

Office of Developmental Programs (ODP) Waiver: Reserved Capacity Letters

ODP Announcement 23-045

AUDIENCE:

Administrative Entities (AE)*, County Mental Health/Intellectual Disability (MH/ID) programs

PURPOSE:

This guidance clarifies instructions on how AEs should maintain the waiver capacity of ODP waiver participants who are temporarily unable to receive waiver services due to requiring a short-term stay in a hospital (medical**/psychiatric), nursing home or rehabilitation care facility and are expected to return to the community.

DISCUSSION:

Once an ODP waiver participant (Adult Autism, Consolidated, Community Living or Person/Family Directed Support) requires hospital care (medical**/psychiatric) for more than 30 consecutive days, or immediately upon admission in a nursing home or rehabilitation care facility (day 1 of admission), the following procedures must occur:

- The AE will send the waiver participant a letter notifying them that he/she is being terminated from the waiver, but their waiver capacity will be maintained for up to 180 days. The 180-day reserved capacity time-period begins on day 31 for those who are in a hospital or upon admission (day 1) for those in a nursing home or rehabilitation care

facility. (See attachment #1 for hospital cases and attachment #2 for nursing home or rehabilitation care facility cases).

- The AE must notify the County Assistance Office (CAO) using the [PA 1768](#) form that the waiver participant is in a hospital, nursing home or rehabilitation care facility.
 - Once the CAO receives the 1768 from the AE, the CAO will provide advance notice to the waiver participant that waiver services will be disenrolled (**terminated**) from the Home and Community Based Services (HCBS) ODP Waiver using the [PA 162 form](#).
 - The CAO will send a copy of the PA 162 notice to the AE and the residential provider agency, if applicable.

- The AE must change the waiver participant's status on the Waiver/Program Enrollment screen in HCSIS from "Enrolled" to "Intent to Enroll."
 - End the participant's ODP waiver "Enrolled" status on the Waiver/Program Enrollment screen by entering an effective end date, which would be day 30 for those in a hospital or the day before admission to a nursing home or rehabilitation care facility and select the reason eligibility is ending from the drop-down menu.
 - Click "Add" on the Waiver/Program Enrollment screen. Select the appropriate ODP waiver as the waiver/program enrollment type. Select "Intent to Enroll" as the waiver/program status and ensure

the effective begin date is day 31 for those in a hospital or day 1 for those in a nursing home or rehabilitation care facility (which is also the day after the "Enrolled" status ends for that same ODP waiver).

- The AE will notify the waiver capacity manager (WCM) upon initiation of maintaining the participant's waiver capacity and provide the WCM with the following information: Master Client Index (MCI) number of the participant, the date the participant was entered into reserved capacity and the name of the hospital, nursing home or rehabilitation facility to which the participant has been admitted.
- The AE shall review the following information provided by the Individual Support Plan (ISP) team on at least a monthly basis to determine if the waiver participant will be returning to the community:
 - Updates from medical providers about the waiver participant's progress, the possibility of the waiver participant returning to the community, any changes in the level of support needed by the waiver participant, any adaptations required at the waiver participant's residence and whether natural, family and community supports can assist the waiver participant in returning to the community should be reviewed.
 - The WCM will track the duration of the waiver participant's waiver capacity while they are in the hospital, nursing home or rehabilitation care facility to make sure the reserved capacity status does not go beyond the required 180 consecutive days.

- If the waiver participant is discharged from the hospital, nursing home or rehabilitation care facility within the 180-day reserved capacity timeframe, the AE is required to start the waiver enrollment process by:
 - Initiating a redetermination of need for Intermediate Care Facility for the Intellectually Disabled (ICF/ID) or Intermediate Care Facility/Other Related Condition (ICF/ORC) level of care using the [DP 251 Annual Recertification](#). The AE is not required to initiate a new level of care determination using the DP 250.
 - Changing the waiver participant's status on the Waiver/Program Enrollment screen in HCSIS from "Intent to Enroll" to "Enrolled."
 - Notifying the CAO using the [PA 1768](#) form that the waiver participant is returning to the waiver.
 - Collaborating with the hospital, nursing home or residential treatment facility, along with the individual and family, Supports Coordinator (SC), or Targeted Support Manager (TSM) provider as appropriate, to ensure waiver services begin upon discharge.

- If the waiver participant is in reserved capacity for more than 180 days, the AE will be notified by the WCM to remove the waiver participant from the queue and provide the participant with a letter notifying the waiver participant that waiver capacity will no longer be maintained for the participant. (See attachment #3).

- The AE will also end the waiver participant’s “Intent to Enroll” status on the Waiver/Program Enrollment screen in HCSIS.
- If the AE has been notified by the ISP team that it has received updates from medical providers about the participant’s progress and they have concluded that the participant will not be able to return to the community at this time, the WCM will confirm with the AE be notified by the WCM to remove the waiver participant from the queue and provide the participant with a letter notifying the waiver participant that waiver capacity will no longer be maintained for the participant. (See attachment #4).
 - The AE will also end the waiver participant’s “Intent to Enroll” status on the Waiver/Program Enrollment screen in HCSIS.

Questions regarding this communication should be directed to the appropriate Regional WCM. Thank you for your continuing efforts and commitment to provide services to waiver participants with intellectual disabilities and/or autism.

Attachments:

1. Letter to ODP waiver participant remaining in a hospital more than 30 days
2. Letter to ODP waiver participant entering a Nursing Home or Rehabilitation Care Facility
3. Letter to ODP waiver participant who has remained in reserved capacity for more than 180 days

4. Letter to ODP waiver participant after receiving updates from the ISP team that the individual cannot return to the community

**The WCM and AE responsibilities listed in this announcement are replaced by Bureau of Supports for Autism and Special Populations (BSASP) staff for Adult Autism Waiver (AAW) cases.*

****Please note:** Per the January 1, 2023 ODP waiver renewals, reserved capacity does not apply to participants who are in medical hospitals who continue to receive waiver services during their hospitalization in accordance with ODP policies as they will continue to be enrolled in the waiver. In addition, current Appendix K flexibilities allow a participant to remain in the waiver if the participant is hospitalized regardless of whether waiver services are provided during hospitalization. Hospital settings do not include psychiatric hospitals, nursing facilities, or rehabilitation facilities (see ODP [Announcement 20-098](#)). This Appendix K flexibility is ending November 11, 2023.