

## **Steps to Secure Initial Placement Funding Approval**

**If a person is moving from a nursing facility or ICF/MR facility STOP NOW.**

**A health inventory must be submitted to QA officer for any consumer residing in a nursing facility, or ICF/MR, who is being considered for placement under Olmstead. A nursing consultation must be completed on all Olmstead consumers **BEFORE** a move is considered.**

(If the above does not apply, continue regular placement process as follows)

### **Step 1: Steps to Secure Initial Placement Funding Approval**

\_\_\_\_\_ Verify straight Medicaid # and make sure it is active (MC+ or blind pension does not work and will need to be converted) Also refer to DD waiver Manual Draft dated 7-1-03, Section 13.6.E; will have to verify via Regional Office reimbursement staff in Business office.

\_\_\_\_\_ Verify Medicaid Waiver Eligible Diagnosis (DSM IV/ICD-9-CM billable for Medicaid waivers) and make sure it is in CIMOR. You must have source documentation for the Waiver Eligible Diagnosis. You must get this from an evaluation that would reference a IQ scores or a medical condition that qualifies for the Waiver.

\_\_\_\_\_ Determine if other funding agencies are involved (i.e., CD, CPS)

\_\_\_\_\_ Submit packet to the UR Committee

- a. plan/amendment describing why placement is needed(with signed consent page)
- b. P.O.N. (Prioritization of Needs)
- c. UR checklist 3 page (Utilization Review)
- d. Crisis/behavior plan (if applicable)

\_\_\_\_\_ Director will determine final approval for funding and will write proceed or waiting list.

\_\_\_\_\_ P.O.N. score will be entered into wait list database by person designated by each Regional Office

\_\_\_\_\_ CM receives UR recommendation page back from UR with recommendation(s).

\_\_\_\_\_ If Director has determined situation meets emergency criteria and has written to proceed CM will then:

\_\_\_\_\_ Complete Consumer Profile (see in later in this section) in the data base.

- \_\_\_\_\_ Complete MOCABI if client is over 18 (Missouri Critical Adaptive Behavior Inventory)  
Or Vineland if client is under 18.
- \_\_\_\_\_ Complete ICF/MR (Intermediate Care Facility for the Mentally Retarded) level of care  
Determination
- \_\_\_\_\_ Forward all information to the Placement Coordinator

**Step 2: Once placement referral is approved for funding**

- \_\_\_\_\_ Have family/consumer identify agencies they would like to review the consumer  
information.
- \_\_\_\_\_ Placement coordinator sends referral to agencies
- \_\_\_\_\_ Placement coordinator tracks agency responses and notifies Service Coordinator
- \_\_\_\_\_ Service Coordinator sets up visits between client/family and provider.
- \_\_\_\_\_ When a provider is selected, the SC and provider establish a residential budget that  
reflects the consumer's support needs. At this time a decision needs to be made  
regarding any needed deposits, i.e., security deposit, utility deposit, first and last month's  
rent, or other upfront costs. DMH **will not** pay this cost and arrangements will need to be  
made between the agency and the family. This step can be done in conjunction with  
the **Transition Plan**.
- \_\_\_\_\_ Have meeting and complete a **Transition Plan** which includes justification why placement  
is needed. Also include what provider and site has been chosen. The **Transition meeting**  
is to be held with provider, family, and other members of the support team to identify  
timelines for things to occur prior to actual move date. Use the transition checklist to  
ensure all areas are covered in the transition meeting and documented in the transition  
plan.
- \_\_\_\_\_ Notify Assistant Director if the placement is a request for administrative transfer (out of  
region)
- \_\_\_\_\_ Re-verify Medicaid Waiver eligible diagnosis
- \_\_\_\_\_ Have client/guardian sign Waiver Choice Statement
- \_\_\_\_\_ Have client/guardian sign Provider Choice Statement for each service.
- \_\_\_\_\_ Complete authorizations for all services (res. Hab. Transportation, Day Program.  
Therapies. Etc.)

\_\_\_\_\_ ISL budget is established in CIMOR .

