

RFI Prevention Guide

The objective for this guide is to provide direction on where to document information about the Service Plan/CCB in INsite.

Service Plan Type	Escreen- Each section comments	Escreen- General Comments	Escreen- Preliminary Care Plan	Escreen- Form II	HCBS- Service Comments	HCBS- Alteration Comments
Initial	May paraphrase information in each sub-section comments	ALL checks should be substantiated with medical justification	<ul style="list-style-type: none"> A. Display formal and informal supports with anticipated hours per month to week including expected activities for service B. Address MAPA eligibility C. Identify other funding sources providing services with known frequency i.e.MK, Hospice benefit, private pay 	Complete section & the paper document Form II is required for the chart	Display anticipated hours per month to week including expected activities for each service type	NA
Annual -or- Re-Entry	May paraphrase information in each sub-section comments	<p>ALL checks should be substantiated with medical justification</p> <p>If DD WVR Transfer is marked then document the FSW WL status or target status, even if remains same</p>	<ul style="list-style-type: none"> A. Display schedule showing applicable order of funding by informal supports, hospice benefit, MK,WVR, Choice with-frequency (by week) – with-activity of each service option identified B. Address MAPA eligibility 	Update in INsite. The paper document Form II is not required	Display schedule showing applicable order of funding by informal supports, hospice benefit, MK,WVR, Choice with -frequency (by week) – with - activity of each service option identified	NA
Update	May paraphrase information in each sub-section comments	<p>ALL checks should be substantiated with medical justification</p> <p>If DD WVR Transfer is marked then document the FSW WL status or target status, even if remains same</p>	<ul style="list-style-type: none"> A. Display schedule showing applicable order of funding by informal supports, hospice benefit, MK,WVR, Choice with-frequency (by week) – with-activity of each service option identified B. Address MAPA eligibility 	Update in INsite. The paper document Form II is not required	<ul style="list-style-type: none"> A. Identify service type, change of service, hours increase/decrease, or adding new service option AND medical justification B. Display schedule showing applicable order of funding by informal supports, hospice benefit, MK,WVR, Choice with-frequency (by week) – with- activity of each service option identified 	Identify service type, change of service, hours increase/decrease, or adding new service option AND medical justification
RFA	<p>Document all HOMI, VMOD, or ATCH details in the RFA Explain Services.</p> <ul style="list-style-type: none"> A) Identify items specified in the bid, i.e. roll in shower, grab bars, ADA Commode, ADA Sink, lift chair, van lift, etc B) Justify the medical need for the items C) ATCH – include information regarding MAPA decision and Doctor Script 					

General Reminders:

1. If CM is recommending DA Waiver Specialist to deny a Service Plan/CCB then please email the Waiver Specialist with the recommendation.
2. LOC and/or NOA are to be sent to the Waiver Consumer-or- responsible party within 10 business days from receipt.
3. Service Plans and LOC are reviewed case-by-case.
4. HOMI are defined as minor physical adaptations to the home, with limited structural repair
5. The goal of the Division of Aging Waiver Specialists is to be as consistent as possible, to be fair in meeting the needs of the people we serve, and to always be available to all of you.

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