

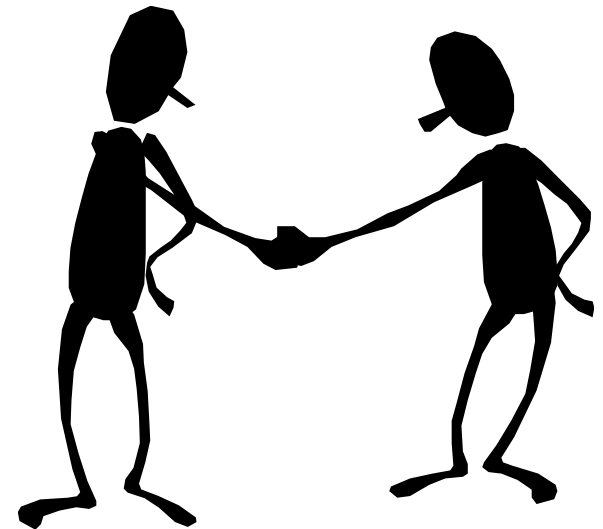


Waiver 101

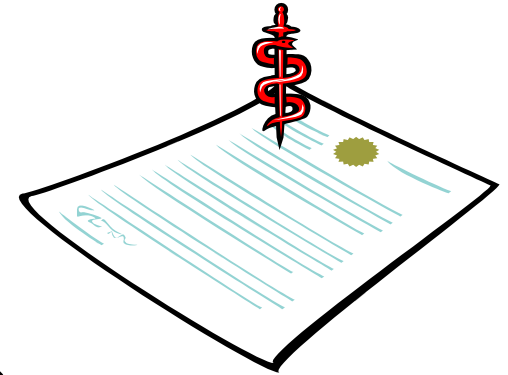
Information for MaineCare Members
and their Families

Welcome

- Introductions
- Ground Rules
- Agenda



What is “the Waiver?”



- Medicaid—insurance program
- Community vs. institutional services
- Medically necessary
- Sections 21/29—there are others
- Funds only services
- “prior-authorized, reimbursement program”

The PCP is the Rx for the services the person needs.

- The Planning Team identifies what is medically necessary for the person.
- The services must be described.
- The PCP is the source for prior authorization of services—the “prescription.”
- Without prior authorization agencies cannot bill for services provided.





Utilization review

- The Team determines the “what” of services...what the person’s needs/deficits are and how the staff providing waiver services will address/ameliorate those needs.
- Utilization Review determines the “how much” of the “what.”


Why are there waitlists?

- MaineCare/CMS agreement on number of “slots”
- $\text{Total Funding available} / \text{costs per person/service} = \text{number of people funded}$



How many people are on Section 29 waitlist? And how do they get off waitlist onto waiver?

- Section 29 as of this date:
- Section 29 is a FIFO system—depends also on number of “slots” available.
- The date someone was placed on the waitlist determines the order in which they get onto the waiver itself. (see calendar)



How many people are on Section 21 Waitlist? How are levels arrived at? How does someone get off waitlist onto waiver?

- Number on Section 21 as of this date:
- Section 21 is a “triage” system—highest, most urgent need is lowest level. See rule.
- As slots are available, most urgent and dire of the most urgent and dire needs are funded for the waiver.
- When would a level change be considered? Significant change in health/circumstance.

What do services cost, anyway?

- Community Support: \$5.28 per 15-minute “unit” = \$21.12 per hour for direct service per person, 4500 unit/year cap = \$23,760 per person per year.
- Work Support: \$6.91 = \$27.64/hr capped at 3400 units on Section 21 = \$23,494 /yr and 2400 on Section 29 = \$16,584/yr

Costs of services?

- Home Support-Shared Living: \$126.19 per day or \$46,059.35 per year.
- Home Support-Intensive Shared Living (includes 16 hours of staff time as well as Shared Living Provider): 183.52 per day or \$66,984.80 per year.
- Home Support-Agency Per Diem: \$22.43 per direct support hour: Average per person/year is now about 360.00 per day or \$130,000.00 per person per year.



What are the Office's processes & protocols? How/why do they happen?

- Apply for waitlist
- Initial waiver classification
- Vendor call
- Changes in services
- Move from one home to another
- Annual reclassifications

Wrap up

- Other questions?

