

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

Document ID	Title: Adult AD Waiver Renewal Process – MOE Unwind		Effective Date March 1, 2023
Created By: MLTC – Eligibility Operations and SRT Unit and DDD – Service Coordination and E&E Unit	Date Created December 1, 2022	Approved By <hr/> Kevin Bagley, MLTC Director <hr/> Tony Green, DDD Director	Date Approved December 21, 2022

Procedure Statement: This SOP outlines the interdivisional processes across MLTC and DDD for the Adult AD Waiver Renewal Process.

Reason for Procedure: The purpose of this SOP is to streamline renewal determinations of disability and level of care within the context of eligibility determinations for adults for whom AD Waiver services are requested, to achieve a more customer-focused, efficient, and timely result.

Law/Regulation: 477 NAC 3 contains the underlying eligibility timeliness requirement.
477 NAC 27 contains timeliness requirements for medical documentation.

Scope: This SOP applies to the renewal of current disability status, to continue AD Waiver services, for individuals 18 years of age or older at the time of review.

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Definitions & Acronyms:

ACCESSNE: Access Nebraska
AD Waiver: Aged and Disabled Waiver
AR: Authorized Representative
ARP: Agency Related Person

CA: Case Aide
Case Folder: The folder created for each individual

DDD: Division of Developmental Disabilities
Determination: approval or denial of current disability
DI: Document Imaging
Disability worksheet: form used by SRT to document clinical notes and rationale for the current disability determination

E&E: Eligibility and Enrollment Unit within DDD
Eligibility Operations: Eligibility Operations unit within MLTC
Eligibility Operations Assigned SSW: Eligibility Operations Social Services Worker

FTP: Failure to Provide

LOC: Level of Care

MC: Master Case
MLTC: Division of Medicaid & Long-term Care
MLTC-73: form used by SRT to document the current disability determination
MOE – Maintenance of Eligibility

N-FOCUS: Nebraska Family Online Client User System
NF: Nursing Facility
NOA: Notice of Action

Person-Centered Plan – Plan of services and supports
PHE – Public Health Emergency related to COVID-19

SC: Services Coordinator
SOE – State of Emergency related to COVID-19
SRT: State Review Team
SRT CA: State Review Team Case Aide
SRT Clinical Team: SRT RN and SRT MD
SRT MD: State Review Team Physician
SRT RN: State Review Team Registered Nurse
SSA: Social Security Administration

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SSW: Social Services Worker

UC: Universal Caseload

VR: Verification Request

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Maintenance of Eligibility (MOE) Unwind process or adjustments are noted in 'Orange' text.

Maintenance of Eligibility Unwind (MOE Unwind) – Through the Consolidated Appropriations Act of 2023 that was passed by Congress at the end of December 2022, the PHE has been separated out from the MOE requirement. The State of Nebraska has opted to begin the MOE Unwind effective 3/1/2023. Adverse action on cases can begin on April 1st, 2023, after an MOE Unwind Renewal is completed.

For cases requiring a disability determination by the State Review Team:

- If the Medical Impairment Review date is **BEFORE** the Medicaid MOE Unwind Renewal due date, the Medical Impairment Review date will be extended to align with the Medicaid MOE Unwind Renewal date.
- If the Medical Impairment Review date is **AFTER** to the Medicaid MOE Unwind Renewal date, the process will begin with the alert that is generated 60 days prior to the Medical Impairment Review date.

Please refer to the MLTC [MOE Unwind Guidance](#) for additional information.

Process:

1) Eligibility Operations initiates the SRT renewal process.

