal of services doesn't appear to be a safety issue for the consumer, but the consumer wishes to continue receiving Home and Community Based Services (HCBS), the client should be referred to ARC Intake and Screening Department. The provision of these services will be based on DOEA prioritization criteria.

2. APS Exception Reports

- a. Lead agencies are responsible for running APS Exception reports on a monthly basis.
- b. A detailed analysis of all APS High Risk exceptions is due to WCFAAA by the 25th of each month.
- c. The Senior Program Manager will take lead responsibility for ensuring all exceptions have been handled appropriately.
- d. Lead agencies that demonstrate an inability to properly adhere to the MOU will be issued a corrective action plan.

3. ARTT Exception Reports

- a. In order to maintain accurate, complete, and up-to-date data in the ARTT and CIRT databases, the Senior Program Manager will pull current APS ARTT exceptions from the DOEA Intranet website and forward to the appropriate ARC Intake and Screening Department or the lead agency for attention on the 1st and 15th of each month.
- b. The Senior Program Manager will provide each lead agency with a review of the purpose of the exception report and how to address each exception to ensure data integrity within both the ARTT and CIRT databases.
- c. Due to the at risk nature of the consumers being served, lead agencies will be provided with no more than 3 days to address the exceptions and report back to WCFAAA.

4. APS Exceptions, review and analysis will be kept within the Performance Outcome Measure Binder located in the Senior Program Manager's office.

5. APS ARTT Exceptions, review and documentation of corrective actions taken, will be kept in an APS ARTT Exception Binder located in the Senior Program Manager's office.

Revision History:

Revision	Date	Description of changes	Requested By
1	9/14/2007	Established ARC Intake and Screening Responsibilities for ARTT Updating	Katie Parkinson, Senior Program Manager

PUOP# Client006 Revision: 9/14/07
Effective Date: 10/6/2005

Prepared By: KP
Approved By: GS

Title: Local Protocols for Transitioning "Aging Out" Consumers

Policy: To create guidelines for transitioning of individuals turning 60 years of age who are receiving Community Care for Disabled Adults (CCDA) and Home Care for Disabled Adults (HCDA) services through the DCF's Adult Services to community-based services funded through the DOEA as set forth in the STATE OF FLORIDA INTERAGENCY AGREEMENT Between the DCF and the DOEA.

Scope: This procedure ensures prioritization for "Aging Out" consumers is placed following APS High Risk and Imminent Risk consumers being served and prior to Non-"Aging Out" individuals, regardless of priority rank being served.

Responsibilities: The Medicaid waiver specialists (MWS) are responsible for coordinating necessary tracking and communication between the ARC Intake and Screening Department, lead agencies, the DOEA and the DCF.

Procedure:

1. The DCF Adult Services Program Office will send WCFAAA a list of individuals currently receiving services through the CCDA and HCDA programs who are turning 60 during the next five quarters. DCF will provide an updated list quarterly (March, June, September, and December). The list will include individuals' name, county of residence, date of birth, program(s) they are currently enrolled in, the current annual care plan cost.
2. No later than three months prior to an individual turning 60, the DCF case manager will make a referral to WCFAAA. The DCF case manager will include the individual's latest DCF assessment, most current care plans with annualizes costs, service authorization(s), narratives (field notes) from the previous twelve months, medical documentation.
3. Upon receipt of referral, ARC Intake and Screening will be notified, 701A completed and CIRTIS enrollment added.

Funding Available:

1. WCFAAA will distribute all information provided by the DCF to the respective Lead Agency in Hardee, Highlands, Hillsborough, Manatee and Polk Counties authorizing consumer for enrollment.
2. The Lead Agency case manager, upon receiving the referral packet, will review and make contact with the DCF case manager to discuss information contained in the referral packet and provide their contact information.
3. A transitioning meeting will be held between the CCDA/HCDA case manager and Lead Agency case manager to introduce the individual to their new case manager and provide the individual with contact information.
 - a. The phone number for the Elder Helpline at WCFAAA is to be provided to the individual, along with the new case manager's contact information. The Lead Agency case manager may choose to conduct an assessment at this time or schedule a future time to perform the assessment.

- b. The Lead Agency case manager will explain their responsibilities during and following the transition period.
- c. Lead agencies may be paid for case management provided to 59 year olds, but they must wait until the person turns 60 to bill, unless approved through WCFAAA.
- d. Services shall not begin prior to an individual turning 60. All available services will be reviewed when determining which services are necessary for the individual, not solely those services offered under the equivalent program in which the individual is enrolled (for example, services other than CCE services may be offered to an individual currently receiving CCDA services). The available services may differ from those being offered under the individual's current care plan.

Funding Not Available:

When services are not currently available, WCFAAA shall ensure that transitioning individuals are prioritized for services only after "APS High Risk" and "Imminent Risk" individuals. The priority levels are as follows:

- 1. "APS High Risk" individuals;
- 2. Individuals at "Imminent Risk" of being placed in a nursing home ("Aging out" and non-Aging Out individuals)
- 3. "Aging Out" individuals (regardless of priority rank)*
- 4. Non-"Aging Out" individuals (with individuals ranked highest priority score served first).*

Note: In an effort to minimize the amount of time CCDA/HCDA transitioning individuals spend waiting for services, transitioning individuals that have requested services during previous quarters will be given priority over individuals with the same level of risk requesting services during subsequent quarters.

*Senate Bill 642, enacted July 1, 2003, added a secondary prioritization factor for low-income elders. If two individuals are assessed as the same priority and at risk of nursing home placement, priority should be given to the individual with the lesser ability to pay for services.

Revision History:

Revision	Date	Description of changes	Requested By
1	9/14/2007	Included ARC Intake and Screening Responsibilities	Katie Parkinson, Senior Program Manager