CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS AND CHILDREN-ELIGIBILITY
SUBCHAPTER 17. ADVANTAGE WAIVER SERVICES

317:35-17-12. Certification for ADvantage program services

(a) **Application date**. If the applicant is found eligible for Medicaid, certification may be effective the date of application. The first month of the certification period must be the first month the ~~recipient~~ member was determined eligible for ADvantage, both financially and medically.

(1) As soon as eligibility or ineligibility for ADvantage program services is established, the ~~social~~ worker updates the computer form and the appropriate notice is computer generated to the ~~client~~ member and the Administrative Agent (AA). Notice information is retained on the notice file for county use.

(2) An applicant approved for ADvantage program services ~~as categorically needy~~ is mailed a Medical Identification Card.

(b) **Financial certification period for ADvantage program services**. The financial certification period for the ADvantage program services is 12 months. Although "medical eligibility number of months" on the computer input record will show 99 months, redetermination of eligibility is completed according to the categorical relationship.

(c) **Medical Certification period for ADvantage program services**. ~~The area nurse, or nurse designee, determines the medical certification period for medical services and establishes a medical redetermination review date. This certification period may be up to 36 months.~~ The medical certification period for the ADvantage program services is 12 months. Reassessment and redetermination of medical eligibility is completed in coordination with the annual recertification of the member's service plan by the case manager. In addition, an independent evaluation of medical eligibility is completed by the OKDHS Nurse at least every third year. ~~The area nurse, or nurse designee, may determine a certification period less than 36 months if~~ If documentation supports a reasonable expectation that the ~~client~~ member will not continue to meet medical eligibility criteria or have a need for long term care services for ~~a 36 month period~~ more than 12 months, the OKDHS Nurse does an independent evaluation of medical eligibility before the end of the current medical certification period. ~~A medical eligibility period of less than 36 months may be appropriate in circumstances in which rehabilitation from surgery or injury is expected or if services are needed on a temporary basis to assist the client to regain independence.~~

317:35-17-15. Redetermination of eligibility for ADvantage services

(a) The ~~social~~ worker must complete a redetermination of financial

eligibility prior to the end of the certification period. A notice is generated only if there is a change which affects the ~~client's~~ member's financial responsibility.
(b) ~~For ADvantage services, an annual medical re-certification by the LTC nurse is not required.~~ The ADvantage case manager or the OKDHS nurse must complete a redetermination of medical eligibility prior to the end of the certification period.

317:35-17-16. ~~Client~~ Member annual level of care re-evaluation and annual re-authorization of service plan
(a) ~~As part of the fourth quarter monitoring of the service plan for years 1 and 2 for the client~~ Annually, the case manager reassesses the ~~client's~~ member's needs and the ~~client's care plan and~~ service plan, especially with respect to progress of the ~~client~~ member toward ~~care plan and~~ service plan goals and objectives. Based on the reassessment, the case manager develops a new ~~care plan and~~ service plan with the ~~client~~ member and service providers, as appropriate, and submits the new ~~care plan and~~ service plan to the AA for certification. Along with the ~~care plan and~~ service plan submitted for annual recertification, the case manager forwards to AA the supporting documentation and the assessment of the existing service plan ~~and care plan~~. The case manager initiates the fourth quarter monitoring to allow sufficient time for certification of a new ~~care plan and~~ service plan prior to the expiration date on the existing ~~care plan and~~ service plan.
~~(b) For ADvantage, annual medical recertification of the client is not required. However, the AA will evaluate whether the client continues to meet minimum criteria for medical eligibility as part of the care plan and service plan recertification process. If the client appears not to meet NF level of care, the AA requests the LTC nurse to complete a UCAT, Parts I and III. The LTC nurse submits the UCAT to the area nurse, or nurse designee, for determination of medical eligibility. The area nurse, or nurse designee, sends the client's redetermined MS-52 to the AA. If the client no longer meets medical eligibility, the AA communicates this to the client's case manager. The case manager communicates with the client and if requested, helps the client to arrange alternate services in place of ADvantage. [See OAC 317:35-17-19(b)]~~
~~(c)~~ (b) At a maximum of every ~~36~~ 11 months, the ~~LTC nurse~~ ADvantage case manager makes a home visit to evaluate the ADvantage ~~client~~ member using the UCAT, Parts I and III and other information as necessary as part of the annual service plan development process. The ~~LTC~~ OKDHS nurse evaluation substitutes for the case manager's fourth quarter assessment in the client's third year.
(1) The case manager's assessment of a member done within a 60-day period prior to the existing service plan end date is the basis for medical eligibility redetermination.

(2) As part of the service plan recertification process, the AA evaluates whether the member continues to meet policy defined criteria for Nursing Facility level of care.
(3) Except for enrollment years in which the OKDHS nurse is scheduled to do an independent assessment for medical eligibility, the AA notifies OKDHS/ASD electronically of member medical assessment by providing the member's identifying information and the member's UCAT Part III including level of care criteria domain scores to justify member medical eligibility recertification for an additional 12 month period.
(4) OKDHS/ASD determines whether a member requires further assessment for annual medical eligibility determination. For a member requiring further assessment, and at least every third year, the OKDHS nurse schedules a home visit with the member to do a UCAT reassessment which will be used for redetermination of medical eligibility.
(5) The ~~LTC~~ OKDHS nurse submits the UCAT evaluation to the area nurse, or nurse designee, for a determination of continued medical eligibility ~~before case management develops a care plan and new service plan~~. The area nurse, or designee, makes the medical eligibility decision and recertifies medical eligibility prior to expiration date of current medical eligibility certification. If medical eligibility recertification is not made prior to current medical eligibility expiration, the existing medical eligibility certification is automatically extended until recertification is determined or for 60 days, whichever is less. ~~The LTC nurse initiates the third year evaluation to allow sufficient time for certification of a new care plan and service plan prior to the expiration date on the existing care plan and service plan.~~ If the member no longer meets medical eligibility, upon making the level of care determination, the area nurse, or nurse designee, updates the system's "medical eligibility end date" and notifies the AA electronically. The AA communicates to the member's case manager that the member has been determined to no longer meet medical eligibility for ADvantage as of the effective date of the eligibility determination. The case manager communicates with the member and if requested, helps the member to arrange alternate services in place of ADvantage.