

AGENCY
OPERATING PROCEDURE

STATE OF FLORIDA
AGENCY FOR PERSONS
WITH DISABILITIES
TALLAHASSEE, April 6, 2006

MEDWAIVER

WAIT LIST MAINTENANCE PROCEDURES

1. Purpose.

This operating procedure describes a standardized process for maintaining the Developmental Disabilities Home and Community-Based Services (DD/HCBS) Waiver Wait List as required under the DD/HCBS Waiver Services Coverage and Limitations Handbook.

2. Background.

The Agency for Persons with Disabilities (APD) Central Office shall maintain the statewide Wait List of all individuals requesting and waiting for waiver services in accordance with rule requirements identified in the Developmental Disabilities Waiver Services Medicaid Coverage and Limitations Handbook.

- a. Only individuals with qualifying disabilities who are eligible for or presumed to be eligible for Medicaid through Medicaid waiver assistance can be added to the Wait List. Should a qualifying disability be established at a subsequent time, the later date will become the effective date the individual can be added to the Wait List.
- b. If a preliminary determination of eligibility for the waiver is made, but no vacancy or funding is available to serve the applicant on the waiver, the applicant will receive prompt written notification of his or her placement on the Wait List for waiver services.

3. Scope.

This operating procedure applies to all area APD offices statewide and the APD central office.

4. Definitions

- a. Wait List. A list of APD eligible individuals waiting for Medicaid Waiver services.
- b. Wait List form. The DD/HCBS Waiver *Application for Participation* and Developmental Disabilities Program *Wait List Form*, found in Appendix F of the DD/HCBS Medicaid Coverage and Limitations Handbook, are completed by the Area APD office for individuals requesting waiver services. All requirements of the DD/HCBS Waiver Services Coverage and Limitations Handbook, Appendix F must be followed.
- c. Eligibility date. On the *Developmental Disabilities Program Wait List Form*, the Date DD/HCBS Waiver Eligibility is Established represents the date when the individual is determined waiver eligible by the area office. This form is completed in accordance with the DD/HCBS Waiver Coverage and Limitations Handbook, Appendix F. This is the date used to identify an individual's order of placement on the waiver Wait List. This date may not precede the eligibility date (active date) for the APD.

5. Instructions for submitting Wait List forms and confirming receipt.

- a. The Agency for Persons with Disabilities (APD) maintains a Wait List in accordance with the DD/HCBS Medicaid Coverage and Limitations Handbook rule requirements. Area APD offices submit completed Wait List forms to the designated Central Office staff for entry onto the Wait List.
- b. The Wait List forms should be faxed to a designated fax machine or mailed through interoffice mail. Area APD offices must notify Central Office by e-mail when Wait List forms are submitted. Central Office will confirm receipt and notify area office by e-mail when the individual has been added to the Wait List.
- c. Within fifteen days of determining eligibility, the Wait List form must be completed, the original filed in the individual's central record and a copy forwarded to the APD Central Office for inclusion on the statewide Wait List.
- d. If the individual is not determined eligible for the Wait List at the time of determination of APD eligibility, an explanation should accompany the Wait List form sent to the central office to explain why a later date of Wait List eligibility was determined.

6. Logging in Wait List Forms.

A designated Central Office staff person will input the pertinent information regarding the individual being added into a database according to the information submitted on the Wait List Form. The information contained on the Developmental Disabilities Program Wait List Form includes the area office submitting the form, the individual's name, social security number, date DD/HCBS waiver eligibility is established and the eligibility criteria that the individual meets.

7. Annual Review of the Wait List.

Beginning in the fourth quarter of each fiscal year, area offices will conduct an annual review of the Wait List by comparing current area specific Wait List data with ABC data to ensure accuracy. Discrepancies will be resolved by June 1 by using the process outlined below.

