ILW Request
Provider Quick Guide Checklist

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
Division of Senior & Disability Services

This document provides instruction on the content and process of Independent Living Waiver requests.

Eligibility Criteria

The following eligibility criteria must be verified before proceeding with the request(s):

- [ ] Participant is age 18 – 64 to enter the waiver OR verify current ILW enrollment.
- [ ] Participant has an appropriate ME code to receive HCBS (Policy 2.00, App 3).
- [ ] The participant is not enrolled in any other waiver or self-direction program (check ADW, ADCW, SFCW).
- [ ] An actual assessment has occurred within the last 365 days.
- [ ] An appropriate goal and back-up plan are present within the last 365 days.
- [ ] A completed and signed Participant Choice Statement (HCBS-3) has been uploaded to the electronic case record within the last 365 days.

Demographics

- [ ] Verify that the Marital Status/Living Arrangement drop-down selection in electronic case record.

Worksheet(s) for Personal Care

- [ ] Complete the Consumer Directed Services Worksheet (HCBS-3c), and when necessary the In-Home Services Worksheet (HCBS-3a), in its entirety, as the entire care plan will be reviewed.
- [ ] Description of Needs: enter justification for each task that includes time/units (even if there is no change requested for a task). Justification should provide clear explanation of:
  - Why each task is needed, and
  - Why the amount of time is appropriate

NOTE: When completing a worksheet, keep in mind that the entire care plan will be reviewed, not just the increased tasks themselves.

Case Notes

- [ ] Case notes should accurately reflect participant's overall current circumstances, vital information, description of the changes to the health condition and/or living arrangements, which caused the participant to request additional care. Justification from the worksheet does not need to be copied in case notes. This description should explain why any underutilized services in the past will not be an issue in the future.

- [ ] Document the participant's ability to self-direct their care. Describe how you determined the participant is able to self-direct. Ensure the InterRAI HC is consistent with the description in case notes.

- [ ] Marital status, living arrangement, other responsible party.
  - If this has changed since the last assessment, document the change in a case note and update the contacts tab on the participant screen as necessary.

- [ ] Document that the worksheet(s) is completed and uploaded to the documents tab.

Requesting SMS/SME/EAA

- [ ] For any request of SMS/SME/EAA, document in a case note the request with the associated need. Document what other attempts to get this expense covered have been made (e.g. Contacted MO HealthNet Division, and/or, advised the participant to contact their physician/healthcare provider to see if they can be prescribed and paid for).

- [ ] Confirmed with Participant: Every request for SMS/SME/EAA must be confirmed with the Participant.

- [ ] Describe what is needed and why in the Comment section of the worksheet.

  - Depending on the item requested, communicate to participant that the request should first go through the State Plan Medicaid Durable Medical Equipment (DME) program or Medicaid Exceptions.
    - DME or Medicaid Exceptions requests are often initiated by the physician or healthcare provider.
    - If the Participant has been denied the SMS/SME through the State Plan DME or Medicaid Exceptions, BFP can evaluate whether or not this could be supplied through the ILW. If the participant is denied through the State Plan DME or Medicaid Exceptions, BFP would request copies of the denial letter or equivalent documentation. These can be uploaded to the documents tab in the electronic case record.

Requesting SMS/SME/EAA cont.

Common items usually covered by Medicaid Exceptions or DME:

- ☐ DME: wheelchairs, catheters supplies, ostomy supplies, commodes/bed pans/urinals, canes, crutches, walkers, TPN and related supplies, pressure support mattresses, lifts, trapeze, hospital bed
- ☐ Medicaid Exceptions: shower chairs (case by case basis), nutritional supplies (tube feeding products, Ensure), dressing supplies/wound care, trapeze, and Incontinence products before enrolling in the ILW.

Common items usually covered by the ILW:

- ☐ SME (on-time purchase): Utensil grips, adaptive door handle grips/extenders, adaptive cups/plates, adaptive toothbrushes
- ☐ SMS (recurring purchases): Incontinence products once enrolled in the ILW: diapers, briefs, pull-ups, bed pads, personal wipes, gloves

NOTE: If SMS/SME/EAA is the only requested addition to a current ILW care plan, the worksheet is not necessary. Document the request in case notes and send notification of the request with the notification of completion of assessment to ProviderReassessmentReview@health.mo.gov

Final Steps

- Ensure case notes align with assessment.
- Ensure current proposed care plan entered into electronic case record is at the maximum allowed per the current cost/unit maximum
- For a current ILW participant, upload HCBS3a and HCBS3c to the documents tab in the electronic case record under their respective headings.
- For a new request for ILW placement, upload the HCBS3a and HCBS3c to the electronic case record so PRR Team can review it.
- Ensure case note states that an ILW is being requested for that particular Participant.

What happens next

- A member of the Provider Reassessment Review Team will review the case and ask for any remediation necessary to process the request.
- Once all information is verified and reviewed, it will be sent to BFP for review/approval.
- BFP staff will conduct a brief review. If necessary, BFP will request clarification and/or additional information that may result in changes to the worksheet or the documentation in case notes.
- Once reviewed, Provider Reassessment Review Team member will update care plan, notify provider, and notify Participant of outcome.