

Guidance for Documents/Procedures Required for CAP-MR/DD
Terminations, DI, MFP, Emergency and Reinstatements

Terminations	DI Slots	MFP Slots	Emergency Slots	Reinstatements Within the Current Waiver Year
<p>Service breaks more than 30 consecutive days are considered a termination.</p> <p>1. The targeted case manager must notify the DSS, LME and service providers in order to terminate CAP-MR/DD services.</p> <p>2. The DSS Medicaid staff must cease CAP-MR/DD funding and close the CAP-MR/DD indicator on the Eligibility Information System (EIS). This removes the person from CAP-MR/DD funding.</p> <p>3. The targeted case manager contacts the DSS Medicaid staff in the participant's responsible Medicaid County to learn the effective date of the termination. Once the DSS Medicaid staff determines the effective date of the termination, the targeted case manager follows the termination procedures. If the participant later wishes to be re-enrolled for CAP-MR/DD services, the targeted case manager must notify the LME to determine process for potential re-enrollment (i.e. reinstatement).</p> <p>Written notifications of terminations by the LME must be sent to the participant/guardian/legally responsible person, targeted case manager, DSS, the LME, DMH/DD/SAS, and DMA.</p> <p>The notice will include the reason for the termination of CAP/MR/DD services, the specific citation that supports the adverse action taken and appeal rights.</p>	<p>Individuals who are transitioning into the community from a State Developmental Center or a State Hospital may be eligible for a DI Slot. The following information is required for review.</p> <p>1. Summary of type placement, length of stay, and purpose of placement.</p> <p>2. Copy of Transition Plan (CM will collaborate with participant and institutional staff to create)</p> <p>3. Date of pending discharge</p> <p>4. How will CAP-MR/DD services be used to support this individual?</p> <p>5. Current psychological evaluation</p> <p>6. Copy of completed Crisis Plan (CM will collaborate with institutional staff to create)</p> <p>7. Confirmation of identified crisis service provider.</p> <p>8. Confirmation of identified residential placement.</p> <p>9. If appropriate, Behavior Plan; (if restrictive techniques are planned to be used, submit a copy of Human Right Committee review from the provider agency that will be serving the individual)</p> <p>Refer to: Transition of Individuals from State Operated Facilities to the Community Implementation Update # 43(3/2/09).</p>	<p>Money Follow the Person slot requests shall not be reviewed by DMH-DD-SAS until MFP eligibility information (individual is identified as MFP) is confirmed by DMA MFP project lead.</p> <p>Provide a brief description of MFP request and include the following items:</p> <p>1. Name of person for MFP Slot</p> <p>2. Copy of Transition plan that was developed by Case Manager prior to discharge from institutional setting</p> <p>3. How will CAP services be used to support this individual?</p> <p>4. Current psychological evaluation</p> <p>5. Copy of completed Crisis Plan (CM will collaborate with institutional staff to create)</p> <p>6. Confirmation of identified crisis service provider if appropriate.</p> <p>7) Confirmation of identified residential placement.</p> <p>8) If appropriate, Behavior Plan; (if restrictive techniques are planned to be used, submit a copy of Human Right Committee review from the provider agency that will be serving the individual)</p> <p>Prior to sending any information to DMH/DD/SAS Best Practice Team please ensure that you have completed all procedures outlined in: Transition Protocol for Individuals Moving from State-Operated Developmental Centers and Community ICF-MR Facilities to the Community Using Money Follows the Person: Implementation Update # 54 (3/2/09).</p>	<p>Provide a brief description of Emergency request and include the following items:</p> <p>1. Type of Emergent category request and documentation that supports the request if available.</p> <p>2. How will CAP-MR/DD services resolve the emergent situation.</p> <p>3. How will CAP-MR/DD services be used to support this individual?</p>	<p>1. Reason as to why the participant's waiver slot was terminated.</p> <p>2. If the slot was terminated for reasons other than participant choice or participant's level of care, outline circumstances that led to the termination, and corrective measures taken.</p> <p>3. How will CAP services be used to support this individual?</p>

NOTE: Additional information may be requested if needed
Submission of documentation for DI, Emergency and Reinstatement request do not guarantee approval of slot request.