Frequently Asked Questions
Title XIX Waiver Form

These are some of the more frequently asked questions regarding the Title XIX Waiver Form (see attached).

The Title XIX Waiver form is used for two purposes: (1) documents services received by each individual eligible for DD services, and (2) documents the need for ICF/MR level of care (LOC). Once the need for ICF/MR LOC has been confirmed by the state diagnosis and evaluation coordinator - and as long is the individual remains financially and LOC eligible, the State of Oregon receives federal Title XIX funds for the cost of services. It is critical that these forms be accurate, and that they be processed uniformly across the state.

1. **When an eligible individual transfers to a new county, does the new county need to send in a new waiver?**
   No. The waiver form should be transferred from the previous county to the new county, **(Note that this is a significant change.)** The receiving county should review and update #5 County and #7 Living Situation. If the waiver form is missing, contact SPD Data and Information. If one is on file, it will be sent to you. If the previous county had not done a waiver form, the new county will need to complete one.

2. **Does the referring county need to send in a waiver termination?**
   No.

3. **Does a new waiver need to be done if the client's name or guardian changes?**
   No. The waiver form needs to be updated to reflect the changes, such as those changes identified in question #1 above. You do not need to send in a copy of the Title XIX waiver form with changes.

4. **If an individual is appointed a new guardian, does choice of service need to be re-offered and documented on the waiver form?**
   No. Choice is offered upon initial placement on the waiver.

5. **Do children in residential placements, including foster care, need to have a new waiver form completed when they turn 18?**
   Yes. For children turning 18, who are in residential placements (Service Elements 142-Children's Residential & 143-Proctor Foster), the county Case Manager will complete the waiver as the individual is moves into adult services. For children in foster placement (Service Element 58 Non-Relative Foster Care), the county needs to complete a new waiver as the child enters the adult service system.

6. **Who is responsible for completing and sending in the waiver for a child in residential services (Service Elements 142-Children's Residential & 143-Proctor Foster) who has both a county case manager and a state Residential Service Coordinator?**
   The Residential Services Coordinator will complete and send in the waiver form for these children. After the waiver is processed, the original will go to the Residential Service Coordinator and a copy will be sent to the county case manager.

7. **Who is responsible for conducting the annual waiver review for ICF/MR LOC for children in Service Elements 142-Children's Residential & 143-Proctor Foster?**
   The state Residential Service Coordinator is responsible for the annual review. They will send a copy of the review to the county case manager.

8. **Who is responsible for completing and sending in the waiver for a child in Non- Relative Foster Care (Service Element 58)?**
   The county Case Manager is responsible for this action.

9. **When does a waiver termination need to be done?**
   The waiver should be terminated for any child or adult when the individual loses medical card eligibility, it is anticipated that no Title XIX waiver services will be provided (including Crisis/Diversion or Self-Directed Supports) in the coming year or the individual dies.

   To terminate someone from the Title XIX waiver, fill out "#17 “Termination from Waiver." Check the appropriate box, include a date in the lined space, and send a copy in to the SPD Data and Information Unit. Keep the original on file.

10. **How should #11, Services Client is Currently Receiving, be filled out?**
    List any service the individual is receiving, no matter who is paying for it. Remember that one purpose of the Title XIX Waiver form is to determine **need** for ICF/MR level of care. It is important to document all services received, to assure that adequate information is available for full determination of ICF/MR level of care. If an individual will be receiving services from a brokerage, add a box and label it **Support Services Brokerage.**

11. **Should there be a date documenting the Fair Hearing request, #13 on the waiver form?**
Yes, a date is required. This item will be changed to "Fair Hearing Notification”. For now, recording a date documents that the individual was notified about the right to a fair hearing, and that an Applicable Rules and Laws Form was provided. The additional lines capture the date that a fair hearing was held, if applicable, and the outcome of the hearing.

12. **Why was the individual not placed on the waiver if the level of care was approved?**
There are three requirements an individual must meet before being placed on the waiver: ICF/MR Level of Care, Title XIX financial eligibility, and receive a waiver service. Unless the person meets all three requirements, s/he is not placed on the waiver.

    If the person meets the level of care requirement, has Title XIX financial eligibility but is not currently enrolled in waiver services, the waiver cover letter will be marked "Consumer has not been placed on the waiver: until receiving waiver services." This information will be tracked at the state level. When the person begins to receive a waiver service, the Title XIX financial eligibility will be verified, the person will be placed on the appropriate waiver and a new cover letter will be sent to you.

    If you have questions, or think that there has been an error, please call Angel Bringelson at 503-975-9775

13. **Why are the Waiver Approval Date and Current Waiver Date different?**
The Waiver Approval Date is the date that the person was approved for the level of care requirement. The Current Waiver Date is based on Wavier Approval date, the date of Title XIX (Medicaid) eligibility and the date waiverable services started. In the past, if the medical card were open, we would open the waiver a month prior to the approval date. **This has now changed.** The Current Waiver date will be the Waiver Approval Date, if the medical card is open, the date the medical card opens or the date waiverable services start, whichever is later.

14. **Annual review dates and missed annual reviews**
The waiver requires that the annual review be done within 12 months of the date of approval for level of care. You may chose to do it early, for example to coincide with the ISP or because you review all of your waivers at one time. Make sure that the new date is documented, including why you have changed it, and continue to review within 12 months of that date. If you miss an annual review, you will need to make a case note and return to the original annual review date.

15. **When does a new waiver need to be sent in after an annual review?**
    If an individual was previously approved as needing a particular level of care requirement, a new waiver only needs to be sent in if there have been significant changes and the client may not meet the level of care standard. For example, the client has been in 24-hour residential care or non-relative foster care and is moving to SILP services.

    If the client was previously disapproved for the level of care requirement, a new waiver needs to be sent in if a significant ongoing impairment has occurred.

    If you have any questions, please call Fred Eldredge at 503-947-4241.

16. **How should annual reviews be documented when the lines on #15 are filled?**
    We are developing a standard form to extend #15. Until the form is released, attach a separate paper to document the review. The heading on the separate sheet of paper should be: Continuation of Annual Ongoing Verification of Need for ICF/MR or Hospital Level of Care and include the person's full name, DOB and county. Also include date of review, date of next review and QMRP/CM Signature.