The ABI Process Guideline from the application submission to Service Plan execution:

1. The Department receives applications for the ABI waiver program.

2. The Department conducts Level of Care determination to determine functional eligibility and reviews for financial and programmatic eligibility.

3. The Department confirms that an ABI waiver program slot is available or not. If not, the applicant is place on a waiting list.

4. When a waiver slot becomes available, the Department refers the applicant to the ABI waiver program Contractor.

5. The Care Management provider, employed by the contractor will do a face to face initial assessment with the applicant within ten (10) days of receipt of referral.

6. The Care Manager will either confirm or recommend a modification to the department's Level of Care determination.

7. The Care Manager will develop and upon authorization from the department will implement a Service Plan to address the applicant's needs utilizing a person-centered planning process that includes persons selected by the participant to be included in the process.

8. The Contractor will submit to the Department the recommended Service Plan and a summary of the Initial Assessment data.

9. The Department reviews the information and approves or denies the Service Plan and upon confirmation of active Medicaid status, the Department authorizes the Service Plan to begin.

10. The contractor is responsible for implementation the service plan and coordination of all programs and services needed by the ABI waiver participant, including maintaining Medicaid eligibility.

11. The Care Manager is responsible for leading the Care Team meetings and modifying the Service Plan as the waiver participant needs changes to services. The Care Manager will provide on-going monthly monitoring of the participant's needs, the Service Plan and the quality of services being provided.

12. The Care Manager will be responsible for ensuring the Service Plan is in compliance with the waiver cost caps on a monthly basis.

13. Services will be authorized through a web portal maintained by the Department's MMIS contractor.

14. Annually, the Care Manager will do a Reassessment of the participants' needs and Service Plan and will forward the summary of the Reassessment and the Service Plan to the Department for review and approval.

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