8. Changes to Eligibility Date or Wait List Form.

- a. If the Area APD office identifies the need for a change to a Wait List form, or a Wait List form is forwarded to the central office with the "date DD/HCBS waiver eligibility is established" that is more than **1 month old**, the area office will complete a revised Wait List Form (if a change to current Wait List form is needed) and a "Request for Wait List Correction" form (Appendix B). The Wait List form should be accompanied by a detailed summary of the issue including:
 - enough information so the reviewer will understand the situation,
 - why the situation occurred,
 - documentation to support your recommendations (e.g. casenotes, Wait List form, documentation of eligibility showing date),
 - area office recommendations, and
 - signature of the Unit Supervisor and Area Program Administrator.
- b. The designated Central Office staff will compile the Wait List information and route to the Bureau Chief of Community Development and Deputy Director of Operations for final approval of the change. Central Office may contact the area office for more information, if necessary.

- c. If the Deputy Director of Operations approves the requested change or addition to the Wait List, the designated Central office staff members will input the changes on the Wait List and determine the individual's place on the Wait List based on the change. The designated Central Office staff will notify the Area APD office of approval or denial including reason for the decision. (Appendix B).

9. Removal from the Wait List.

- a. If a consumer requests to be removed from the Wait List, the request must be documented on the *Waiver Interest Statement* form (Appendix C). This form will be returned to the area office and a copy forwarded to central office.
- b. The Area APD office will send the form to the designated Central Office staff. This form should include documentation of the Area APD office assisting the consumer in making an informed choice regarding the decision to be removed from the Wait List. The documentation may include case notes and a summary of the discussion with the consumer/family member/guardian. After reviewing the form and documentation, Central Office staff will remove the individual from the Wait List, if appropriate.
- c. Cases closed in ABC will automatically become inactive on the Wait List. For example when an individual moves out of the state, passed away, etc.

10. Reinstatement to the Wait List.

- a. If an individual requests to be removed from the Wait List and later wishes to be reinstated on the Wait List, a new *Developmental Disabilities Home and Community-Based Services Waiver Application for Participation and Developmental Disabilities Program Wait List Form* will be signed and submitted to the Central Office.
- b. If an individual was enrolled on the waiver and becomes ineligible or chooses to discontinue waiver services and later chooses or is able to re-establish their eligibility, the individual may return to the same waiver position allocated and resume receiving waiver services if within the same fiscal year. However, if waiver eligibility cannot be re-established or the individual chooses to resume their waiver services after the beginning of the next fiscal year, they must again request waiver participation by completing a new *Developmental Disabilities Home and Community-Based Services Waiver Application for Participation and Developmental Disabilities Program Wait List Form*.

11. Family and Supported Living Waiver (FSL) Recipients.

- a. Individuals enrolled on the Family and Supported Living Waiver may remain on the Wait List for the DD/HCBS Waiver.
- b. If an individual enrolled on the Family and Supported Living Waiver, who also remains on the Wait List, requests to be removed from the Wait List, the request must be documented in accordance with Section 8 of this procedure.

12. Declined Enrollment

- a. Individuals who receive an offer for enrollment to either Medicaid Waiver and decline the offer may remain on the Wait List.

BY DIRECTION OF THE DIRECTOR:

(Signed original copy on file)

Shelly Brantley
Director

APPENDIX A

Developmental Disabilities Waiver Services Coverage and Limitations Handbook



agency for persons with disabilities
State of Florida

Developmental Disabilities Program
Wait List Form

Last Name: _____ Name: _____ M.I.: _____ First Name: _____

District/Region: _____ Level _____ of _____ Need: _____
SSN: _____

Date DD/HCBS waiver eligibility established: *

The individual meets the following waiver eligibility criteria:

- ___ The individual's primary disability is mental retardation with an intelligence quotient (IQ) of 59 or less.
- ___ The individual's primary disability is mental retardation with an intelligence quotient (IQ) of 80-89 inclusive and the individual has at least one of the following handicapping conditions OR individual's primary disability is mental retardation with an intelligence quotient (IQ) of 80-89 inclusive and the individual has severe functional limitations in at least three of the major life activities. Please check all handicapping conditions and major life activities that apply.
- ___ The individual is eligible under the category of autism, cerebral palsy, spina bifida or Prader-Willi syndrome and the individual has severe functional limitations in at least three of the major life activities. Please check all handicapping conditions and major life activities that apply.

