

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

Document ID	Title: Adult AD Waiver Initial Process		Effective Date January 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 Initial Process.

Reason for Procedure: The purpose of this SOP is to streamline initial 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 initial Medicaid applications that include a request for AD Waiver services for individuals 18 years of age or older at the time of application.

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

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 child
Child: Person for whom AD Waiver is being applied
Child's representative: Person with sufficient legal authority to act for the child

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 SSW: Eligibility Operations Social Services Worker

FTP: Failure to Provide

GHHP: Genetically Handicapped Person's Program

LOC: Level of Care

MC: Master Case
MHCP: Medically Handicapped Children's Program
MLTC: Division of Medicaid & Long-term Care
MLTC-73: form used by SRT to document the current disability determination

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

Person-Centered Plan – Plan of services and supports

SC: Services Coordinator
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
SSW: Social Services Worker

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

UC: Universal Caseload

VR: Verification Request

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

Process:

- 1) *Eligibility Operations receives an AD Waiver request***
 - a) When a Medicaid application is received for an individual 18 years old or older, an Eligibility Operations SSW reviews the Medicaid application to determine if AD Waiver services are being requested or otherwise are appropriate to consider:
 - i) If AD Waiver services are not being requested and not otherwise appropriate to consider, this SOP does not apply. Stop here; or
 - ii) If AD Waiver services are being requested or otherwise are appropriate to consider, the Eligibility Operations SSW proceeds to Step 2; or
 - b) If AD Waiver services are requested outside of a Medicaid application for an individual 18 years old or older, the Eligibility Operations SSW looks to see if a Medicaid application is needed:
 - i) If a Medicaid application is not needed, proceed to Step 2; or
 - ii) If a Medicaid application is needed, the Eligibility Operations SSW notifies the individual or the individual's representative of the need to apply and;
 - (1) If an application is not received, this SOP does not apply. Stop here; or
 - (2) If an application is received, proceed to Step 2.
- 2) *If AD Waiver Services are requested***
 - a) If AD Waiver Services are being requested or otherwise are appropriate to consider, the case is reviewed to determine if the individual requesting services is married or unmarried:
 - i) If the individual requesting services is unmarried, proceed to Step 3; or
 - ii) If the individual requesting services is married, determine who is requesting AD Waiver services (one spouse or both):
 - (1) If both spouses are requesting AD Waiver services, proceed with determining Medicaid eligibility under any appropriate category as appropriate, and proceed to Step 3; or
 - (2) If one spouse is requesting AD Waiver services and the other spouse is remaining in the community, assign the case to the Statewide Nursing Home/Assisted Living position number 42651130. Additional steps for this case will follow the [MLTC Processing Guide](#), and proceed to Step 3.
- 3) *Review the age of the individual requesting services***
 - a) If the individual is age 65 or older, **send an email to the E&E unit with the referral for AD Waiver services and proceed to Step 19;** or
 - b) If the individual is under the age of 65, a disability determination is required. Determine if there is a current disability determination:
 - i) If Yes, **send an email to the E&E unit with the referral for AD Waiver services and proceed to Step 19;** or
 - ii) If no, assign case to EMSA/SRT position number 75013343 and proceed to Step 4.
- 4) *Case Contact***
 - a) The case is assigned to an Eligibility Operations SSW for the SRT process;
 - b) The Eligibility Operations Assigned SSW attempts to reach the individual or their representative within 2 business days of the assignment; and,
 - c) If contact is:
 - i) Made, the Eligibility Operations Assigned SSW;

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

- (1) Explains the AD Waiver program and the services that it can provide;
 - (2) Explains the need to have both a current disability determination and currently meet the NF LOC to be able to participate in the AD Waiver program;
 - (3) If the individual or their representative wants to proceed with the request for AD Waiver services, explains the SRT process (if SSA has not approved for current disability) and that a SRT VR#1 will be arriving in the mail with requests for them to give to the individual's medical provider;
 - (4) Completes the DM-12 & MLTC-11 (Work History and Education Verification Form) with the individual or their representative and uploads it to DI; and,
 - (5) Confirms with the individual or their representative that information regarding any and all resources and income sources are current and complete. If no resources and income sources are indicated, clarifies that this is accurate. Proceed to Step 5; or
- ii) Not made, the Eligibility Operations Assigned SSW:
- (1) Sends a VR for the information needed to complete the DM-12 & MLTC-11 (Work History and Education Verification Form) in addition to the request for medical documents needed for the SRT process, and proceed to Step 5.

