480-000-13 Instructions for Completing Form MILTC-15AD, "Waiver Plan Worksheet"

Use: Form MILTC-15AD is used to estimate the total monthly cost of the Plan of Services and Supports for specific Medicaid non-waiver and Medicaid waiver services. These specific services are ones provided in a nursing facility setting as part of the Medicaid-paid rate. (For example nursing care and transportation are part of the NF rate; prescriptions and physical therapy are not.) The cost is compared to institutional costs to assure cost-effective service delivery. The form also serves as an addendum to the Plan by reflecting service details such as service frequency and duration. It may also be used to track other formal or informal services shown on the Plan of Services and Supports, including non-Medicaid funded services (e.g. Medicare home health) or Medicaid services which are not included in the calculated estimate (e.g., Medicaid hospice). Form DSS-15AD is completed at annual review and updated whenever the cost of the Plan changes.

This form is not needed when the client receives no ongoing waiver services (i.e., receives only Assistive Technology Service, Home Modifications, and/or Home Again).

Completion: This form is completed by the SC in the CONNECT system. Refer also to the CONNECT manual for entry directions.

The client's name and Client and Case IDs are automatically populated on CONNECT.

Medicaid Non-Waiver Services
If the client receives or will be receiving Medicaid-funded home health, nursing, personal assistance services, and/or medical transportation/escort, enter the service(s). For each service type, enter the provider's name or the type of provider, appropriate number of units, frequency, begin date, end date, and unit cost information. If the selected service is medical transportation, enter a general provider description under Provider Type (e.g., "individual provider" or "public commercial carrier") as this information is viewed by the transportation contractor that makes this decision.

Service Notes: For medical transportation or medical escort services, a description must be entered. Describe the client's medical transportation and escort needs (paid or unpaid), use of wheelchair or other equipment, and other details when applicable. Service Notes are optional for other services.

Any non-Medicaid funded services or Medicaid services outside of the NF rate which the SC chooses to reflect on the Worksheet must show $.00 in Unit Cost.

Calculate the estimated monthly cost of non-waiver Medicaid expenses for this client's Plan of Services and Supports.

Medicaid Waiver Services
Enter the service type for each waiver service included in the client's Plan of Services and Supports. Enter the required units, frequency, begin date, end date, and unit cost information. For Assisted Living, enter one unit, monthly frequency, and the cost which corresponds to the client's payment level (e.g, single rural).

The initial "Begin Date" must be no earlier than the first day of the eligibility period and the "End Date" no later than the last day of the eligibility period. The provider's name is usually entered in the "Provider Type or Name" field. If multiple providers share the service units reflected on the line, the name of one regular provider may be entered and others noted in Service Notes or Comments box.

Calculate the estimated monthly costs of the Aged and Disabled Waiver services.

Cost of Plan
If the client has a Medicaid-assigned share of cost, enter that amount. If Assisted Living is selected as a Service Type, the monthly room and board amount paid by the client will appear. That amount (both amounts, for assisted living) is subtracted to determine the Estimated Total Monthly Cost of the Plan remaining as a Medicaid expense. If the resulting figure is less than the monthly cap for the client's population, the client has met waiver eligibility for a cost-effective Plan of Services and Supports.

Exception Request
If the Estimated Total Monthly Cost of the Plan exceeds the established cap, refer to policies on exceeding this amount, request an exception, as appropriate, and document actions in the Exception Approval Date box and the Comments box.

Assistive Equipment/Home Modifications/Home Again
This form is not completed for an AD Waiver client whose only waiver service is assistive technology services and/or home modifications or for a home again client whose ongoing Plan is not yet established. However, if a waiver client receives assistive technology service, home modifications, or home again services in addition to one or more ongoing waiver services, check the box(es) corresponding to the appropriate additional service(s) shown on the Plan.

Eligibility Period
The eligibility period is entered into CONNECT to allow a Plan Worksheet to be added. Those From and Through Dates automatically populate on the Plan Worksheet. This is a period of time, not exceeding 12 months, during which the client may be authorized to receive waiver service(s).

Initial Eligibility Year: A period beginning the date all points of waiver eligibility have been determined, including the date Medicaid eligibility was determined (not a retroactive effective date) and ending the last day of the month before initial level of care final decision (determination made by SC for adults and certification from the Central Office nurse for children) was made or updated. This cannot exceed 12 months.

Initial Year Example: A waiver referral is received March 20 for an active Medicaid client. The assessment visit and level of care determination occur March 27. Plan development and provider approval continues into April, with the Consent Form signed on April 12. The waiver eligibility From date is 4/12/12. The waiver eligibility Through date must be within 12 months of the month the LOC was determined. It will appear as the last day of the selected month. In this example, the LOC was determined in March, so the Through date would be in February (an 11-month period): 2/28/13. The initial eligibility period is 4/12/12- 2/28/13.

Ongoing Eligibility Year Example: Using the example above (Through date 2/28/13), the renewal visit and redetermination activities would occur during February 2013 and the new eligibility period would be 3/1/2013 through 2/28/2014. The SC may choose to process a renewal early due to a client situation or caseload demands. The SC would then adjust the end date to shorten the eligibility period.

CONNECT automatically populates the Services Coordinator's name at the bottom of this form.

Distribution: Form MILTC-15AD is a CONNECT form and is part of the client's electronic case record.

Retention: Form MILTC-15AD is retained in the client's electronic case record for six years from the eligibility Through date.

AGED AND DISABLED MEDICAID WAIVER PLAN WORKSHEET
Nebraska Department of Health and Human Services
MILTC-15AD

(PDF of this Worksheet will be generated)
Edit this Worksheet

Client: Ridge, Cole | Client ID: 452 | Case ID: 31 | Service Coordinator: Flury, Pattie

Medicaid Non-Waiver Services

Service Type	Prov Type or Name	# Units / Freq	Begin Date	End Date	Unit Cost	Mo. Cost
					Est. Monthly Medicaid Cost	$.00

Medicaid Waiver Services

Service Type	Prov Type or Name	# Units / Freq	Begin Date	End Date	Unit Cost	Mo. Cost
					Est. Monthly Medicaid Waiver Cost	$.00

☐ Home Modifications ☐ Assistive Technology Service ☐ Home Again

Totals

Exception Approval Date:
Eligibility Period:
From: 12/01/2012 Through: 11/30/2013

Subtotal of Medicaid & Waiver Costs	$.00
Client's Monthly Share of Cost	$0.00
Est. Total Monthly Cost of Plan	$.00

Comments (e.g., request and decision when average cap is exceeded; additional provider names)