

CBS Waiver Tracking – SharePoint Library

The following pages represent a multi-phase process involving assignment of initial and annual reviews to determine whether an individual receiving DD services is eligible one of the three HCBS DD waivers in Nebraska. Notes or descriptors have been temporarily inserted within each form in an effort to guide in the review of this document. For those individuals who have been determined eligible for waiver services, the state can apply a federal match for expenditures related to services and supports provided to the individual.

Each “phase” that is referred to within the balance of this reference document is designed to establish a historical centralized record of the review, and a drop down menu allows members of the waiver review team to select the phase that currently applies to them.

Members of the waiver review team include:

Staff Assistant II who can initiate and assign waiver reviews to DSS staff

Disability Services Specialists who make a determination on eligibility for waiver services

Administrator for waiver services who completes quality reviews of accuracy and timeliness of a determination

Data Analyst who can export metadata from the SharePoint forms to query the system and generate aggregate analysis and reports

Note on **Phase I** of the SharePoint form: This portion of the form initiates the review for a determination on eligibility to receive services through waiver service funding. The assigned DSS receives notification that a review has assigned.



Division of Developmental Disabilities
Waiver Eligibility Determination

Month: Year:

Name: **DOB:**

Current Age:

NFOCUS Person Number: **DSS Assigned:**

SC: **SC Office:**

Waiver: **Medicaid Eligible:** Yes No

Type of Determination:

If **"Initial"** enter consent date:

If **"Redetermination"**, enter previous determination:

Status of Determination:

If **"Assigned"** enter date:

If **"Pending"** choose item:

If **"Eligible for DD waiver services"**, check supporting documentation:

- Annual ISP
- Annual medical evaluation (current for children)
- Dev Index
- IEP

- Intake ISP
- MDT
- Psychological Eval
- SIB-R
- Waiver Consent
- Other

Other comments:

If "**Not eligible for DD waiver services**", check supporting documentation:

- Does not meet ICF-DD LOC Criteria
- No Medicaid
- Receives services from another HCBS waiver

Note on **Phase II** of the SharePoint form: This portion of the form serves as the working record on the review on eligibility to receive services through waiver service funding. Information entered on the Phase I portion of the form auto-populates for this page. This page serves as a record on information/records reviewed that are the basis for a determination on eligibility for waiver services in Nebraska.



Division of Developmental Disabilities Waiver Eligibility Determination

Month: Year:

DOB:

Name:

Current Age:

NFOCUS Person Number:

DSS Assigned:

Waiver:

Medicaid Eligible: Yes No

Click here to insert a hyperlink

IEP Date:

Functional Limitations Based on Supporting Documentation:

- Self-Care
- Receptive – Expressive Language Development
- Learning
- Mobility
- Self-Direction
- Capacity For Independent Living
- Social Skills & Personality
- Economic Self-Sufficiency

If "Self-Care" choose item:

If "**Receptive – Expressive Language Development**" choose item:

If "**Learning**" choose item:

If "**Mobility**" choose item:

If "**Self-Direction**" choose item:

If "**Capacity For Independent Living**" choose item:

If "**Social Skills & Personality**" choose item:

If "**Economic Self-Sufficiency**" choose item:

Initial Review:

Intake ISP Date:

IFM Date:

Date of Dev Index:

Date of Psychological Eval:

Psychological Eval Current within 3 years:

Date all required information received:

Date Eligibility Determined:

Number of Days between information received and eligibility determined:

Eligibility Review completed within 2 weeks of all information being received:

If initial review was not completed within 2 weeks of receipt of all required information, why?

Annual Review:

Date of Last Annual ISP:

Date of Current Annual ISP:

Dev Index Last Date:

Dev Index Current Date:

IFM Last Date:

IFM Current Date:

Last physical:

Current physical:

If more than one year, reason why:

Select...

Date of Initial or Last annual Waiver Eligibility review:

Date all required information received:

Date Eligibility Determined:

Number of Days Between information received and eligibility determined:

Eligibility Review completed within 2 weeks of all information being received:

If initial review was not completed within 2 weeks of receipt of all required information, provide rationale for delay:

Select...

Comments:

Number of Days Between previous Waiver Eligibility review and Annual eligibility determined:

Eligibility Review completed within 1 year of initial or last annual review:

If initial review was not completed within 1 year of initial or last annual review, provide rationale for delay:

Select...

Comments:

Information Requested:

Select...

Specify if Other:

Date Requested:

Date Received:

Status of Determination:

Select...

If "**Assigned**" enter date:

If "**Pending**" choose item:

Select...

If "**Eligible for DD waiver services**", check supporting documentation:

Annual ISP

Annual medical evaluation (current for children)

Dev Index

IEP

Intake ISP

MDT

Psychological Eva

SIB-R

Waiver Consent

Other

Other comments:

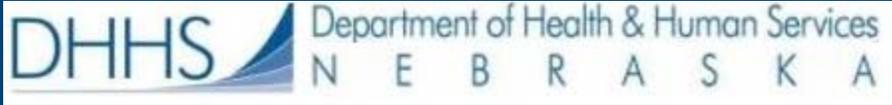
If "**Not eligible for DD waiver services**", check supporting documentation:

Does not meet ICF-DD LOC Criteria

No Medicaid

Receives services from another HCBS waiver

Note on **Phase III** of the SharePoint form: This portion of the form serves as the working record on the review on eligibility to receive services through waiver service funding. Relevant information entered in the Phase I & II portions of the form auto-populates for this page. This page can also be placed within the waiver eligibility section of an individual's electronic record.



Division of Developmental Disabilities
Waiver Eligibility Determination

Month: Year:

Name:

DOB:

Current Age:

NFOCUS Person Number:

DSS Assigned:

Waiver:

Medicaid Eligible: Yes No

Status of Determination:

If **"Assigned"** enter date:

If **"Pending"** choose item:

If **"Provisional Determination"**, enter date:

If **"Eligible for DD waiver services"**, check supporting documentation:

- Annual ISP
- Annual medical evaluation (current for children)
- Dev Index
- IEP
- Intake ISP
- MDT
- Psychological Eval
- SIB-R
- Waiver Consent

Other

Other comments:

If "**Not eligible for DD waiver services**", check supporting documentation:

Does not meet ICF-DD LOC Criteria

No Medicaid

Receives services from another HCBS waiver

Initial Date Eligibility Determined:

Annual Date Eligibility Determined:

Note on **Phase IV** of the SharePoint form: This portion of the form serves as the data tracking record for Nebraska's CMS. Relevant information entered on previous phases of the form auto-populates for this page.



Division of Developmental Disabilities
Waiver Eligibility Determination

Month: Year:

Name: **DOB:**

Current Age:

NFOCUS Person Number: **DSS Assigned:**

Waiver: **Medicaid Eligible:** Yes No

Number of Days Between annual ISPs:
ISP on time:
Number of Days Between Dev Indexes:
Dev Index on time:
Number of Days Between annual IFMs:
IFM on time:
Number of Days Between annual physicals:
Physical on time:
Number of Days Between information received and eligibility determined:
Initial Review:
Annual Review:
Eligibility Review completed within 2 weeks of all information being received:
Initial Review:
Annual Review:

Level of care determination was completed accurately:

DD Waiver Manager:

Reviewed on:

QI Comment: