

DD Waiver Conversion or Diversion Scenarios

This section contains the more frequently used sequencing charts for

1. DD Diversion to Community ICF/DD
2. DD Diversion to FSG
3. DD Diversion to ICF/DD short term admission to DD Diversion
4. DD Diversion to Psychiatric Hospital (IMD) to DD Diversion
5. DD Diversion to RTC not ICF/DD-RTC to DD Diversion
6. DD Diversion to SILS
7. DD Diversion to Community ICF/DD long term stay
8. DD Conversion to ICF/DD Short term admission to DD Conversion
9. DD Conversion to RTC not ICF/DD-RTC to DD Conversion
10. DD Conversion or Diversion to Adoption, Name/PMIN Change, Same CFR to DD Conversion or Diversion
11. DD Conversion or Diversion to Adoption, Name/PMIN Change, Change in CFR to DD Conversion or Diversion
12. DD Conversion or Diversion to Change CFR to DD Conversion or Diversion
13. DD Conversion or Diversion to Crisis Services
14. DD Conversion - Person Dies
15. DD Conversion to METO RTC
16. DD Diversion to METO ICF/DD RTC
17. DD Diversion → METO RTC

Acronyms:

CAC = Community Alternative Care Waiver

CADI = Community Alternatives for Disabled Individuals

CFR = County of Financial Responsibility

DD = Developmental Disability

FSG = Family Support Grant

ICF/DD = Intermediate Care Facility for Persons with Developmental Disabilities

METO – Minnesota Extended Treatment Option

NF = Nursing Facility

PMIN = Person Master Index Number

RC = Related Condition

RTC = Regional Treatment Center

SILS = Semi-Independent Living Services

TBI = Traumatic Brain Injury

5.1 DD SCREENING DOCUMENT SCENARIO: DD Diversion to Community ICF/DD

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out Date	ICF/DD In Date			
(24) Action Type:	05	03			
(39) Risk Status:	01	01			
(41) Current Services:	19	19 28Other			
(42) Planned Services:	19 28 Other	19 28 Other			
(44) Waiver Need Index:	001, 002, 003 or 005	001, 002, 003 or 005			
(46) Final Action Planned:	07	07			
(47) Current MA Program:	01	04			
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:					
None Needed:	Yes	Yes			
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):					
DHS Use Only:					

<p>KEY WS = Waiver Services Codes RES = Residential Codes *** = Field 46 Corresponds with Field 42 Planned Services N/A = Not Applicable Other = Other services as appropriate</p>

5.2 DD SCREENING DOCUMENT SCENARIO: DD Diversion to Family Support Grant (FSG)

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out Date	FSG In Date			
(24) Action Type:	05	01			
(39) Risk Status:					
(41) Current Services:	19	19 23 RES Other			
(42) Planned Services:	19 23 RES Other	19 23 RES Other			
(44) Waiver Need Index:	001, 002, 003 or 005	001, 002, 003 or 005			
(46) Final Action Planned:	03	03			
(47) Current MA Program:	01	00			
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:		Yes			
None Needed:	Yes				
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):		06			
DHS Use Only:					

<p>KEY WS = Waiver Services Codes RES = Residential Codes *** = Field 46 Corresponds with Field 42 Planned Services N/A = Not Applicable Other = Other services as appropriate</p>

5.3 DD SCREENING DOCUMENT SCENARIO: DD Diversion to ICF/DD short term admission to DD Diversion

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out Date	ICF/DD In Date	ICF/DD Out Date	Waiver In Date	
(24) Action Type:	05	03	03	04	
(39) Risk Status:					
(41) Current Services:	19	19 26 Other	19	WS RES Other	
(42) Planned Services:	19 26 Other	WS RES Other	WS RES Other	WS RES Other	
(44) Waiver Need Index:	001	001	001	004	
(46) Final Action Planned:	04	04	04	04	
(47) Current MA Program:	01	04	00	01	
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:					
None Needed:	Yes	Yes	Yes	Yes	
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):					
DHS Use Only:					

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5.4 DD SCREENING DOCUMENT SCENARIO: DD Diversion to Psychiatric Hospital (IMD) to DD Diversion

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out- Date	IMD Date	Team Convened Date	IMD Out-Date	Waiver In-Date
(24) Action Type:	05	01	01	03	04
(39) Risk Status:					
(41) Current Services:	19	19 33 Other	19 33 Other	19	WS RES Other
(42) Planned Services:	19 33 Other	19 33 Other	WS RES Other	WS RES Other	WS RES Other
(44) Waiver Need Index	001	001	001	001	001
(46) Final Action Planned:	***	***	***		
(47) Current MA Program:	01	06	06	00	01
CM Comments:		Placement in IMD/psych hospital	Placement in IMD/psych hospital		
ROUTING FOR APPROVAL					
Automatically:		Yes	Yes	Yes	
None Needed:	Yes				Yes
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):		07	07	01	01
DHS Use Only:					

