

## 2139 – INDEPENDENT CARE WAIVER PROGRAM

<b>POLICY STATEMENT</b>	<p>The Independent Care Waiver Program (ICWP) is a class of assistance (COA) that provides in home care to individuals who are severely Physically Disabled (SPD) or who have Traumatic Brain Injuries (TBI). These individuals need more care than can be provided by CCSP. ICWP A/Rs must meet the criteria for nursing home placement although they remain at home.</p>
<b>BASIC CONSIDERATIONS</b>	<p>To be eligible under this COA, an A/R must meet the following conditions:</p> <ul style="list-style-type: none"><li>• The A/R is at least 21 years of age.</li><li>• The A/R is receiving case management services through DMA approved ICWP case management provider.</li><li>• The A/R is residing in a residential home situation, such his/her own home.</li><li>• The A/R meets the length of stay (LOS) and the level of care (LOC) basic eligibility criteria.</li><li>• The A/R meets all other basic and financial eligibility criteria</li></ul> <p>ICWP Medicaid recipients receive certain <i>waivered</i> services not normally covered by Medicaid, including the following:</p> <ul style="list-style-type: none"><li>• case management</li><li>• companion services</li><li>• counseling</li><li>• emergency response system (ERS)</li><li>• environmental modification</li><li>• homemaker services</li><li>• occupational therapy</li><li>• personal care services</li><li>• skilled nursing</li><li>• specialized medical equipment and supplies</li><li>• transportation.</li></ul> <p>Refer any individuals interested in receiving services under ICWP to GMCF at (404) 982-0411 or 1-800-982-0411, extension 7319.</p>

**BASIC  
CONSIDERATIONS  
(cont.)**

The case management provider (case manager) initiates the Form DMA-6 and the ICWP services approval process.

- The case manager submits Form DMA-6 with Independent Care Waiver written in red to GMCF. GMCF returns the approved Form DMA-6 to the case manager, who sends one copy to DFCS as verification of an approved LOC.
- The case manager submits an Individual Plan of Care and Recipient Application form to the DMA Waivered Services Unit for approval of ICWP services. The Waivered Services Unit notifies the case manager of approval or denial of the A/R for ICWP services.
- If DMA approves the A/R, the case manager submits an Independent Care Waiver Communicator to DFCS, specifying the date case management began, which is used for LOS, and the date of the first waived service, which serves as the slot date for eligibility purposes in the same manner as it is used under CCSP.

**NOTE:** The beginning date of case management and the slot date should be the same in most cases, since case management is a waived service under ICWP.

If ICWP services are approved by DMA, the case manager and the A/R decide on service providers.

The A/R may apply for ICWP Medicaid while residing at home or in a hospital or nursing home.

**PROCEDURES**

Follow the steps below to determine ABD Medicaid eligibility under the ICWP class of assistance.

**Step 1**

Accept the A/R's ABD Medicaid application.

**Step 2**

Conduct a face-to-face interview.

**Step 3**

Verify that the A/R is receiving ICWP services through receipt of an ICWP Communicator from the case manager. The ICWP Communicator should indicate the beginning date of case management and the slot date.



**PROCEDURES**  
(cont.)

**Step 4** Determine basic eligibility, including Length of Stay (LOS) and Level of Care (LOC). Refer to Chapter 2200, Basic Eligibility Criteria.

**NOTE:** If DFCS has not received the Form DMA-6 within 30 days of the application date, contact the case manager to ensure that the Form DMA-6 was submitted to GMCF.

**Step 5** The system determines financial eligibility. Consider the A/R to be in LA-D.

- See Chapter 2500, ABD Financial Responsibility and Budgeting, for procedures on whose resources to consider and the resource limit used in determining resource eligibility.
- Complete a Medicaid Cap budget to determine income eligibility. See Medicaid CAP Budgeting in Chapter 2510.

**Step 6** The system determines the A/R's cost share using the Community Spouse Maintenance Need Standard (CSMNS) as the personal needs allowance (PNA) and all other policies applicable to patient liability/cost share budgeting.

**Step 7** The system notifies the A/R of eligibility/cost share and transmits pertinent data to DMA via the interface.

**NOTE:** Do not approve Medicaid under the ICWP class of assistance for any month prior to the month of the slot date.

**Step 8** Notify the ICWP Case manager by:

- Entering the Case Manager's name and address in the system as an Authorized Representative. The Case Manager will then receive information concerning dates of eligibility and cost share.

**OR**

- Completing Section II of the ICWP Communicator. Enter the Medicaid number on the top of the form. Send one copy to the Case Manager and retain the other in the case record.

**SPECIAL  
CONSIDERATIONS**

**ICW Communicator  
(ICWC)**

The ICWP class of assistance requires the Independent Care

