

MEDICAID - LIVING CHOICE DEMONSTRATION WAIVER, cont. . .

APPEALS PROCESS

1. The appeals process allows a member to appeal a decision involving medical services, prior authorizations for medical services, or discrimination complaints.
2. In order to file an appeal, the member files a LD-1 form within 20 days of the triggering event. The triggering event occurs at the time when the member knew or should have known of such condition or circumstance for appeal. The staff advises the Appellant that if there is a need for assistance in reading or completing the grievance form, arrangements will be made.
3. If the LD-1 form is not received within 20 days of the triggering event or if the form is not completely filled out with all necessary documentation, OHCA sends the Appellant a letter stating the appeal will not be heard.
4. Upon receipt of the member's appeal, a fair hearing before the Administrative Law Judge (ALJ) will be scheduled. The member will be notified in writing of the date and time for this procedure. The member must appear at this hearing. The ALJ's decision may be appealed to the CEO, which is a record review at which the parties do not appear.

PIECES OF THE PUZZLE

- Each participant will work with a transition coordinator and a transition planning team to complete a transition plan to meet the person's needs.
- The individual selects from a list of available providers. Providers contract with SoonerCare as an agreement to provide services.
- This waiver is to assist with resources that would allow an eligible individual the ability to move out of the nursing home or institution. Funds from Living Choice Demonstration Waiver may be used for home establishment services such as housing deposits, furniture, and utility deposits that are not typically purchased for individuals without services from a Home and Community-Based Waiver.
- The Living Choice Demonstration Waiver provides medical services along with home and community based services to individuals during their first year of community living. At the end of the 12 month period the individual will then move into the My Life; My Choice Waiver (p. 37) or if they are 65 years or older the Sooner Seniors Waiver (p. 39). Individuals that have transitioned out of NORCE or SORC will transition into the Community Based waiver (p. 29) on day 366.
- Because the individual plan of care costs are limited in the ADvantage Waiver, adults with physical disabilities may need additional assistance to remain in the community. Some of the services include: case management, respite, environmental modifications, specialized medical equipment and supplies, physical therapy, occupational therapy, respiratory therapy, speech therapy, skilled nursing, and personal care services from the Medicaid State Plan or the Medically Fragile Waiver.
- The annual cost of services cannot exceed the aggregate average cost of a nursing home. Services are approved and reimbursed by OHCA. There is no co-payment or deductible.
- Living Choice participants have a transition coordinator/case manager that monitors the participants transition plan at least monthly. Living Choice also utilizes a quality improvement strategy where staff members conduct provider audits and survey satisfaction on provider retrospective claims reviews.
- The Living Choice Demonstration Waiver will soon offer participants that are 19 years of age and older that have a physical disability or long-term illness self-directed services. Those services will provide the individual the opportunity to direct decisions regarding personal care services. Self-directed services enable participants that have personal care assistance needs to recruit, hire, train, supervise, and when necessary, fire their personal care attendant. Participants are not required to utilize the Self-Directed Service option.