

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	Section: 3 Waivers	Number: 3-4	Page: 1
	Subject: Care Coordination Visit Waivers		
	Approved: <i>/s/ Rebecca J. Hilgendorf</i> Rebecca J. Hilgendorf, Director		Date: 3/10/2010

Purpose

To clarify the basis for waivers of required monthly care coordination visits to participants.

To describe the visit waiver application process.

Policy

Senior and Disabilities Services (SDS) reimburses for two care coordination service contacts with each Home and Community Based Waiver Services participant per month; one of the two contacts must be a face-to-face visit. Regulations permit a waiver of monthly face-to-face visits to participants who live in rural communities.

Because the regulatory definition of “rural” is unworkable as an equitable basis for granting visit waivers statewide, SDS establishes as policy the remoteness of the community in which a participant resides as key to its decisions to grant visit waivers. Remoteness refers generally to a location not connected to the main state highway system (which, for the purposes of this policy, includes the state marine highway and other ferry service routes); however, a location is not considered to be remote if it is on a non-contiguous road system which connects communities, and a care coordinator is available in one of the communities.

In addition to remoteness, SDS considers the following elements in making its decisions to grant visit waivers: whether a local SDS-certified care coordinator is willing to provide services to the participant; whether the cost of travel to visit the participant would amount to or exceed 50% of the reimbursement for care coordination services for all participants who receive services from the care coordination agency and who reside in the destination community for the 12-month period of the request; and whether the health, safety and welfare of the participant would be compromised by infrequent in-person visits.

When a visit waiver is granted, the care coordinator continues to make two contacts monthly and meets the participant in-person in his/her residence periodically for two purposes: to monitor service delivery, which requires a visit at least once each calendar year quarter, and to develop the annual service plan, which may be accomplished during one of the quarterly visits. A visit waiver is valid only for the period specified by SDS; to renew, the provider agency submits a request before the end date of the period.

SDS may rescind the grant of a visit waiver when a participant moves from a remote community, or when health, safety and welfare are compromised by infrequent contact.

Authority

7 AAC §43.1041 (c) Ongoing care coordination services; 7 AAC §43.1041 (c)(4) Monthly face-to-face visit; 7 AAC §43.1054 (c)(5)(B) Rural community.

Definitions

“Care coordinator” means a sole practitioner or an employee of a provider agency certified by SDS to offer care coordination services.

“Home and Community Based Waiver Services” means the Adults with Physical Disabilities, Children with Complex Medical Conditions, Mental Retardation and Developmental Disabilities, and Older Alaskans programs.

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“Local care coordinator” means a care coordinator who lives and works in a community accessible by the main state highway system or in a community on a non-contiguous road system.

“Non-contiguous road system” means a road system that connects communities, but does not connect to the main state highway system.

“Participant” means an individual enrolled in a Home and Community-Based Waiver Services program.

“Representative” means a parent, guardian, or other individual with legal authority to act on behalf of a participant.

Responsibilities

1. The **care coordinator** is responsible for
 - a. discussing with the participant/representative the intent to request a visit waiver,
 - b. determining whether the request can be justified financially,
 - c. submitting the request to SDS, and
 - d. notifying the participant/representative the decision.
2. **SDS** is responsible for
 - a. evaluating visit waiver requests,
 - b. notifying the care coordinator of the decision.

Procedures

A. Waiver availability.

1. Conditions.
 - a. The care coordinator
 - i. discusses his/her intent to request a waiver of monthly face-to-face visits with the participant/representative;
 - ii. applies for a visit waiver only for a participant who lives in remote community as defined by this policy;
 - iii. understands that he/she must make and document face-to-face visits with the participant (A) to monitor service delivery at least once each calendar year quarter (at approximately three-month intervals), and (B) to develop the annual Plan of Care; and
 - iv. provides to SDS information indicating the projected cost of travel to visit the participant amounts to or exceeds 50% of the reimbursement for care coordination services for all participants who receive services from the care coordination agency and who reside in the destination community for the 12-month period of the request.
 - b. The waiver is valid for the period specified by SDS.
2. Application.
 - a. The care coordinator
 - i. verifies that the participant lives in a remote community as defined by this policy,
 - ii. prepares a *Request for Waiver of Monthly Face-to-Face Visits* (Attachment), and
 - iii. submits the form to the SDS Waiver Unit.