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

- a) The Eligibility Operations Assigned SSW sends SRT VR#1 within 1 business day of contact or attempted contact with the individual or their representative;
- b) SRT VR#1 must include:
 - i) If unable to contact the individual or their representative, the following language:

<INDIVIDUAL'S NAME> may be eligible for Medicaid because of a disability based on their circumstances. We have tried to contact you or your representative to talk about this.

If you would like to find out if you might be eligible for Medicaid because of a disability, 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 provider(s), 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 provider(s) can send the completed DM-5 form and your records to the State Review Team any of the following ways:

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

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 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.

(If needed) There are other steps in the application process. If you have not done so already, please contact me at (xxx) xxx-xxxx to review your application;

- ii) If contact is made with the individual or their representative, the following language:

<INDIVIDUAL'S NAME> may be eligible for Medicaid because of a disability based on their circumstances. We recently talked with you or your representative about this.

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 provider(s), 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 provider(s) 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

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

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.

- iii) A copy of the DM-5 Form; and,
- iv) A copy of:
 - (1) The Medical Documentation Guide for Members – Disability Review; and
 - (2) Medical Documentation Guide for Providers – Disability Review; and,
- c) If contact is made with the individual or their representative, proceed to Step 6; or
- d) If contact is not made with the individual or their representative, also send the MLTC-11 (Work History and Education Verification form);
 - i) If the DM-12 & Work History Form information is not received by the VR due date:
 - (1) If this is a Medicaid application, deny the pending Medicaid case for failure to provide requested information; or
 - (2) If this is an ongoing Medicaid case, notify the individual and any representative that the SRT Disability Process has ended and that AD Waiver eligibility cannot continue to be pursued at this time; or
 - ii) If the DM-12 & Work History Form information is received;
 - (1) The completed DM-12 and Work History Form is uploaded to DI, and proceed to Step 6.

6) *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) Sets an alert in N-FOCUS for 90 days from the application date; (or request date if already Medicaid eligible)
 - iv) Sends an email to DHHS.srtmedical@nebraska.gov and to the E&E Unit at dhhs.adwaiverapp@nebraska.gov using the format:
 - (1) Client name;
 - (2) Master Case Number;
 - (3) Start Date;
 - (4) Authorized Representative/Guardian;
 - (5) Type of Referral: AD Waiver Initial;
 - (6) DM-12 & Work History, and other documentation in DI;
 - (7) ARP ID; and,
 - (8) Application received date (or request date if already Medicaid eligible)
 - (9) VR#1 due date; and,
- b) Proceed to Step 7.

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

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

- a) The SRT CA:
 - i) ~~Sets an alert in N-FOCUS for the 90-day mark from the application date;~~
 - ii) Creates a new entry in the master spreadsheet titled "Tracking: Disability Review;"
 - iii) Creates a new folder for the case in
R:drive/SRTclinicalteam/MEDICALRECORDSREQUESTS;
 - iv) Labels the case folder as follows; last name, first name – Adult AD Waiver INITIAL;
 - v) Creates subfolders labeled:
 - (1) Communications – which includes email from the SRT SSW; and
 - (2) Other Records; and,
 - vi) Attaches the following documents in the case folder;
 - (1) DM-12 – pulls the form from DI;
 - (2) DM-5 – pulls 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 8 if medical records are not submitted in response to SRT VR#1, or proceed to Step 9 if medical records are submitted in response to SRT VR#1.

8) 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 that no records have been received by the deadline;
- b) The E&E Unit sends a denial 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 sends the denial NOA for FTP. The denial NOA must include the 90-day due date, based on the date the application/request was received, by which deadline the individual can still submit records;
- d) The case remains assigned to the Eligibility Operations SSW and the SRT CA for a 90-day period; and,
- e) If records:
 - i) Are not submitted by the 90-days:
 - (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 due date:
 - (1) Proceed to Step 9.

9) 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 master case in N-FOCUS. This generates an alert in N-FOCUS;
- b) If records are submitted to the Eligibility Operations Assigned SSW, the Eligibility Operations Assigned SSW indexes and uploads the records to DI in the master case in N-FOCUS. This generates an alert in N-FOCUS;
- c) All other alerts for Medicaid eligibility are worked by the Eligibility Operations Assigned SSW as outlined in the [MLTC Processing Guide](#);

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

- 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:
 - 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/Children'sADReview folder; and,
 - vi) Documents the submission of the case to the SRT RN in the Tracking: Disability Review master spreadsheet; and,
- f) Proceed to Step 10.

