Prior approval must be obtained from the Division of Medicaid before a beneficiary can receive services through the Home and Community-Based Waiver Program. To obtain approval, the following forms must be submitted:

- DOM Pre-Admission Screening (PAS) Tool
- DOM 301 HCBS Plan of Care
- HCBS 105 Home and Community-Based Services Recipients Admitted and Discharged Form

DOM Pre-Admission Screening (PAS) Tool- Assisted Living Waiver Program

Clinical eligibility for waiver services will be determined through the utilization of a comprehensive pre-admission screening tool which encompasses the following areas: activities of daily living, instrumental activities of daily living, sensory deficits, cognitive deficits, client behaviors, medical conditions, and medical services. Pre-admission screening data will be entered into a scoring algorithm which will generate a numerical score. The score will be compared to a set numerical threshold which determines eligibility. Those scores equal to or above the set numerical threshold will be deemed clinically eligible.
The PAS will generate a Summary and Physician Certification page that must be signed by the physician.

Scores less than the set numerical threshold may be approved based on a secondary review by the DOM HCBS staff if **all** of the following criteria are met:

- Beneficiary has a diagnosis of schizophrenia/other psychoses, major depression, or bipolar disorder, **AND**
- Beneficiary takes one (1) or more psychotropic medications, **AND**
- Beneficiary needs or receives medication administration and/or regulation, **AND**
- Beneficiary PAS score is at least twenty-five (25) and less than forty-five (45).

In addition to the above criteria, the beneficiary may have a history of, or may currently exhibit other behaviors which include, but are not limited to: verbal aggression, physical aggression, resistive behavior, wandering/elopement, inappropriate/unsafe behaviors, self-injury, delusions, hallucinations, manic symptoms and mood swings,

After the applicant has made an informed choice, understands the criteria for the waiver, and meets clinical eligibility, as determined by the PAS score, the application along with the Plan of Care (POC), which includes all of the service needs of the applicant, will be forwarded electronically or "hard copy" to the Division of Medicaid, Division of LTC/HCBS.

Refer to Provider Policy Manual Section 64.0, Long Term Care/Pre-Admission Screening (PAS), for additional information.

DOM 301 HCBS Plan of Care

The DOM 301 HCBS Plan of Care form is completed by the case manager. This form, in conjunction with the DOM Pre-Admission Screening (PAS) Tool, contains objectives, types of services to be furnished, and frequency of services.

HCBS 105 Home and Community-Based Services Recipients Admitted and Discharged Form

The HCBS 105 form is used to admit and discharge a beneficiary into and from the Home and Community-Based Services waiver program. It must be completed at the time of the initial certification into the program, at each recertification, and anytime there is a change in the beneficiary's status.

DOM HCBS staff will review/process all documents. If approved, an enrollment date will be established, appropriate forms will be forwarded to the fiscal agent, and the beneficiary will be locked into the waiver program. The original of all three (3) forms will be retained by the HCBS case manager as part of the original case record.

A beneficiary may be locked into only one waiver program at a time.