17.17 THE APPLICATION/REDETERMINATION PROCESS

A. APPLICATION PROCESS

The application/redetermination process is the same as for SSI-Related Medicaid found in Chapter 1, with the following exceptions:

The Worker is responsible for the following:

1. Accepting form DHS-2.FRM

There are two versions. The yellow form instructs the worker to determine financial eligibility. The white form allows the worker to confirm medical eligibility for an ADW slot. The yellow form will originate from the ADW Utilization Management Contractor (UMC). The white form will originate from Case Management agency or the Bureau of Senior Services.

a. The yellow DHS-2.FRM requests medical necessity for a slot.

- The yellow DHS-2.FRM has an expiration date. If the form is expired, the Worker needs to check the box stating it is expired and fax the form to the ADW Utilization Management Contractor (UMC).

- If the yellow DHS-2.FRM is not expired, the Worker completes the financial determination. If the client is financially eligible the worker checks the box noting they are eligible and faxes the form to the UMC. The Worker confirms the pending ADW category if financial eligibility has been determined. The client is then pended up to 90 days by the data system and notified by a RAPIDS system generated letter.

- If ineligible for ADW, the Worker then checks the box on the yellow DHS-2.FRM stating the client is ineligible and faxes the form to the UMC. The Worker then continues evaluation for all other DFA programs. Medical eligibility for the ADW will not continue and the UMC closes the case. The client will be sent a denial letter by the data system.

b. The white DHS-2.FRM confirms the client is medically eligible and that a slot is available for the ADW program.

- Worker checks the expiration date on the white DHS-2.FRM. If the form is expired, the Worker needs to check the box stating it is expired and fax the form to the originating agency.

- The Worker completes or updates financial eligibility.

- If the white DHS-2.FRM is not expired, the Worker checks the appropriate box noting eligible or ineligible and faxes the form back to the originating agency.

- If there is no expiration date on the white DHS-2 FRM, it should be returned to the originating agency, noting there is no expiration date.

NOTE: When the applicant's eligibility for, or enrollment in, this program is pending, due to the lack of a waiver slot or other reason, he must not be refused the right to apply due to his pending status for the ADW group, but must be evaluated for any or all DFA programs.

EXAMPLE: John Bumgardner applies for ADW which requires a medical eligibility decision by the ADW Program and a financial determination by an Income Maintenance Worker. While his medical eligibility decision is pending, he visits his local DHHR Office and applies for SNAP. Although his medical eligibility for ADW has not been determined and a financial determination cannot be made by the Worker for ADW, his pending status for this program does not prevent his evaluation for all other Medicaid groups or DFA programs for which he may qualify.

2. Processing the application as for any other Medicaid AG, presuming that medical eligibility has been determined. The date of application is the date that the client or his representative contacts the local office by phone, fax, mail, e-mail or in person to inquire about making an application.

NOTE: The applicant has only 60 days after acquiring a slot to establish financial eligibility and be enrolled in the waiver program, or they will lose their slot. Timely financial eligibility determinations are critical. The Regional Program Managers will be notified by Bureau for Medical Services (BMS) of medically-eligible clients who will then notify the applicable Community Service Managers (CMS). The CSM will distribute the list to field supervisors of those that have been allotted an available slot.

If a face-to-face interview is requested by the client or their authorized representative, the appointment must be scheduled within 10 calendar days of the date of the contact. The appointment may be scheduled after 10 calendar days only at the request of the client or his representative. Case management agencies who chose to represent clients have been instructed by BMS to request an application within 7 days of the date the medical approval is received.

SSI and Deemed SSI recipients must complete the DFA-LTC-5 to evaluate for trusts, transfers, or annuities. All other applicants must apply with either the DFA-2, DFA-SLA-1, DFA-SLA-S1 or DFA-MA-1 and meet all eligibility requirements for waiver services. If the client is the only one listed in an open Medicaid case they may complete the supplemental application DFA-SLA-S1 to gather the appropriate asset information. The DHS2-FRM must be presented for SSI, Deemed SSI, and all other coverage group individuals to complete ADW eligibility determination. See Chapter 17.12.

The beginning date of Medicaid eligibility is the later of the following:

- The first day of the month of application; or

- The first day of the month in which the individual is eligible for payment of ADW services after a transfer of resources penalty expires. See Chapter 17.25.

NOTE: When the applicant's eligibility for, or enrollment in, this program is pending, due to the lack of a waiver slot or other reason, he must not be refused the right to apply due to his pending status for the ADW group, but must be evaluated for any or all DFA programs.

3. Completing the Asset Assessment at the individual's or authorized representative's request.

4. Instructing the individual that ADW services will only be paid on or after the ADW approval date.

B. REDETERMINATION PROCESS

A redetermination of eligibility is completed once a year; a face-to-face interview is not required. Medical necessity must be verified annually at redetermination with a letter or document from the UMC stating they continue to be eligible. Once the redetermination is complete, the same criteria and procedures used for applications is used. Medicaid eligibility is established and the medical eligibility for services is monitored by BMS.

The Worker receives an alert in RAPIDS when a redetermination is due.

C. TAKE ME HOME, West Virginia, A Money Follows the Person (MFP) Initiative

Take Me Home, West Virginia assists individuals residing in long-term care facilities, transition home or into the community, and retain long-term care and support services.

The following procedure needs to be applied when the Department is contacted by a Waiver Case Management Provider, Bureau of Senior Services or APS Healthcare for the purpose of an ADW or TBI Waiver financial eligibility determination of a Take Me Home, WV participant and indicates probable transition from a nursing home to an approved facility.

The Department will be notified within two business weeks of the client's projected date of discharge from a Waiver Case Management Provider, Bureau of Senior Services or APS Healthcare with a DHS-2 form. The Worker will evaluate the client's financial eligibility based on the current information in the case record. If financially eligible, the Worker completes the DHS-2 with the effective (projected discharge) date and submits the DHS-2 to the appropriate agency indicating the client's financial eligibility. This may be by:

- Fax
- Scan; or
- Mail

The Worker records in eRAPIDS the action taken in the case record. The completed DHS-2 is valid for 30 days after the effective date of discharge. When the DHS-2 expires the entire process is void and the procedure is repeated as needed.

The nursing home will contact the Department when the actual discharge occurs. The worker will then place the actual discharge date in the eRAPIDS system and run eligibility to complete the procedure and again comment the action taken.

Information about Waiver Services, such as self-directed and personal options, is found on the Bureau of Senior Services website at **www.wvseniorservices.gov**. A listing of case management agencies by county is also found on this site.