



The Hilltop Institute

analysis to advance the health of vulnerable populations

LTSS

**Authorization to Participant
Overall Decision/Letter Training
Policy Training**

March 18, 2014

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Agenda

- Welcome
- Authorization to Participate Form
- Technical and Medical Criteria
 - CFC and MAPC
 - CO
 - ICS
- Authorization to Participate Types
 - Advisory Authorization
 - Authorization
 - Denial
 - Disenrollment
- Authorization to Participate Process
- Questions and Answers

Authorization to Participate Form

- What is the purpose of the ATP form?
 - To notify DHMH if an applicant meets the technical and medical criteria for the waiver/program of interest
 - or
 - To notify DHMH that a participant no longer meets the technical and medical criteria for the waiver/program they are enrolled

CFC and MAPC

Technical and Medical Criteria

- Age Requirement – None
- Medicaid Type - Community
- Applicant/Participant lives in a community setting in Maryland
- Plan of Service (POS)
 - Meets applicant/participant's health and safety
 - POS is within cost neutrality
 - Approved by DHMH POS Unit
- Level of Care (LOC)
 - CFC - Nursing Facility or Institutional
 - MAPC - MAPC or Nursing Facility or Institutional

CO

Technical and Medical Criteria

- Age Requirement – 18 years or older
- Medicaid Type
 - LTC Medicaid (typically when preparing Advisory ATP)
 - Community Medicaid (typically after enrollment)
- Applicant/Participant lives in an institutional setting in Maryland
- Ability to safely live in the community with waiver services
- Signed Waiver Application

CO

Technical & Medical Criteria Continued

- Signed Freedom of Choice Form
(Option 1 selected applicant is willing to receive home and community based services)
- Level of Care (LOC)
 - Nursing Facility or
 - Institutional
- Plan of Service (POS)
 - Meets applicant/participant's health and safety
 - POS is within cost neutrality
 - Approved by DHMH POS Unit

ICS

Technical and Medical Criteria

- **Denied financially for Community Options** (previously LAH and WOA) waiver but income does not exceed 300 percent of SSI.
- Age Requirement – 18 years or older
- Medicaid Type
 - LTC Medicaid (typically when preparing Advisory ATP)
 - Community Medicaid (typically after enrollment)
- Applicant/Participant lives in an institutional setting in Maryland
- Ability to safely live in the community with waiver services
- Signed Waiver Application

ICS

Technical & Medical Criteria Continued

- Signed Freedom of Choice Form
(Option 1 selected applicant is willing to receive home and community based services)
- Level of Care (LOC)
 - Nursing Facility or
 - Institutional
- Plan of Service (POS)
 - Meets applicant/participant's health and safety
 - POS is within cost neutrality
 - Approved by DHMH POS Unit

ATP Types

- Advisory Authorization ATP
 - The **applicant** meets the technical and medical criteria for the waiver/program with the **exception** of having community housing
(Note this ATP Type is only applicable to CO and ICS waiver)
- Authorization ATP
 - The **applicant** meets the technical and medical criteria for the waiver/program of interest.

ATP Types Continued

■ Denial ATP

- The [applicant](#) does meet at least one of the technical and/or medical criteria for the waiver/program of interest
- Examples include:
 - Age
 - Level of Care
 - Housing
 - Plan of Service could not be approved
 - Applicant or authorized representative declined services
 - Person can not live safely in the community with waiver/program services

Please note this is not the complete list of denial reasons

Please view an ATP Denial form to obtain a full listing of reasons

ATP Types Continued

■ Disenrollment ATP

- The participant no longer meets at least one of the technical and/or medical criteria for the waiver/program they are enrolled
- Examples include:
 - Level of Care not met
 - Plan of Service could not be approved
 - Deceased
 - Person is institutionalized in a LTC facility (nursing facility, chronic care hospital, rehabilitation hospital, chronic institution for mental disease, ICF/ID) for at least 30 days with Medicaid as the primary payer

