

MEDICAID - ADVANTAGE WAIVER PROGRAM

Aging Services Division, Department of Human Services (DHS)

PURPOSE

The Advantage Waiver Program is a long-term care program providing Medicaid funded home & community-based services to frail elders and adults with physical disabilities. ADvantage is a program of the Oklahoma Department of Human Services (DHS) through its Aging Services Division and is administered by the Long Term Care Authority (LTCA) of Tulsa and Enid. DHS has contracted with the LTCA to perform a pre-screening of applicants requesting long term care services through DHS LTCA staff refers appropriate applicants to DHS for functional assessments. ADvantage services support families in care giving; they do not replace a family's effort. The ADvantage Program has added adults with developmental disabilities age 21 and over who do not have mental retardation or a cognitive impairment as another population to be served.

CONTACT

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Long Term Care Authority

(918) 583-3336 (Tulsa)
(580) 234-7475 (Enid)
(800) 435-4711
FAX: (918) 583-4056
www.okdhs.org/aging/sooa.htm

ELIGIBILITY

- Resident of Oklahoma;
- 65 years of age or older and in frail health, or age 21 and older with a physical disability or developmental disabilities who do not have mental retardation or a cognitive impairment;
- Nursing-home level-of-care needs;
- Meet Medicaid financial criteria established by the Oklahoma Health Care Authority; and
- Monthly income limit of \$1869.00, with a resource limit of \$2000. This figure is subject to change.

AT SERVICES PROVIDED/COVERED

- Assessments & Evaluations
- Maintenance & Repairs
- Case Management
- Training for Consumer & Family
- Information & Referral
- Fabrication of Devices
- Locating Alternate Funding
- Advocacy/Other

AT DEVICES PROVIDED/COVERED

- | | |
|----------------------------|---------------------------------|
| Aids for Daily Living | Home Modifications |
| Aids for Hearing Impaired | Hospital Beds |
| Aids for Vision Impaired | Medical Supplies |
| Augmentative Communication | Prosthetics & Orthotics |
| Computer Applications | Seating & Positioning Equipment |
| Environmental Controls | Wheelchairs & Mobility Aids |

APPLICATION PROCESS

- Call the statewide referral number (800) 435-4711. The staff will conduct a telephone interview with the potential applicant or family member.
- The staff will inform potential applicants whether or not they are eligible for the program and explain their Medicaid application rights.
- The staff will refer appropriate applicants to their local DHS office for a functional assessment.
- Case management services for ADvantage are accessed through the county DHS office.

See Appendix B for
Department of Human
Services County Offices.

FINANCIAL CRITERIA

- See "Eligibility".

APPEALS PROCESS

1. The appeals process allows a member to appeal a decision involving medical services, prior authorizations for medical services, or discrimination complaints.
2. In order to file an appeal, the member files a LD-1 form within 20 days of the triggering event. The triggering event occurs at the time when the member knew or should have known of such condition or circumstance for appeal. The staff advises the Appellant that if there is a need for assistance in reading or completing the grievance form that arrangements will be made.
3. If the LD-1 form is not received within 20 days of the triggering event or if the form is not completely filled out with all necessary documentation OHCA sends the Appellant a letter stating the appeal will not be heard.
4. Upon receipt of the member's appeal, a fair hearing before the Administrative Law Judge (ALJ) will be scheduled. The member will be notified in writing of the date and time for this procedure. The member must appear at this hearing. The ALJ's decision may be appealed to the CEO, which is a record review at which the parties do not appear.
5. Member appeals are to be decided within 90 days from the date OHCA receives the member's timely request for a fair hearing unless the member waives this requirement.

PIECES OF THE PUZZLE

- Referrals may be made by any source in the community (provider, advocate, family member, consumer, etc).
- When calling the statewide referral number, you may have to leave a message. Normally calls are returned within 24 hours of receipt.
- The ADvantage Waiver is a Medicaid Program. The program recognizes that many individuals at risk of institutionalization can be cared for in their homes and communities, preserving their independence and ties to family and friends, at a cost no higher than that of institutional care. See "Pieces of the Puzzle" for Medicaid in the Public Agencies section for more details.
- Questions about Medicaid coverage of specific items should be directed to the Oklahoma Health Care Authority, Customer Service at (800) 522-0114.
- All DME purchased with Oklahoma Medicaid funds becomes the property of the OHCA to be used by the recipient until no longer needed.