\_\_\_\_\_ Service Coordinator reviewed budget for accuracy. Service Coordinator and Supervisor must sign off on budget prior to going to UR.

\_\_\_\_\_ Once budget is reviewed it is forwarded to UR. with the following:

1. \_\_\_\_\_ **U.R. Checklist** (all 3 pages must be completed)
2. \_\_\_\_\_ **ISL Budget with staffing pattern**(submitted by provider of supported living if consumer will be receiving this service) along with all supporting documents (i.e. copy of lease and SSA/SSI award letter; if moving into an existing ISL then also submit copies of phone and utility bills.) Both SC and supervisor must sign prior to submitting to UR committee. Please refer to ISL budget guidelines for further detail.
3. \_\_\_\_\_ **Inter-Agency Agreement** (If applicable, a copy of the proposed agreement must be included in the packet. It should not be signed until after it has been reviewed by UR).
4. \_\_\_\_\_ **Previous Budget** (if consumer is receiving supported living and this is not the initial budget);
5. \_\_\_\_\_ **Authorizations** for all services being requested
6. \_\_\_\_\_ **Annual Support Plan** including consents (**copy**)
7. \_\_\_\_\_ **Transition Plan** which explains why this new service is necessary. Use transition checklist as guide to ensure all areas are address so plan can get through UR without needing follow up. Include agency and site information (**copy**)
8. \_\_\_\_\_ **MOCABI or Vineland Report (copy) \*\***
9. \_\_\_\_\_ **ICF-MR Level of Care Form (copy)**
10. \_\_\_\_\_ **Waiver billable diagnosis in CIMOR**
11. \_\_\_\_\_ **Waiver Choice statement (copy)**
12. \_\_\_\_\_ **Choice of Provider statement; One form needed for each service (copy)**
13. \_\_\_\_\_ **Copy of previous Natural Home UR recommendation page indicating approval of placement funding.**

**NOTE: All individuals going in to residential placement must have a comprehensive Medicaid Waiver slot. However, a slot cannot be requested until a packet has been reviewed by UR and approved by administration.**

\*A Vineland is done for a child who is under 18 years of age.

\*A MOCABI is done for an individual who is 18 years of age or older.

\_\_\_\_\_ UR makes recommendations for funding approval and forwards to Director for approval.

\_\_\_\_\_ Director approves recommendations for placement funding

- \_\_\_\_\_ Service Coordinator receives approved Residential UR recommendations and notifies
- \_\_\_\_\_ Waiver slot is requested.
- \_\_\_\_\_ Service Coordinator, provider, guardian/consumer determine date the move will occur.
- \_\_\_\_\_ **Notice of Placement Form** is completed and sent to Placement Coordinator
- \_\_\_\_\_ **Change of 57 form** is completed and sent to Business office
- \_\_\_\_\_ Notice of administrative transfer to another Regional Office is sent to Assistant Director with the total amount of all services. (If applicable)

### **3. Checklist prior to actual move**

- \_\_\_\_\_ Verify Waiver slot has been obtained and verified
- \_\_\_\_\_ Have Transition closure meeting to verify what needs to be completed has occurred and What still needs to be completed. Meeting held with provider, family, new Service Coordinator Etc.
- \_\_\_\_\_ Complete change of address in CIMs/ CIMOR following your site procedures and change Address on transportation request form (if applicable)

### **4. Once move has occurred**

- \_\_\_\_\_ Complete 30 day plan meeting with provider, client, family, etc. updating plan with new support needs and outcomes related to residential services. (Must invite new cm from placement team or new Regional Office)
- \_\_\_\_\_ Complete monthly residential monitoring. (Must be done each month in placement prior to transfer. It is best to complete toward end of month. See residential monitoring requirements)
- \_\_\_\_\_ If applicable to your site, transfer to Placement team once client is stable for 30 days (make sure all paperwork is in file)
- \_\_\_\_\_ If transferring out of the region you must print all progress notes and put them in the file.
- \_\_\_\_\_ Nursing Assessment and Health Inventory completed within first 30 days of placement.