Handicapping Conditions			Major Life Activities	
___ Ambulation Deficits	___ Behavior Problems	___ Epilepsy	___ Self Care	___ Mobility
___ Sensory Deficits	___ Autism	___ Spina Bifida	___ Understanding and use of language	___ Self Direction
___ Chronic Health Problems	___ Cerebral Palsy	___ Prader-Willi Syndrome	___ Learning	___ Capacity for independent living

Medicaid Recipient? Yes Medicaid #: _____ No

If Medicaid Eligibility has been denied, explain _____

For Central Office Use only: In crisis: Yes No Date determined: _____

DCF Employee Completing the form: _____ Date: _____

Title: _____

District/Region Review by _____ Date: _____

Title: _____

Date Received by Central DD Program Office: _____ Date Added to Wait List: _____

Staff: _____

Date Referred Back to District to Update Assessment: _____

Date Sent to District to Enroll into the DD/HCBS Waiver: _____

* This is the date used to identify an individual's order of placement on the waiver wait list.
OP-DD 3000, Feb 00 (revised)

APPENDIX B

REQUEST FOR WAIT LIST CORRECTION

Provide a detailed summary of the issue including:

- 1) enough information so the reviewer will understand the situation,
- 2) why the situation occurred,
- 3) documentation to support your recommendations (e.g. casenotes, documentation of eligibility **showing date**),
- 4) area office recommendations.

Name	
SSN	
Area	
Date DS/HCBS Waiver Eligibility Established	
Summary of Issue :	
Area Response/Recommendation	
Central Office Recommendation	
APPROVAL:	Signature/Date
Area Office: Completed by: Date	
Unit Supervisor Date	
Area Program Administrator Date	
Central Office Program Administrator Date	
Chief, Community Development Date	
Deputy Director of Operations Date	
Date Added to Wait List (Central Office Staff) Date:	
Wait List Number Verified (Central Office Staff) Date:	

APPENDIX C

WAIVER INTEREST STATEMENT

Consumer Name: _____		SS#: _____			
Date of Birth: _____		Guardian/Representative: _____			
Address: _____		_____			
Street Address		Apt. #			
_____		_____			
City		State		Zip Code	
Daytime Telephone Contact: _____					

This is to confirm that I, _____,
(printed name of Developmental Disabilities consumer)

am no longer interested in waiver services from the Agency for Persons with Disabilities. I understand that my name will be removed from the wait list and if, at some point in the future, I wish to apply for waiver services, I would re-apply and my name would be placed on the list again. **I DO NOT** wish to be considered for waiver services. Please remove my name from the wait list.

Signature (consumer)

Date

OR

Signature (guardian/guardian advocate/parent of a minor)

Date

FOR AREA OFFICE USE ONLY
Area Office Representative: _____
Date: _____
CC: Central Office



Enter Keywords:

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Change in Policy for Waiver Waitlist

The date a person is found eligible for waiver services from the Agency for Persons with Disabilities determines when they will receive services. In light of this fact, the agency has changed its policy and no longer will assign a wait list number for people waiting for services. Everyone will continue to receive an eligibility date because that is what is used to determine waiver enrollment.

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- [Institutions](#)
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- [Supported Employment](#)
- [Supported Living](#)
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Each year, the number of individuals who can be added to the waiver depends upon several factors. It is difficult to calculate when an individual will receive services. The factors that affect enrollment include:

- Funding availability
- Legislative requirements
- People in crisis have first priority
- Children in the Child Welfare System are given second priority

As a result of law changes during the 2007 legislative session, the agency is developing cost efficiencies which are being introduced beginning July 2007. As funding becomes available, the agency will enroll people from the waitlist. The agency has served individuals with a waitlist eligibility date of February 13, 2003. Some of the people offered enrollment during this time period were enrolled on the Family and Supported Living waiver and have the option to remain on the list.

The agency will continue to evaluate the waiting list for the Developmental Disabilities Home and Community Based Service waiver to ensure it is a true reflection of those people waiting for APD services.

