

PA Waiver Programs

PA Waiver programs are programs that provide care in the home for patients. Each county has a different process to apply for waivers.

Patients must meet certain criteria to be eligible for the PA Waiver:

Medical Criteria: Patients must be Nursing Facility Clinically Eligible (NFCE)

Financial Criteria: Individual cannot have a monthly income greater than 2199 dollars per month. Individual cannot have more than 8,000 in savings/assets/retirement funds or 16,000 if married.

Links to explain different Waivers:

<http://www.dhs.pa.gov/learnaboutdhs/waiverinformation/>

Guidelines When Determining Level of Care NFCE (Nursing Facility Clinically Eligible)

- Consider important criteria for determining level of care.
 - The individual has a diagnosed condition that requires treatment.
 - The individual's illness, injury, or disability impacts his or her functional ability to manage his or her own care, treatments and interventions.
 - If the individual has a diagnosis of Alzheimer's disease, Dementia, Traumatic Brain Injury, or other mental health diagnosis, the Level of Care is based on the degree to which psychological problems are affecting the individual's functioning and ability to safely maintain himself or herself in their environment.
- Deficits in Activities of Daily Living (ADLs) alone will not meet criteria for NFCE.
 - The individual must have a medical condition that is currently being treated and creates a medical need that requires care and services of a health care professional.
 - The individual requires care and services above the level of room and board.
- Deficits in Instrumental Activities of Daily Living (IADLs) alone will not meet the criteria for NFCE.
 - The ability to perform IADL's can determine the impact of physical and mental impairments.
 - Performance of these tasks requires a combination of memory, judgement and physical ability.

ADL's and IADL's: What's the Difference?

Activities of daily living (ADL) are tasks that are required to get going in the morning, get from place to place using one's body and then close out the day in the evening. They involve caring for and moving the body.

- Walking
- Bathing
- Dressing
- Toileting
- Brushing teeth
- Eating

Instrumental activities of daily living (IADLs) are the activities that people do once they are up, dressed and put together. These tasks support an independent life style. Many people can still live independently even though they may need help with a few of these IADLs:

- Cooking
- Driving
- Using the telephone or computer
- Shopping
- Keeping track of finances
- Managing medication

ALL COUNTIES:

Under 60 Home and Community Based Waivers-Call Independent Enrollment Broker (IEB) 1.877.550.4227 best for patients to SELF-REFER
IEB Website: <https://paieb.com/>

See: <https://paieb.com/doc/StepsToApply.pdf> for entire Waiver Process

Physician Certification must be completed by an MD: https://paieb.com/doc/Physicians_Certification_Form.pdf

Aging Waiver (over 60)- Call Independent Enrollment Broker (IEB) 1.877.550.4227 Providers can refer, but best for patients to self-refer as they will do intake and schedule appointment on the phone.

INSTRUCTIONS for Physician Certification

Physician Certification points to remember

1. Applicants name must be the full legal name. Best to cross reference with ID.
2. Diagnosed medical conditions need detailed diagnosis as found in DSM listed with ICD 10 codes
3. Level of care boxes need to be checked either NFCE (Nursing Facility Care Eligible) or NFI (Ineligible)

To be NFCE the patient MUST HAVE a condition diagnosed by Dr and as a result of diagnosis requires care above the level of room and board if not then Dr is finding patient to be NFI.

4. We need a physician phone number in case there are questions
5. Form needs to be dated with the date the patient was assessed in the office
6. The physician license number should start with an MD or OS

Steps to Apply for Waiver Services

STEP 1 Contact the PA Independent Enrollment Broker (PA IEB)

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- Find out more about Home and Community Based Waiver Services.
- Tell PA IEB you want to apply for waiver services.

➔ If you have Medical Assistance, PA IEB starts your waiver application when you contact them.

STEP 2 Fill out Medical Assistance forms if you do not have Medical Assistance

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- Go to www.compass.state.pa.us and fill out the forms online, or
- Ask PA IEB to mail you the forms. Fill out the forms and mail them back to PA IEB.

➔ If you do not have Medical Assistance, PA IEB starts your waiver application when they receive your forms.

STEP 3 Make sure your doctor fills out the Physician's Certification Form

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- Once PA IEB starts your waiver application, they send a Physician's Certification Form to your doctor.
- Your doctor fills out the form and returns it to PA IEB.
- If PA IEB does not get the form back, they ask you to remind your doctor.

AND

Have your first in-home visit

- Once PA IEB starts your waiver application, they send a request to the Area Agency on Aging (AAA).
- AAA contacts you to schedule your first in-home visit.
- At your in-home visit, a person from AAA assesses your "clinical eligibility"—whether you qualify for waiver services based on the care you need. This is called a "Clinical Eligibility Determination."
- After your in-home visit, AAA sends your Clinical Eligibility Determination to PA IEB.

➔ PA IEB must receive both documents within **30 days** after they start your waiver application.

STEP 4 Have your second in-home visit

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- Once PA IEB has your Clinical Eligibility Determination and Physician's Certification Form, they contact you. They schedule your second in-home visit.
 - At your in-home visit, a person from PA IEB asks about your needs and abilities to see if waiver services or other programs will meet your needs.
 - After your in-home visit, PA IEB sends your application to the County Assistance Office.
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STEP 5 Send missing information to the County Assistance Office

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- The County Assistance Office (CAO) reviews your waiver application to see if you qualify financially.
- If any information is missing, CAO contacts you. They tell you how to send information to them.
- Once your application is complete, CAO approves or denies your application. They send a notice to you, PA IEB and your chosen Service Coordination Agency.