Please note this is not the complete list of disenrollment reasons

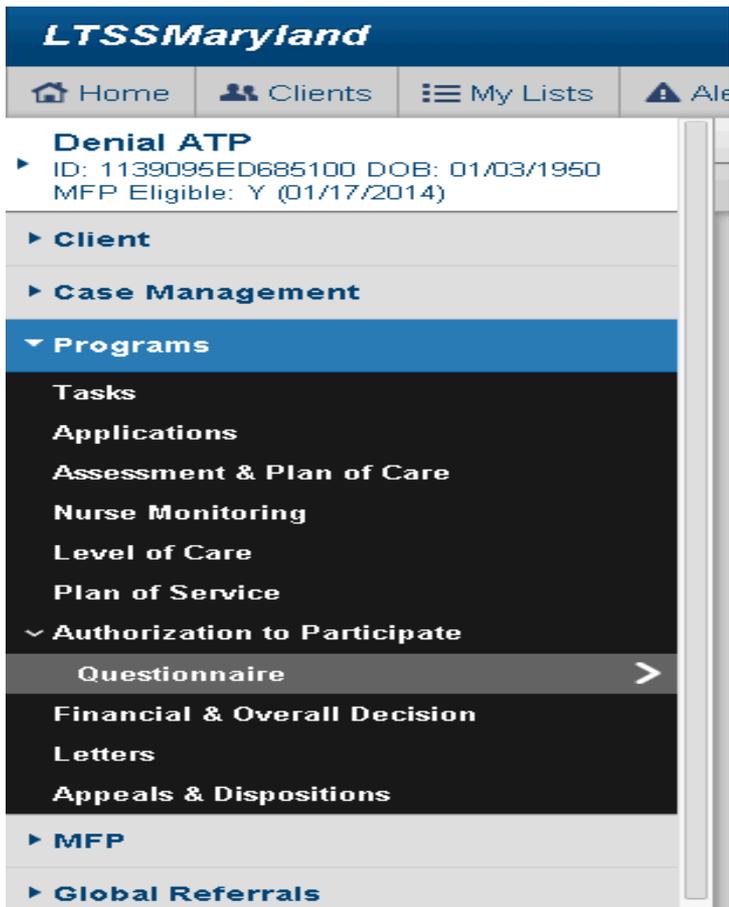
Please view an ATP Disenrollment form to obtain a full listing of reasons

When Should a SP Create and Submit an ATP to DHMH?

- The Supports Planner should complete an:
 - Advisory Authorization ATP when an **applicant** has met all technical and medical criteria **except** housing for CO or ICS
 - Authorization ATP when an **applicant** has met **all** technical and medical criteria including housing for MAPC, CFC, CO, or ICS
 - Denial ATP when an **applicant** has not met at least one of the technical and/or medical criteria for MAPC, CFC, CO or ICS
 - Disenrollment ATP when a **participant** no longer meets all of the technical and/or medical criteria for MAPC, CFC, CO or ICS

ATP Form - Creation

LTSS Maryland



- Login to LTSS Maryland
- Search for the person
- Click on [Programs](#) in the left navigation bar
- Click on [Authorization to Participate](#) in the left navigation bar
- Click on the [Add](#) button in the upper right corner of the page

ATP Form Creation LTSS Maryland – ATP Program Type

- ATP Program Type – Selected by the user from the drop down list in LTSS Maryland. Note: it is important to select the correct Program Type because this selection tells LTSS which questions to populate in the Pre ATP Questionnaire

- CFC

- MAPC

- CO

- ICS

The screenshot displays the LTSS Maryland web application interface. A modal dialog box is open, titled "Program Type", with the prompt "Select Program Type: *". A yellow dropdown menu is visible within the dialog. The background shows a navigation menu on the left with options like "Denial ATP", "Client", "Case Management", "Programs", "Tasks", "Applications", "Assessment & Plan of Care", "Nurse Monitoring", "Level of Care", "Plan of Service", and "Authorization to Participate". The main content area shows a table with columns for "Program Type", "ATP Type", "Last Modified Date", "Date Alerted", and "Date Acknowledged". A table row is visible with values: "CO", "Denial Overturned", "01/13/2014", "N/A", and "N/A".