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- b. To renew a waiver, the care coordinator submits a *Request* form before the end of the period specified in the current visit waiver.
 3. Notification. The care coordinator
 - a. notifies the participant/representative of waiver approval, and
 - b. explains how often he/she will contact the participant and the method of contact.
- B. SDS processing.**
1. Review.
 - a. The SDS Waiver Unit reviewer
 - i. evaluates the *Request* form;
 - ii. determines whether the residence of the participant is in a remote community by evaluating
 - (A) whether the community
 - (1) is accessible by the main state highway system, or
 - (2) is on a non-contiguous road system with a local SDS-certified care coordinator available in one of the communities on that system;
 - (B) whether a local care coordinator is willing to provide services to the participant;
 - (C) whether the care coordinator justifies the waiver by demonstrating that the projected cost of travel to visit the participant amounts to or exceeds 50% of the reimbursement for care coordination services for all participants who receive services from the care coordination agency and reside in the destination community for the 12-month period of the request; and
 - (D) whether the health, safety, and welfare of the participant would be compromised by infrequent in-person visits; and
 - iii. approves or denies the request.
 2. Notification. The SDS Waiver Unit reviewer notifies the care coordinator of the decision by email and by sending a copy of the signed *Request* form.
 3. Rescission. SDS may rescind the visit waiver when
 - a. the participant relocates to a community that is not considered to be remote; or
 - b. the health, safety or welfare of the participant is compromised by infrequent in-person visits.

Attachment: Request for Waiver of Monthly Face-to-Face Visits

State of Alaska • Department of Health and Social Services •Senior and Disabilities Services
Home and Community-Based Waiver Services Programs

Request for Waiver of Monthly Face-to-Face Visits

Participant Name: CCAN:
Address:
Plan of Care Start Date: End Date:

Care Coordinator Name: CM Number:
Telephone Number:
Care Coordination Agency: CMG Number:

I request a waiver of monthly face-to-face visits to the participant for the period of _____ to _____.
I understand that, if approved, the visit waiver is valid only for the period specified and must be renewed before the end of that period. I agree to provide and document a minimum of one face-to-face visit per calendar year quarter, and to develop the annual Plan of Care during a face-to-face visit.

Describe how the location of the community in which the participant resides meets the criteria for remoteness.

Compare the cost of travel to reimbursement for care coordination (CC) services.

- 1. Cost of travel for one visit to the participant. \$ _____
- 2. Estimated number of visits per year (excluding visits while the participant is in the care coordinator’s local area for shopping, appointments, travel, etc.). _____
- 3. Projected cost of travel. Multiply line 1 by line 2. \$ _____
- 4. 50% of reimbursement: Multiply monthly care coordination services reimbursement by 6. \$ _____

If the named participant is the only person served by the CC agency in the destination community, determine whether line 3 is equal to or greater than line 4 and skip to item 7; if not the only participant served, continue with items 5 and 6.

- 5. Number of participants served by the CC agency in the destination community. _____
- 6. 50% of reimbursement. Multiply amount on line 4 by line 5 \$ _____

Determine whether line 3 is equal to or greater than line 6, and note in answering item 7.

- 7. Does the cost of travel to visit the participant is equal to or exceeds 50% of reimbursement for CC services?
 Yes: Eligible for visit waiver consideration.
 No: Not eligible for visit waiver consideration; do not submit a request.

I certify that the cost of travel to make monthly face-to-face visits to the named participant amounts to or exceeds 50% of the reimbursement for CC services provided to all participants who receive services from the CC agency and reside in the destination community for the 12-month period of the request.

Signature of Care Coordinator Date

For SDS Use only

Request: Approved; effective date: _____ expiration date: _____
 Denied; date notice sent _____

Reason for denial: _____

SDS Waiver Unit reviewer Date