➔ A decision about whether you qualify will be sent to you within **60 days** after PA IEB starts your waiver application. If you do not get a decision within **90 days**, you can ask for a fair hearing.

If your waiver application is approved, you are enrolled in Home and Community Based Waiver Services.

OR

If your waiver application is denied and you disagree with that decision, you can ask for a fair hearing.



Independent Enrollment Broker

Dear Physician:

Your patient has applied for Home and Community Based Waiver Services. The enclosed Physician's Certification Form is a required part of your patient's waiver application. Please complete, sign and return the form within **5 days** of receipt.

On the form, please indicate your patient's level of care using the definitions below. The form **replaces** the MA-51 for this level of care certification.

If you have questions, call us at **1-877-550-4227**.

Thank you,
PA Independent Enrollment Broker

Level of Care Definitions

Nursing Facility Clinically Eligible (NFCE)

A person:

- Has an illness, injury, disability or medical condition diagnosed by a physician, **and**
- As a result of that diagnosed illness, injury, disability or medical condition, requires care and services above the level of room and board, **and**
- Is Nursing Facility Clinically Eligible (NFCE) as certified by a physician, **and**
- Needs either skilled nursing or rehabilitation services or health-related care and services that may not be as complex as skilled nursing or rehabilitation services, but are needed and regularly given in a planned health care and management program and were previously only available through institutional facilities.

Intermediate Care Facility for Persons with Other Related Conditions (ICF/ORC)

A person:

- Has a diagnosis of an Other Related Condition (ORC)—a severe, chronic disability—other than a mental illness or an intellectual disability—that manifested before age 22, is likely to continue indefinitely, results in the impairment of either general intellectual functioning or adaptive behavior, and results in substantial functional limitations in at least three of these areas: self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living, **and**
- Requires active treatment—a continuous program that aggressively, consistently gives specialized and generic training, treatment, health services and related services; that focuses on the client acquiring behaviors necessary to function with as much self-determination and independence as possible; and that aims to prevent or slow regression or loss of current optimal functional status.



P.O. Box 61077
Harrisburg, PA 17106



Call us toll free at
1-877-550-4227



Send a fax to
1-888-349-0264



Email us at
paieb@maximus.com



Independent Enrollment Broker

Physician's Certification Form

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Diagnoses: Please include diagnosis of Traumatic Brain Injury (TBI) and/or Developmental Disability, if present.

Physical Diagnoses
ICD 10 Codes

Length of Care Required

- ☐ Long-term (over 180 days)
☐ Short-term (180 days or less)

Level of Care Required: Please refer to enclosed cover letter for Level of Care Definitions as needed.

- ☐ Nursing Facility Clinically Eligible (NFCE)
☐ Intermediate Care Facility for Persons with Other Related Conditions (ICF/ORC)
☐ None of the above, please explain:

Physician Information

Physician Name (must be MD or DO)	
Physician License # or MAID #	
Physician Phone	Physician Fax
Physician Signature	Date



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Harrisburg, PA 17106



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Email us at
paieb@maximus.com

This form for Dauphin County Aging Waiver ONLY
60x

LEVEL OF CARE CERTIFICATION

PATIENT NAME _____ DATE _____
ADDRESS (CITY, STATE, ZIP) _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

Your patient listed above has applied to receive Home and Community Based Services funded through Medical Assistance. In order to receive these services, the patient requires a prescription/order for these services. Please complete the following information about the patient and return this form to address below:

I CERTIFY THAT THE ABOVE NAMED PERSON HAS A PRIMARY DIAGNOSIS OF:

Diagnosis _____ Dx Code _____
Diagnosis _____ Dx Code _____

****DIAGNOSIS REQUIRED AND ICD CODE REQUIRED****

and is clinically eligible for Nursing Facility Level of Care Yes ☐ No ☐

Long-term (Over 180 days) ☐ Short-term (180 days or less) ☐

Check appropriate length of care required

****PLEASE CHECK LEVEL OF CARE AND ESTIMATED LENGTH OF CARE****

PHYSICIAN SIGNATURE _____
PHYSICIAN LICENSE NUMBER: _____ MAID NUMBER: _____
PHYSICIAN TELEPHONE NUMBER: _____ FAX NUMBER: _____
DATE SIGNED _____

Please understand that this form MUST BE SIGNED BY A PHYSICIAN. This is a state requirement and the state agencies WILL NOT accept any Physician Certifications that are signed by an MT, CNRP, RN, PA, RESIDENT OR INTERN.

THANK YOU!

This form replaces the MA 51 for Medical Assistance Waiver Services provided by:

DAUPHIN COUNTY AREA AGENCY ON AGING

Administration Building, Third Floor

2 South Second Street

Harrisburg Pa 17101

Main Telephone Number: 717-780-6130 Fax Number: 717-255-2792

PLEASE RETURN ASAP VIA FAX (717-255-2792)

**OR MAIL TO DAUPHIN COUNTY AREA AGENCY ON AGING AT
THE ABOVE ADDRESS**