What should I expect now that I have a waiver?

Your Medicaid waiver can pay for many different services and supports to assist you to live in the community. It does bring with it a number of requirements designed to assure that your health and safety are being maintained. The following are some of the things you should expect now that you have a waiver.

- 1. Your Service and Support Specialist will soon be in contact with you to complete a thorough **assessment** of your needs. This 2-3 hour assessment will occur in your home and will review such things as your...
 - * Financial resources and needs,
 - * Housing situation,
 - * Leisure and community membership,
 - * Health care needs,
 - * Safety,
 - * Personal care needs,
 - * Transportation,
 - * Vocational goals.
- 2. You will be offered the opportunity to **select a provider** of waiver services from a list of state-certified agencies and individuals. While your Service and Support Specialist cannot make the selection for you, they can assist you in preparing questions that are important to you in the selection process. You will need to schedule interviews with those providers that you are interested in meeting.
- 3. Once you have chosen a provider, your Service and Support Specialist will schedule a team meeting that includes the provider and anyone else that you choose to invite. This team will work with you to develop an **Individual Service Plan** (ISP). This will list all of the services that you are to receive, how often you will get them and who is to provide the service. Expect this meeting to last 2-3 hours. During the meeting a decision will be made about when services should begin.
- 4. to be sure that services are being provided as indicated in the ISP, your Service and Support Specialist will schedule regular reviews. Your Service and Support Specialist will also meet with you several times throughout the year to be sure that your needs are being met appropriately. They will be your primary contact at the county board and will coordinate all of the services your team provides. Be sure to notify them if your needs change significantly at any time.

- 5. Periodically, a county board employee outside of your team will complete a **quality assurance review**. They will monitor the quality of your services as well as your satisfaction with your provider. This will not involve a complete review of your provider's documentation and interviews with you and your team members.
- 6. Investigations into **Major Unusual Incidents** will occur if you become involved in any of the following situation...
 - * Abuse (physical or sexual),
 - * Neglect,
 - * Misappropriation,
 - * Relocation due to fire or mechanical problem at your home,
 - * Missing Person,
 - * Law Enforcement Involvement,
 - * Use of Unapproved Behavior Support,
 - * Medical Emergency,
 - * Serious Injury,
 - * Violation of your rights.

An Investigative Agent employed by the county board will complete these investigations. In some cases, law enforcement may also be notified. The Investigative Agent will make some recommendations to your team to keep you safe and healthy.

7. Because waivers are a Medicaid service, it is very important that you maintain your Medicaid eligibility. This means that your countable resources cannot exceed \$1500 at any time. It is also critical that you (or your authorized representative) attend your annual Medicaid Re-determination meeting with the Department of Job and Family Services. Failure to do so could jeopardize your eligibility for waiver services. Your Service and Support Specialist can advise you about the Medicaid rules.