10) 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 within 5 business days all received records and applies SSA Clinical guidelines (please refer to the [SRT Clinical Review Process Guide for Child AD Waiver](#) for further details); and,
 - iii) If additional records:
 - (1) Are not needed:
 - (a) Proceeds to Step 12; or
 - (2) Are needed:
 - (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/Children'sADReview;
 - (d) Updates the Tracking: Disability Review master spreadsheet; and,
 - (e) Proceed to Step 11.

11) 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.**

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

The additional records must be from within the last 12 months unless otherwise noted. Ask your provider(s) to send these records. Clinic visit summaries from a patient portal cannot be used. Your provider(s) must send a copy of the actual 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. Any mental health records
6. Any other records about your 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 12 if new records are not submitted in response to SRT VR#2, or proceed to Step 13 if new records are submitted in response to SRT VR#2.

12) 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 14.

13) 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:
 - i) Uploads the documents to DI if received by FAX or email; or
 - ii) Receives an alert from N-FOCUS that records have been uploaded to DI; and
 - iii) Creates a new folder in R:drive/SRTclinicalteam/MEDICALRECORDSREQUESTS and labels it as follows – individual's last name, first name – ADDITIONAL RECORDS;

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

- iv) Retrieves the [records from DI](#) and saves them in the case folder in R:drive/SRTclinicalteam/MEDICALRECORDSREQUESTS;
 - v) 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;
 - vi) Drags the case folder from R:drive/SRTclinicalteam/MEDICALRECORDSREQUESTS to the R:drive/SRTclinicalteam/Needstobesorted folder;
 - vii) Labels and sorts the records based on the [SRT Labeling and Sorting Process](#);
 - viii) 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;
 - ix) Opens the email with the request for additional records and notifies the SRT RN at dhhs.medicaidstatereviewteam@nebraska.gov that additional records are ready for review; and,
 - x) Sends an email to the E&E Unit at dhhs.adwaiverapp@nebraska.gov notifying them that VR#2 has expired; and
- b) The SRT RN proceeds to Step 14.

14) 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 Adult AD Waiver](#) for further details);
 - ii) Submits the case to the SRT MD by email dhhs.medicalreviews@nebraska.gov and attaches the following:
 - (1) Disability worksheet; and
 - (2) 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 child's representative; and,
 - (3) Clinical impression; and,
 - iv) Documents the submission of the case to the SRT MD in the Tracking: Disability Review master spreadsheet; and
- b) Proceed to Step 15.

15) The SRT MD reviews the case

- a) The SRT MD reviews the case with 5 business days and:
 - 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 child's representative already:
 - (a) *Note: if a SRT VR#2 is sent to the individual per the SRT MD's request, go back to Step 8(a)(iii)(2) and follow through to Step 12, 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

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

b) Proceed to Step 16.

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

- a) The SRT RN receives the determination from the SRT MD and within 1 business day:
 - 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 Adult 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 if a referral to MHCP is considered appropriate, such as for cases in which the current disability determination is a denial;~~
 - v) Moves the case folder to R:drive/SRTReviews/currentmonth/Done – Adult AD Waiver; and,
 - vi) Documents the current disability determination (approved or denied), including date of current disability determination, current disability start date, and duration of current disability determination in the Tracking: Disability Review master spreadsheet; and
- b) Proceed to Step 17.

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

- a) The SRT CA receives the determination 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 attaches the MLTC-73; and
- b) The Eligibility Operations Assigned SSW proceeds to Step 18, and the E&E Unit proceeds to Step 19.

18) 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 documents 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 due date for SRT VR#1 and SRT VR#2 (if applicable) have not expired **and unassigns self as an additional worker, proceed to step 20**
 - 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 copies and pastes the verbiage from the comment box in the MLTC-73 to the denial NOA and sends the denial NOA to the individual; and
 - (2) the Eligibility Operations Assigned SSW:

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

- (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 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:
 - a. Closes all assignments and returns the case to UC; and
 - b. Sends an email to the E&E Unit to notify them that an appeal has not been filed; and stop here.

