

2140 – MODEL WAIVER PROGRAM

POLICY STATEMENT	The Model Waiver Program (MWP) provides specialized medical services to a Medicaid recipient who is under age 21 and respirator or oxygen dependent.
BASIC CONSIDERATIONS	<p>A request for MWP services is made when an individual is in need of a particular medical service that is not usually covered by Medicaid. The Waiver Services Unit at DMA is responsible for determining appropriateness for these services.</p> <p>To be eligible for MWP services, the A/R must meet the following conditions:</p> <ul style="list-style-type: none"> • The A/R is a Medicaid recipient under the most advantageous COA, including SSI, Family Medicaid or ABD Medicaid. • The A/R is under the age of 21. • The A/R is respirator or oxygen dependent. • The A/R is approved for a nursing home level of care (LOC). • The A/R is approved by the DMA Waiver Services Unit for MWP services. <p>The Waiver Services Unit at DMA is responsible for obtaining the required LOC unless Medicaid eligibility is determined under the Deeming Waiver COA.</p> <p>Eligibility for MWP services is approved manually and is not entered on the DFCS system. All required forms used to contact DMA are reproduced locally.</p>
PROCEDURES	
Medicaid Recipient	Follow the steps below to initiate MWP services if the individual requesting these services is currently receiving Medicaid.
Step 1	Verify Medicaid eligibility.
Step 2	Verify that the A/R is under age 21.
Step 3	Document the PR's statement that the individual is respirator or oxygen dependent. File any supporting medical documentation in the case record.

**PROCEDURES
(cont.)**

Step 4 Tell the PR to have the A/R's physician or hospital discharge planner contact the DMA Waiver Services Unit at the following address to arrange for MWP services:

Department of Medical Assistance
Waiver Services Unit
P. O. Box 38426
Atlanta, Georgia 30334
Telephone Number: (404) 656-6862

Explain to the PR that additional information may be required by DMA, such as Form DMA-6 completed by the physician.

NOTE: If the A/R is approved for MWP services, DMA notifies the county DFCS of the approval with a copy of the approval letter that is sent to the PR.

Step 5 Complete the Waiver Approval Form upon receipt of a copy of the MWP approval letter from DMA.

- Reproduce the form found in Section 2139, Independent Care Waiver Program.
- Submit the Waiver Approval Form to the DMA Recipient Data Base at the address indicated on the form.

Step 6 Review the income of the Model Waiver A/R. Contact a state Medicaid consultant regarding calculations of a cost share if the A/R has income in excess of the FBR for LA-A.

**Changes in Medicaid or
MWP Eligibility**

Complete a CMD if an individual has been terminated from ongoing Medicaid and is receiving MWP services. Refer to Section 2052, Continuing Medicaid Determination.

Notify the DMA Recipient Data Base of changes in eligibility for Medicaid under MWP services by completing the Waiver Approval Form or Waiver Termination Form and submitting it to the address on the form.

**PROCEDURES
(cont.)****Medicaid Applicant**

Follow the steps below to determine Medicaid eligibility and initiate MWP services if the individual requesting these services is **not** receiving Medicaid.