ATP Form Creation

LTSS Maryland - ATP Type

- ATP Type – Selected by the user in LTSS Maryland
 - Advisory Authorization
 - Authorization
 - Denial
 - Disenrollment

The screenshot displays the LTSS Maryland web application interface. At the top, the user is identified as KShaw (On behalf of: DHMH, dhmhadministrator1) with a location of DHMH. The navigation bar includes Home, Clients, My Lists, Alerts, Dashboard, Reports, and Client Details. The main content area shows the 'ATP — Questionnaire' form for Program: CO. The form includes a 'Denial ATP' section with client details (ID: 1139095ED685100, DOB: 01/03/1950, MFP Eligible: Y (01/17/2014)). The 'ATP Questionnaire' section has a label 'Authorization to Participate' and a dropdown menu for 'ATP Type:' which is currently set to 'Advisory Authorization'. The form also features 'Cancel', 'Save', 'View', and 'Edit' buttons.

ATP Form Creation

LTSS Maryland – Client Info

- This section is pre-populated by LTSS based on information entered on the client profile

The screenshot displays the LTSS Maryland web application interface. The top navigation bar includes the logo, user information (KShaw, On behalf of: DHMH, dhmhadministrator1), location (DHMH), and links for Menu and Account. Below the navigation bar is a secondary menu with Home, Clients, My Lists, Alerts, Dashboard, Reports, and Client Details. The main content area is titled 'ATP — Questionnaire' and includes 'View' and 'Edit' buttons. A 'Cancel' button is also present. The form itself is titled 'ATP Questionnaire' and has a 'Save' button. The form is divided into sections: 'Authorization to Participate' and 'Client Information'. In the 'Authorization to Participate' section, the 'ATP Type' is set to 'Advisory Authorization'. The 'Client Information' section contains a table with the following data:

Client Information			
Individual's Full Name:	Denial ATP	Jurisdiction:	Baltimore
SSN#	123658965	MA#	54125985412 (Community)
Date Of Birth:	01/03/1950	MA# Start Date:	12/02/2013
Current Address:	1254 West Street, Baltimore, MD 21565	MA Eligibility Type:	Community
Current Address Type:	Community	MA# Coverage Group:	F98

ATP Form Creation

LTSS Maryland

Pre ATP Questionnaire

- Pre-populates key technical and medical criteria outcomes from various sections of LTSS Maryland (This is not a substitute for your viewing the individual forms)

The screenshot shows the LTSS Maryland web application interface. The top navigation bar includes the user name 'KShaw' and location 'DHHM'. The main menu on the left lists various sections, with 'Questionnaire' selected. The main content area displays the 'Pre-ATP Questionnaire' form for a client with ID 1139095ED685100. The form contains several fields and checkboxes:

Field	Value
MFP Eligible:	Yes
Individual is at least 18 years of age? **	Yes
Applicant Type: *	Community
This person is: **	<input type="radio"/> Deinstitutionalized <input checked="" type="radio"/> Diverted
POS has been approved? **	Yes
Individual meets nursing facility level of care?	Yes
Individual meets institutional level of care? **	Yes
Individual has Community MA?	Yes (Eligibility Type:Community,Coverage Group:F98)
Freedom of Choice signed?	Yes
Individual agreed to participate through the Freedom of Choice Form?	Yes
Waiver/ICS Application Date: **	01/13/2014

ATP Form Creation

LTSS Maryland - Advisory Authorization ATP

After verifying the **applicant** has met all medical and technical criteria with the **exception** of housing simply click on the **Submit to DHMH for Review** button. An alert will be sent to the assigned DHMH Program Staff or Program Staff Admin

The screenshot shows a web application interface for creating an ATP form. At the top, there is a navigation bar with the user's name 'KShaw' and location 'Baltimore, aaaadministrator1'. Below this is a secondary navigation bar with tabs for 'Dashboard', 'Assignments', 'Reports', and 'Client Details'. The main content area is titled 'ATP — Questionnaire' and shows the status 'In Progress' and program 'CO'. There are buttons for 'View', 'Edit', 'Submit For DHMH Review', and 'Discard'. The form contains several questions with 'Yes' or 'No' answers, a date field for 'Waiver/ICS Application Date' set to '01/13/2014', and a 'Sign Off' section with fields for signature, date, title, and telephone number.