19) The E&E Unit Process for NF LOC determination

- a) Within 1 business day of receiving the MLTC-73 an assessor is assigned;
- b) A NF LOC assessment is completed within 7 calendar days;
- c) If the NF LOC is:
 - i. Met: Within 1 business day the E&E Unit sends an email to the Service Coordination Administrative Specialist for assignment of a SC including the 90-day application deadline, sets an alert for the Eligibility Operations Assigned SSW, and updates E&E Unit tracking; or
 - ii) Not met: Within 1 business day the E&E Unit sends a denial NOA for Waiver services to the individual, sets an alert for the Eligibility Operations Assigned, documents the NF LOC determination in N-FOCUS, and updates E&E Unit tracking; and,
- d) Proceed to Step 20.

20) The Eligibility Operations SSW receives the alert from E&E Unit with the NF LOC determination

- a. If the NF LOC is:
 - i. Met: The Eligibility Operations SSW takes action on the alert to determine if further Medicaid action is needed regarding the individual's eligibility and clears the alert, and proceeds to Step 21; or
 - ii. Not met: within 1 business day the Eligibility Operations 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 SSW sends the denial NOA for Medicaid to the individual or their representative. Stop here.

21) The Service Coordination Administrative Specialist receives referral from E&E Unit

- a) The Service Coordination Agency of the individual's or their representative's choice assigns a SC to the case for intake and development of the Person-Centered Plan no later than day 89 of the Medicaid application accounting for weekends and holidays; and
- b) Proceed to Step 22.

22) AD Waiver services are developed

- a) The SC works with the individual or their representative to develop a safe Person-Centered Plan and to obtain signed consent for AD Waiver services:
 - i. If the individual or their representative:
 - (1) Does not complete their part in the development of a safe Person-Centered Plan or consent for AD Waiver services within 7 calendar days of the NF LOC approval or no later than day 89 of the application date:

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

- (a) the SC sends a denial NOA for AD Waiver services to the individual or their representative and submits a change report to ACCESSNebraska to notify the Eligibility Operations Assigned SSW of the denial. Proceed to Step 23(a)(i)(2); or
- (2) Does complete their part in the development of a safe Person-Centered Plan and consent for AD waiver services within 7 calendar days of the approval of the NF LOC or no later than day 89 of the application date:
 - (a) The SC completes a change report on ACCESSNebraska to notify the **Eligibility Operations SSW** of the approval:
 - (i) If approval is close to day 89, the SC will send an email to the SSW and the SSW supervisor **if assigned**; and
 - (b) Proceed to Step 23.

23) The **Eligibility Operations SSW receives the Change Report from the SC**

- a) Within 1 business day of receiving the Change Report from the SC, the **Eligibility Operations SSW** takes action:
 - i) If AD Waiver is:
 - (1) Approved:
 - (a) The **Eligibility Operations SSW**:
 - (i) Pends an AD Program Case, using the date the SC indicates AD is effective;
 - (ii) Processes Medicaid;
 - (iii) Activates the AD Waiver program case;
 - (iv) Sends an email to inform the SC that the AD Waiver is “Open;” and,
 - (v) Initiates the 60-Month look-back for Deprivation of Resources:
 - 1. If this is In-Home Waiver, assign to the position number **2635041**;
 - 2. If this is Assisted Living Waiver, assign to position number 2651089;
 - or,
 - 3. If this is a SIMP case, the assigned SSW will complete the 60-Month Resource look-back period; and
 - (b) Proceed to Step 24.
 - (2) Not approved/didn’t respond:
 - (a) The Eligibility Operations SSW:
 - (i) Processes the application for Medicaid eligibility under any other category that may be appropriate. If the individual is not eligible, the **Eligibility Operations SSW** sends the denial NOA for Medicaid to the Individual; Stop here.

24) The SC receives the email from the Eligibility Operations SSW that AD Waiver is Open

- a) The SC receives the email from the **Eligibility Operations SSW** that AD Waiver is open and:
 - i) Assigns the SC to the AD program case; and
 - ii) Authorizes the Waiver services based on the safe Person-Centered Plan and consent. Stop here.

DIVISIONS OF MEDICAID & LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

Forms:

DD-10

DM-5

DM-12

MLTC-73

Disability worksheet

Process References:[MLTC Processing Guide](#)[SRT Clinical Review Process Guide](#)[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				