- a) Eligibility Operations will review the list of cases that have both a required SRT review and the Medicaid renewal is due to determine if SRT is still needed. Eligibility Operations will notify the SRT of any cases that a Medical Review is indicated, but is no longer needed. The remainder will continue to step b)
 - i) Once a MOE Unwind renewal has been completed, disability determination reviews will return to being based on the SRT approval period.
- b) Eligibility Operations SSW receives the alert that the **Medicaid** renewal is due, and will review the case to determine if SRT is needed; if not needed, stop here. If needed, move to step c)
- c) The case is assigned to position number 75013343, and then assigned to an SSW for the SRT process;
- d) The Eligibility Operations Assigned SSW attempts to reach the individual or their representative within 2 days of case assignment:
- e) If contact is:
 - i) Made - the Eligibility Operations Assigned SSW:
 - (1) Explains the SRT renewal process and that a SRT VR#1 will be arriving in the mail with documents for them to give to their medical provider(s); **if this is a renewal of an individual with a previous SRT review that could not be completed or the individual did not meet disability criteria, inform them that the SRT review is required. Failure to complete the review at this time will result in a loss of Medicaid eligibility, and therefore AD Waiver eligibility.**
 - (2) Completes the DM-12 with the individual or their representative and uploads it to DI; **if the SRT review is overdue due to the SOE then the DM-12 should reflect a**

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start date beginning the month of the new renewal period (example: Medicaid Renewal date is 4/30/23 DM-12 request date would be 5/1/2023) and,

- (3) Confirms with the individual or their representative that any and all resources and income sources listed in the budget are current and complete. Proceed to Step 2; or

ii) Not made - the Eligibility Operations Assigned SSW:

- (1) Completes the DM-12 and uploads it to DI; and
(2) Proceed to Step 2.

2) The Eligibility Operations Assigned SSW sends SRT VR#1

- a) The Eligibility Operations Assigned SSW sends SRT VR#1 with a 30-day due date within 1 business day of contact or attempted contact with the individual or their representative;
b) SRT VR#1 must include:
i) A copy of the DM-5 Form; and,
ii) A copy of:
(1) the Medical Documentation Guide for Members – Disability Review; and
(2) Medical Documentation Guide for Providers – Disability Review; and,
iii) The following language:

<INDIVIDUAL'S NAME> is due for a review of their disability status for continued Medicaid and AD Waiver eligibility.

The enclosed **DM-5 form** needs to be completed by your medical provider who knows the most about your disability. This form allows that provider to describe your disability. Give it to your provider to fill out.

You also need to request records from within the last 12 months that document and specifically relate to your disability. This could be from more than one provider, if you see more than one provider about your disability.

When you contact your providers, please be sure to contact any therapy and mental health providers. Clinic visit summaries from a patient portal cannot be used. Your providers must send a copy of the actual medical records.

Please review the enclosed Medical Documentation Guide for more information. If you have any questions about records, contact dhhs.srtmedical@nebraska.gov.

Your providers can send the completed DM-5 form and your records to the State Review Team any of the following ways:

Internet: www.accessnebraska.ne.gov

Email: DHHS.ANDICenter@Nebraska.gov

Fax: 402-742-2351

Mail: PO BOX 2992, Omaha, NE 68172-9659

In person: dropping off at a local DHHS office

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The completed DM-5 Form and a copy of your records must be sent to the State Review Team within 30 days of the date of this request.

The State Review Team will review the completed DM-5 Form and records that are submitted. Based on this review, they will determine if you are currently disabled according to Social Security's rules. The result of their decision will be provided to you.

Failure to complete this review process may result in a loss of Medicaid Eligibility and/or AD Waiver services.

If you have any additional questions regarding the review process, contact me at (xxx) xxx-xxxx;

c) Proceed to Step 3.