Individual meets nursing facility level of care?	Yes
Individual meets institutional level of care?	Yes
Individual has Community MA?	Yes (Eligibility Type:Community,Coverage Group:F98)
Freedom of Choice signed?	Yes
Individual agreed to participate through the Freedom of Choice Form?	Yes
Waiver/ICS Application Date: **	01/13/2014

Sign Off

This certifies that the individual named above meets the technical and medical targeting criteria for the waiver/program, except that the individual still lives in a long-term care facility. This individual has 6 months from the 1st day of the application month to move to a community home before having to reapply for the waiver/program in order to be found eligible.

Signature: **

Date: **

Title: **

Telephone Number: (xxx xxx xxx) **

ATP Form Creation

LTSS Maryland - Authorization ATP

After verifying the **applicant** has met all medical and technical criteria including housing and provider enrollment enter the Service **Effective Date** and the **Latest Date That all Three Above Items are Complete** fields. Simply click on the **Save** button followed by **Submit to DHMH for Review** button.

An alert will be sent to the assigned DHMH Program Staff or Program Staff Admin

The screenshot shows a web application interface for creating an ATP form. At the top, a dark blue header contains the user name 'KShaw (On behalf of: Baltimore, aaaadministrator1)' and location 'Location: Baltimore County Dept. of Aging'. Below this is a navigation bar with tabs for Alerts, Dashboard, Assignments, Reports, and Client Details. The main content area is titled 'ATP — Questionnaire' and 'Program: MAPC'. It features a 'Cancel' button on the left and 'New' and 'Save' buttons on the right. The 'Authorization' section includes a descriptive paragraph and five date fields: 'Service Effective Date', 'Level of Care (LOC) Effective Date', 'Signature Date on Freedom of Choice Statement', 'POS Completion Date', and 'Latest date that all three above items are completed'. The 'Sign Off' section includes fields for 'Signature', 'Date', 'Title', and 'Telephone Number'. The signature field is pre-filled with 'Baltimore, aaaadministrator1'.

ATP Form Creation

LTSS Maryland - Denial ATP

After verifying the **applicant** does meet at least one of the technical and/or medical criteria for the waiver/program of interest **click on the checkbox beside the reason**. Followed by clicking on the **Save** button followed by **Submit to DHMH for Review** button.

An alert will be sent to the assigned DHMH Program Staff or Program Staff Admin

ATP Form Creation

LTSS Maryland - Denial ATP

KShaw (On behalf of: Baltimore, aaaadministrator1)
Location: Baltimore County Dept. of Aging

Menu Account

Alerts Dashboard Assignments Reports Client Details

ATP — Questionnaire Program: CO New

[Cancel](#) Save

Denial and Reason(s) for Denial to Participate in the Waiver/Program

This certifies that the individual named above is not authorized to participate in the waiver/program due to the criteria indicated below. Note: when ATP Type = Denial at least one of the options below must be selected in order to Submit the ATP Questionnaire Form. **

- Not certified to meet nursing facility level of care.
- The person does not meet the age requirement for the waiver/program.
- Not able to live safely in the community with the assistance of available services.
- Does not live in the community.
- The POS could not be approved.
- Individual cost-neutrality is not met; costs of services under the waiver/program are more than the cost of services in a nursing facility.
- The applicant is presently enrolled and chooses to remain in another community based program:
- Applicant or authorized representative declined or chooses waiver/program services as an alternative to nursing facility care in the Freedom of Choice document.
- Medical Assistance application expired after 6 months.
- The person died.
- The person is institutionalized in a long-term care facility (nursing facility, chronic care hospital, rehabilitation hospital, chronic institution for mental disease, ICF/ID) for at least 30 days with Medicaid, rather than Medicare, as the primary payer.
- The waiver/program is full. There are no more funded slots.
- Other reason(s).

