

Par. 1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 585-05, Children with Medically Fragile Needs. New language is in red and underlined and old language has been struck through.

Throughout the chapter case manager title has been changed from Case Manager to DD Program Manager – all roles and responsibilities stay unchanged.

An addition to this chapter is Family Viewpoint which is now part of the Level of Need eligibility criteria for both initial and renewal process. Level of Need score has been lowered to a total of 30.

1. **585-05-25 – Eligibility Criteria**

5. Receives a score of ~~40~~ 30 or above on “Level of Need” determination, from their primary physician and Family Viewpoint.

Once opening on Waiver, is determined, applicant with the highest Level of Need will be contacted by Program Manager and another Level of Care/Level of Need will be completed. This will ensure family is still eligible for services. Upon successful completion and determination, family will be introduced to a Case DD Program Manager for assistance with completion of Case Plan.

2. **585-05-35 – Maximum Amount Per Family**

Extraordinary Costs/Exceed Monthly Aggregate or Service Maximum:

- The participant is referred to another waiver that can accommodate the individual’s needs.
- Additional services in excess of the individual cost limit may be authorized.
- Request for short ~~term~~ term exceptions will be reviewed at the Central Office and may be granted quarterly if additional supports will prevent ~~the~~ long term out of home placements in

nursing facilities and funding is available within the Waiver budget.

Service Limits:

- Length of time for additional funds –if available and appropriate – will be only for three months.
- A team meeting must occur with Program Manager present – to discuss need and health and safety risk prior to approval.
- Program Manager will initiate contact with Case DD Program Manager monthly to monitor progress and to determine if client continues to meet waiver.

3. **585-05-40 – Terminations/Denials of Services**

Closure:

5. No longer meet the eligibility requirements:
 - a. Does not pass Level of Care.
 - b. Does not receive at least a 30 on Level of Need and Family Viewpoint.
 - c. Is no longer eligible for Medicaid.

Denial:

3. Child does not acquire a score of ~~40~~ 30 or above on the Level of Need and Family Viewpoint.

4. **585-05-45 -- Placement on Waiver**

An Individual will be assigned a slot on the Waiver (once available) if they meet the following:

- Level of Care
- Level of Need and Family Viewpoint score of ~~40~~ 30 or above

If the Legally Responsible Caregiver agreed to a Case DD Program Manager, then the Program Manager will contact the ~~Case Manager~~ Program DD Program Manager Supervisor.

Program Manager will contact Case [DD Program](#) Manager and Family and set up an Initial Case Plan meeting.

After Case [DD Program](#) Manager has been assigned it will be up to the team whether or not to continue having program manager attend future meetings.

5. **585-05-60-05 -- Program Manager**

12. Complete intake process/enter into ASSIST [Therap.](#)
13. Refer to local Case [DD Program](#) Manager and introduce family to the assigned Case [DD Program](#) Manager.
21. Participate as a team member as long as applicant/legal responsible caregiver and Case [DD Program](#) Manager requests.
23. Complete needs on ASSIST and Lotus Notes [Therap.](#)

6. **585-05-60-10 -- Regional DD Program Managers**

2. Assign DD Case [Program](#) Managers to qualified families.

Par. 2. **Effective Date** – February 1, 2011