3) The Eligibility Operations Assigned SSW assigns the case to the SRT Clinical Team

a) The Eligibility Operations Assigned SSW:

- i) Assigns the case to SRT Clinical Team position number 2655312 as an additional worker in N-FOCUS;
- ii) Reviews to make sure that a completed DM-12 has been uploaded to DI;
- iii) Creates an email with a subject line of "Adult's AD waiver RENEWAL" and sends it to the SRT Clinical Team at dhhs.srtmedical@nebraska.gov, copying the E&E Unit at dhhs.adwaiverapp@nebraska.gov with the following information:
 - (1) Individual's name;
 - (2) MC number;
 - (3) ARP ID;
 - (4) SRT VR#1 due date;
 - (5) Date SRT renewal is due; if this is a MOE Unwind Renewal and,
 - (6) Assigned AD Waiver SC name; and

b) Proceed to Step 4.

4) The SRT CA receives the Eligibility Operations Assigned SSW email

a) The SRT CA:

- i) Creates a new entry in the master spreadsheet titled "Tracking: Disability Review;"
- ii) Creates a new folder for the case in
R:drive/SRTclinicalteam/MEDICALRECORDSREQUESTS;
- iii) Labels the case folder as follows: individual's last name, first name – Adult AD Waiver Renewal <YEAR>;
- iv) Creates subfolders labeled:
 - (1) Communications – which includes emails from the Eligibility Operations Assigned SSW; and
 - (2) Other Records; and,
- v) Attaches the following documents in the case folder:

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- (1) DM-12 from DI;
- (2) DM-5 from DI;
- (3) Medical records received;
- (4) Disability worksheet – completes the first 2 lines; and,
- (5) MLTC-73 – completes the first 2 lines; and
- b) Proceed to Step 5 if records are not submitted in response to SRT VR#1, or proceed to Step 6 if records are submitted in response to SRT VR#1.

5) When records are not submitted in response to SRT VR#1

- a) The SRT CA:
 - i) Sets an alert in N-FOCUS to notify the Eligibility Operations Assigned SSW that no records have been received by the deadline; and
 - ii) Sends an email to notify the E&E Unit at dhhs.adwaiverapp@nebraska.gov and the AD Waiver SC that no records have been received by the deadline;
- b) The assigned AD Waiver SC sends a closure NOA for the AD Waiver;
- c) The Eligibility Operations Assigned SSW processes the application for Medicaid eligibility under any other category that may be appropriate. If the individual is not eligible, the Eligibility Operations Assigned SSW sends the denial NOA for FTP. The denial NOA must include the 90-day date from the date of denial, by which deadline the individual or their representative can still submit records;
- d) The Eligibility Operations Assigned SSW sets an alert for 90 days from the date of denial in N-FOCUS. The case remains assigned to the Eligibility Operations Assigned SSW and the SRT CA for this 90-day period; and,
- e) If records:
 - i) Are not submitted by the 90-day alert date:
 - (1) The Eligibility Operations Assigned SSW closes all assignments and returns the case to UC. Stop here; or
 - ii) Are submitted by the 90-day alert date:
 - (1) Proceed to Step 6.

6) When records are submitted in response to SRT VR#1

- a) If records are submitted to ACCESSNE, the ANDI Center indexes and uploads the records to DI in the individual's master case in N-FOCUS. This generates an alert in N-FOCUS; or
- b) If records are submitted to the Eligibility Operations Assigned SSW or SRT CA, the Eligibility Operations Assigned SSW or SRT CA indexes and uploads the records to DI in the individual's master case in N-FOCUS. This generates an alert in N-FOCUS; and
- c) All other alerts for Medicaid eligibility are worked by the Eligibility Operations Assigned SSW as outlined in the [MLTC Processing Guide](#);
- d) The SRT CA checks for alerts in N-FOCUS daily, receives any records, clears the alert if the alert is only for medical records. If other documents are received with the medical records, the alert will be left for the Eligibility Operations Assigned SSW to clear. The SRT CA documents if the alert was cleared;
- e) The SRT CA:

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- i) Retrieves the records from DI, based on the [SRT N-FOCUS Document Retrieval Guide](#), and saves them in the case folder in R:drive/SRTclinicalteam/MEDICALRECORDSREQUESTS;
- ii) Uses professional judgment to determine when to begin the labeling and sorting process, and ensures that it is completed by the SRT VR#1 expiration date;
- iii) Drags the case folder from R:drive/SRTclinicalteam/MEDICALRECORDSREQUESTS to R:drive/SRTclinicalteam/Needstobesorted;
- iv) Labels and sorts the records based on the [SRT Labeling and Sorting Process](#);
- v) Drags the case folder from R:drive/SRTclinicalteam/Needstobesorted to R:drive/SRTReviews/currentmonth/Adult'sADReview folder; and,
- vi) Updates the Tracking: Disability Review master spreadsheet; and,
- f) Proceed to Step 7.

7) The SRT RN receives the case

- a) When the SRT RN receives the case:
 - i) Adds their name to the end of the case folder,
 - ii) Reviews all received records and applies SSA Clinical guidelines (please refer to the [SRT Clinical Review Process Guide for AD Waiver](#) for further details); and,
 - iii) If additional records:
 - (1) Are not needed:
 - (a) Proceeds to Step 11; or
 - (2) Are needed (and not the subject of a pending SRT VR#1, unless it is reasonably clear from records already received that clarification by means of an additional VR would be appropriate):
 - (a) Documents the list of additional records needed on the Disability worksheet;
 - (b) Sends an email to the SRT CA at dhhs.srtmedical@nebraska.gov with this list, which the SRT CA will include in SRT VR#2;
 - (c) Moves the case folder to the subfolder titled "waiting for more info" under R:drive/SRTReviews/currentmonth/Adult'sADReview;
 - (d) Updates Tracking: Disability Review master spreadsheet; and,
 - (e) Proceed to Step 8.

8) The SRT CA sends SRT VR #2

- a) The SRT CA sends SRT VR#2 to the individual or their representative, which if appropriate may be sent while the response to SRT VR#1 is still pending:
 - i) SRT VR#2 must contain the following language, as applicable:

The State Review Team has received records for <INDIVIDUAL'S NAME> to determine if they meet Social Security's disability requirements. **Additional records are requested to complete the review.**

The additional records must be from within the last 12 months unless otherwise noted. Ask your providers to send these records. Clinic visit

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summaries from a patient portal cannot be used. Your providers must send a copy of the actual medical records.

The additional records requested are (as appropriate) :

1. Therapy: most recent notes from your therapy provider. For example, physical therapy, occupational therapy, speech therapy, respiratory therapy, psychotherapy
2. Genetic testing: done at any time after birth
3. Current annual physical or wellness exam
4. Related test results
5. Most recent specialty follow-up
6. Any other records about the individual's disability

Your providers can send these additional records to the State Review Team any of the following ways:

Internet: www.accessnebraska.ne.gov
Email: DHHS.ANDICenter@Nebraska.gov
Fax: 402-742-2351
Mail: PO BOX 2992, Omaha, NE 68172-9659
In person: dropping off at a local DHHS office

The requested records must be sent to the State Review Team within 21 days of the date of this request.

If you have any questions about this request for additional records, contact dhhs.srtmedical@nebraska.gov;

- b) The SRT CA enters the SRT VR#2 due date in the Tracking: Disability Review master spreadsheet; and,
- c) Proceed to Step 9 if new records are not submitted in response to SRT VR#2, or proceed to Step 10 if new records are submitted in response to SRT VR#2.

9) When new records are not submitted in response to SRT VR#2

- a) When new records are not submitted in response to SRT VR#2 by the deadline, the SRT CA sends an email to the SRT RN at dhhs.medicaidstatereviewteam@nebraska.gov; and
- b) The SRT RN proceeds to Step 11.