ATP Form Creation

LTSS Maryland - Disenrollment ATP

After verifying the **participant** no longer meets the medical and technical criteria for the waiver/program they are enrolled **click on the checkbox beside the reason**. Followed by clicking on the **Save** button followed by **Submit to DHMH for Review** button.

An alert will be sent to the assigned DHMH Program
Staff or Program Staff Admin

ATP Form Creation

LTSS Maryland - Disenrollment ATP

- o → Not certified to meet nursing facility level of care. ¶
- o → The person does not meet the age requirement for the waiver/program. ¶
- o → Not able to live safely in the community with the assistance of available services. ¶
- o → Does not live in the community. ¶
- o → The POS could not be approved. ¶
- o → Individual cost neutrality is not met; costs of services under the waiver/program are more than the cost of services in a nursing facility. ¶
- o → The applicant is presently enrolled and chooses to remain in another community based program. ¶
- o → Applicant or authorized representative declined or chooses waiver/program services as an alternative to nursing facility care in the Freedom of Choice document. ¶
- o → The person died. Date of Death ¶
- o → The person is institutionalized in a long-term care facility (nursing facility, chronic care hospital, rehabilitation hospital, chronic institution for mental disease, ICF/ID) for at least 30 days with Medicaid, rather than Medicare, as the primary payer. ¶
 - o → Long Term Stay or Short Term Stay (Drop Down List) ¶
 - o → Date the Participant Entered the LTC facility ¶
 - o → Date the Participant Returned to the Community ¶
- o → Other reason(s). ¶
- o → Additional Comments. ¶

ATP Form CO and ICS DHMH Processing

- What does the DHMH Program Staff do with the ATP for **CO** or **ICS**?
 - The DHMH Program Staff member will verify the information listed on the ATP
 - Upon completing the review the **DHMH Program Staff** member will **submit** the ATP to **DEWS**
 - **DEWS** will complete the **Overall Decision** and Letter based on the **technical**, **medical**, and **financial** criteria for the waiver
 - **DEWS** will mail the eligibility letter to the applicant/participant

ATP Form MAPC and CFC DHMH Processing

- What does the DHMH Program Staff do with the ATP for **MAPC** or **CFC**?
 - The **DHMH Program Staff** member will verify the information listed on the ATP
 - Upon completing the review for MAPC or CFC the **DHMH Program Staff** member will complete the **Overall Decision** and **Letter** based on the **technical** and **medical** criteria for the program in the LTSS
 - **DHMH Program Staff** member will mail the eligibility letter to the applicant/participant

Acronyms

- ALF – Assisted Living Facility
- ATP – Authorization to Participate
- CFC – Community First Choice
- CO – Community Options (waiver)
- FOC – Freedom of Choice Form
- ICS – Increased Community Services (program)
- LHD – Local Health Department
- LOC – Level of Care
- LTC MA – Long Term Care, Medicaid
- MA - Medicaid
- MAPC – Medicaid Personal Care Program
- POS – Plan of Service
- SP – Supports Planner
- UCA – Utilization Control Agency

Definitions

- Applicant – A person applying to receive services from a Medicaid waiver or programs
- Diverted Applicant – person that lives in the community and was not deinstitutionalized from a facility or institution
- Deinstitutionalization Applicant – person who lived in a facility or institution prior to discharge to the community
- Participant – A person enrolled and receiving services from a Medicaid waiver or program
- Services Effective Date – Date the applicant can begin receiving services
 - Financial Approved for the waiver or program
 - Medical and Technical Criteria met
 - Lives in the community
 - Appropriate Level of Care
 - interRAI (Medical Assessment) and Plan of Care completed by the LHD
 - Approved Initial POS
 - Providers are enrolled with fiscal intermediary (if applicable)
 - Providers are enrolled in ISAS (if applicable)

Contact Information

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