A Face to Face Assessment is done to determine the need for waiver services (Does member meet NF LOC)

Complete DHS forms # 3543 and 5181. #3543 must be completed to determine financial eligibility, #5181 communicates the request to the county

Submit form to county of financial worker

Request county financial worker remove UCode in MMIS. Document verbal or written verification of eligibility in member’s record

Enter LTCC into MMIS and enter all waiver services on budget worksheet. Make sure each service is reflected in member’s care plan

Facilitate Services – contact providers

Complete Waiver Service Approval Form (WSAF)

UCare will provide authorization to providers and member.

Note: The Care Coordinator is responsible to ensure all waiver services and MA services (PCA home health aide, skilled nursing) are included and do not exceed the case mix cap amount