

Consumer Directed Option (CDO) Procedures

Medicaid Members New to Waiver Program

1. Referral is received from Medicaid member, member's legal representative, family member or physician's office;
2. Contact is made within two (2) business days from receipt of referral to the member to discuss the waiver programs and Consumer Directed Option;
3. Within five (5) business days from contacting the member, the assessment (MAP-351) must be completed including obtaining a verbal level of care and certification number from the Quality Improvement Organization (QIO);
4. The MAP-350 and MAP-109 (Plan of Care), including obtaining member's signature, shall be completed in addition to the MAP-351 during the assessment visit;
5. Using the MAP-351 and MAP-109 a CDO budget is requested by the support broker and submitted on the CDO Budget Request form to Medicaid;
6. The MAP-10 is forwarded to the member's primary care physician or approved provider (as outlined in the appropriate waiver regulation) for completion and signature. *Note: The original form must be placed in case record but a faxed-version can be used to complete the packet being submitted to the QIO;*
7. Upon receipt of the Medicaid approved CDO budget the support broker completes the MAP-109 support spending plan ensuring the support spending plan matches the approved CDO budget and the hourly pay rates for each service do not exceed Medicaid regulatory limits; then
8. The support broker submits the completed MAP-10, MAP-109, MAP-350, MAP-351 and approved CDO budget to the QIO to obtain a prior authorization;
9. Upon receipt of the prior authorization for CDO services and once employees meeting regulatory requirements are hired; CDO services can begin.

Medicaid Members Currently Receiving CDO Waiver Services

1. A reassessment must be completed up to twenty-one (21) days prior to the expiration of the current level of care certification period to ensure that certification is consecutive as there are no retroactive reassessments;
2. The MAP-350 and MAP-109 (Plan of Care), including obtaining member's signature, shall be completed in addition to the MAP-351 during the reassessment visit;

3. Using the MAP-351 and MAP-109 another CDO budget is requested by the support broker and submitted on the CDO Budget Request form to Medicaid;
4. The MAP-10 is forwarded to the member's primary care physician or approved provider (as outlined in the appropriate waiver regulation) for completion and signature. *Note: The original form must be placed in case record but a faxed-version can be used to complete the packet being submitted to the QIO;*
5. Upon receipt of the Medicaid approved CDO budget the support broker completes the MAP-109 support spending plan ensuring the support spending plan matches the approved CDO budget and the hourly pay rates for each service do not exceed Medicaid regulatory limits; then
6. The support broker submits the completed MAP-10, MAP-109, MAP-350, MAP-351 and approved CDO budget to the QIO to obtain a prior authorization;
7. Upon receipt of the prior authorization; CDO services can continue.

Assessments for Michelle P. Waiver Program

Medicaid contracted with the Community Mental Health Centers (CMHC) to conduct and process all assessments for the Michelle P. Waiver program. Once the assessment is completed and CDO is chosen the assessment will be forwarded to the CDO Support Brokerage Agency for completion of the remaining forms and regulatory requirements.

Those CDO members that receive HCB Waiver or were receiving the SCL or the ABI Waiver prior to July 1, 2008 and now are enrolling under the Michelle P. Waiver shall have the choice of continuing to receive their Michelle P. Waiver services with the AAAIL or transferring the Michelle P. Waiver CDO services to the CMHC. However, all **new** Michelle P. Waiver members must receive their CDO services with the CMHC Support Brokerage Agency.

CDO Budget Requests

All CDO budget requests are submitted directly to Medicaid. Submit the budget request form along with any other Medicaid required documentation to Sherri.McKinney@ky.gov . You may also contact Ms. McKinney by calling (502) 564-5560.