10) When new records are submitted in response to SRT VR#2

- a) When new records are submitted in response to SRT VR#2, the SRT CA:

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- i) Receives an alert from N-FOCUS that records have been uploaded to DI;
 - ii) Creates a new folder in R:drive/SRTclinicalteam/MEDICALRECORDSREQUESTS and labels it as follows - individual's last name, first name – ADDITIONAL RECORDS;
 - iii) Retrieves the [records from DI](#) and saves them in the case folder in R:drive/SRTclinicalteam/MEDICALRECORDSREQUESTS;
 - iv) Uses professional judgment to determine when to begin the labeling and sorting process, and ensures that it is completed by the SRT VR#2 expiration date;
 - v) Drags the case folder from R:drive/SRTclinicalteam/MEDICALRECORDSREQUESTS to the R:drive/SRTclinicalteam/Needstobesorted folder;
 - vi) Labels and sorts the records based on the [SRT Labeling and Sorting Process](#);
 - vii) Drags the email with the request for additional records and the sorted additional records file into the case folder in R:drive/SRTReviews/currentmonth/Adult'sADReview/Waiting for more info folder; and,
 - viii) Opens the email with the request for additional medical records and notifies the SRT RN at dhhs.medicaidstatereviewteam@nebraska.gov that additional medical records are ready for review; and
- b) The SRT RN process proceeds to Step 11.

11) The SRT RN reviews the case

- a) The SRT RN reviews the case and:
 - i) Reviews all records and applies SSA Clinical guidelines (please refer to the [SRT Clinical Review Process Guide for AD Waiver](#) for further details);
 - ii) Submits the case to the SRT MD by email dhhs.medicalreviews@nebraska.gov and attaches the following:
 - (1) Current renewal Disability worksheet;
 - (2) Current renewal Review file;
 - (3) Last-most-recent disability worksheet; and,
 - (4) Last-most-recent review file;
 - iii) Documents the following notes in the email:
 - (1) Directions on where records are located in R:drive/SRTReviews/currentmonth/MDReviewing;
 - (2) Whether a SRT VR#2 was sent to the individual or their representative; and,
 - (3) Clinical impression; and,
 - iv) Updates Tracking: Disability Review master spreadsheet; and
- b) Proceed to Step 12.

12) The SRT MD reviews the case

- a) The SRT MD reviews the case within 5 business days and:

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- i) Sends an email to the SRT RN at dhhs.medicaidstatereviewteam@nebraska.gov, listing additional records needed, if a SRT VR#2 was not sent to the individual already:
 - (a) *Note: if a SRT VR#2 is sent to the individual per the SRT MD's request, go back to Step 7(a)(iii)(2) and follow through to Step 11, and make the modification to the folder name for these additional records;*
- ii) Documents the clinical rationale and the current disability determination on the Disability worksheet; and,
- iii) Sends an email to the SRT RN at dhhs.medicaidstatereviewteam@nebraska.gov and attaches the completed Disability worksheet; and
- b) Proceed to Step 13.

13) The SRT RN receives the case from the SRT MD

- a) The SRT RN receives the case from the SRT MD and:
 - i) Saves the completed Disability worksheet in the case folder in R:drive/SRTReviews/currentmonth/MDReviewing;
 - ii) Completes the MLTC-73, including entering the current disability determination (please refer to the [SRT Clinical Review Process Guide for Child AD Waiver](#) for further details);
 - iii) Sends an email to the SRT CA at dhhs.srtmedical@nebraska.gov and attaches the completed MLTC-73;
 - iv) Sends an email to the Eligibility Operations Assigned SSW at dhhs.adwaiverapp@nebraska.gov;
 - v) Moves the case folder to R:drive/SRTReviews/currentmonth/Done – Individual AD Waiver; and,
 - vi) Updates Tracking: Disability Review master spreadsheet; and
- b) Proceed to Step 14.

14) The SRT CA receives the determination from the SRT RN

- a) The SRT CA receives the case from the SRT RN and:
 - i) Uploads the MLTC-73 to DI;
 - ii) Sets an alert for the Eligibility Operations Assigned SSW in N-FOCUS; and,
 - iii) Sends an email to the E&E Unit at dhhs.adwaiverapp@nebraska.gov and AD waiver SC, and attaches the MLTC-73; and
- b) The Eligibility Operations Assigned SSW proceeds to Step 15, and the E&E Unit proceeds to Step 16.

15) The Eligibility Operations Assigned SSW receives the alert from the SRT CA

- a) If SRT's current disability determination is:
 - i) Approved:
 - (1) The Eligibility Operations Assigned SSW narrates the dates of approval in N-FOCUS and adds the SRT determination result and dates in N-FOCUS. An approval may occur if appropriate even if the expiration date for SRT VR#1 and SRT VR#2 (if applicable) have not expired. Proceed to Step 17(b)(1); or

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- ii) Denied (which cannot occur until after the due date for SRT VR#1 and SRT VR#2, if applicable, have passed):
 - (1) The Eligibility Operations Assigned SSW acts on the alert and processes the application for Medicaid eligibility under any other category that may be appropriate. If the individual is not eligible, the Eligibility Operations Assigned SSW includes the verbiage from the comment box in the MLTC-73 to the denial NOA, and sends the denial NOA to the individual or their representative; and,
 - (2) The Eligibility Operations Assigned SSW:
 - (a) Sets an alert for 90-days from the date of the denial NOA in N-FOCUS. The case remains assigned to the Eligibility Operations Assigned SSW and the SRT CA for this 90-day period;
 - (i) If an appeal has not been filed by the 90-day mark, the Eligibility Operations Assigned SSW:
 - 1. Closes all assignments and returns the case to UC; and
 - 2. Sends an email to the E&E Unit to notify them that an appeal has not been filed; and,
 - (3) Proceed to Step 17(a)(1).

16) *The E&E Unit receives the result of the disability determination with the MLTC-73 from the SRT CA:*

- a) If an approval of current disability, updates E&E Tracker and reviews to determine if LOC review is due; or
- b) If a denial of current disability, updates E&E tracker; and
- c) Stop here.

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17) The AD Waiver SC will:

- a) If denial:
 - ii) Prepare discharge planning from the AD Waiver case load (allowing for timely notice) at the end of the disability determination; and
 - iii) Notify Eligibility Operations Assigned SSW by submitting a change report in N-FOCUS, including the date of waiver closure; or
- b) If approval:
 - i) Review to determine if there has been a break in waiver services due to case closure;
 - ii) If break in service has occurred, complete PCP and consent and notify the Eligibility Operations Assigned SSW; or
 - iii) Update the PCP as needed; and
- c) Proceed to Step 18.

18) The Eligibility Operations Assigned SSW receives the N-FOCUS alert from SRT CA

- a) If the SRT disability determination is approved:
 - i) Update the N-FOCUS medical review due date and set an N-FOCUS alert for 90 days prior to SRT end date; or
- b) If the SRT disability determination is denied:
 - i) Within 1 business day takes action on the alert and processes the application for Medicaid eligibility under any other category that may be appropriate. ([MLTC Processing Guide](#)) If the individual is not eligible, the Eligibility Operations Assigned SSW sends the denial NOA for Medicaid to the individual or their representative;
 - ii) Remains assigned to the case for 90 days from the date of the denial NOA; and,
 - iii) Closes all assignments and returns the case to UC if an appeal is not filed by the 90-day mark. Stop here.

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Forms:

DD-10

DM-5

DM-12

MLTC-73

Disability worksheet

Process References:

[MLTC Processing Guide](#)

[SRT Clinical Review Process Guide for Child AD Waiver](#)

[SRT Labeling and Sorting Process Guide](#)

[SRT N-FOCUS Document Retrieval Guide](#)

Procedure History:

Initial Procedure

Revision	Date	Description of changes	Requested By	Revised By	Revision Approved By	Date Revision Approved
		Initial Release				