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5.5 DD SCREENING DOCUMENT SCENARIO: DD Diversion to Regional Treatment Center (RTC) not ICF/DD-RTC to DD Diversion

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out- Date	RTC In Date	Team Convened Date	IMD Out-Date	Waiver In-Date
(24) Action Type:	05	01	01	03	04
(39) Risk Status:					
(41) Current Services:	19	19 33 Other	19 33 Other	19	WS RES Other
(42) Planned Services:	19 33 Other	19 33 Other	WS RES Other	WS RES Other	WS RES Other
(44) Waiver Need Index	001. 002, 003 or 005	001. 002, 003 or 005	001	001	004
(46) Final Action Planned:	***	***	***		
(47) Current MA Program:	01	00 or 06	00 or 06	00	01
CM Comments:		Type of RTC services (MH, CD, METO)	Type of RTC services (MH, CD, METO)		
ROUTING FOR APPROVAL					
Automatically:		Yes	Yes	Yes	
None Needed:	Yes				Yes
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):		07	07	01	
DHS Use Only:					

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5.6 DD SCREENING DOCUMENT SCENARIO: DD Diversion to Semi-Independent Living Services (SILS)

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out Date	SILS In Date			
(24) Action Type:	05	01			
(39) Risk Status:	No change	Must be 03			
(41) Current Services:	19	19 24 RES Other			
(42) Planned Services:	19 24 RES Other	19 24 RES Other			
(44) Waiver Need Index:	005	005			
(46) Final Action Planned:	05	05			
(47) Current MA Program:	01	06			
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:		Yes			
None Needed:	Yes				
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):		05			
DHS Use Only:					

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5.7 DD SCREENING DOCUMENT SCENARIO: DD Diversion to Community ICF/DD long term stay

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out Date	ICF/DD In Date			
(24) Action Type:	05	03			
(39) Risk Status:					
(41) Current Services:	19	19 28 Other			
(42) Planned Services:	19 28 Other	19 28 Other			
(44) Waiver Need Index:	001, 002, 003 or 005	001, 002, 003 or 005			
(46) Final Action Planned:	07	07			
(47) Current MA Program:	02	04			
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:					
None Needed:	Yes	Yes			
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):					
DHS Use Only:					

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5.8 DD SCREENING DOCUMENT SCENARIO: DD Conversion to ICF/DD Short term admission to DD Conversion

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out- Date	ICF/DD In Date	ICF/DD Out Date	Waiver In-Date	
(24) Action Type:	05	03	03	04	
(39) Risk Status:					
(41) Current Services:	19	19 26 Other	19	WS RES Other	
(42) Planned Services:	19 26 Other	WS RES Other	WS RES Other	WS RES Other	
(44) Waiver Need Index	001	001	001	004	
(46) Final Action Planned:	04	04	04	04	
(47) Current MA Program:	02	04	00	02	
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:					
None Needed:	Yes	Yes	Yes	Yes	
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):					
DHS Use Only:					

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5.9 DD SCREENING DOCUMENT SCENARIO: DD Conversion to Regional Treatment Center (RTC) not ICF/DD-RTC to DD Conversion

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out- Date	RTC In Date	Team Convened Date	RTC Out-Date	Waiver In-Date
(24) Action Type:	05	01	01	03	04
(39) Risk Status:					
(41) Current Services:	19	19 33 Other	19 33 Other	19	WS RES Other
(42) Planned Services:	19 33 Other	19 33 Other	WS RES Other	WS RES Other	WS RES Other
(44) Waiver Need Index	001. 002, 003	001. 002, 003	001	001	004
(46) Final Action Planned:	***	***	***		
(47) Current MA Program:	02	00 or 06	00 or 06	00	02
CM Comments:		Type of RTC services (MH, CD, METO)	Type of RTC services (MH, CD, METO)		
ROUTING FOR APPROVAL					
Automatically:		Yes	Yes	Yes	
None Needed:	Yes				Yes
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):		07	07	01	
DHS Use Only:					

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5.10 DD SCREENING DOCUMENT SCENARIO: DD Conversion or Diversion to Adoption, Name/PMIN Change, Same CFR to DD Conversion or Diversion

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out Date	Last Day of Old Name/PMIN	Adoption Date with new name/PMIN	Waiver In Date	
(24) Action Type:	05	10	01	04	
(41) Current Services:	19	19	19 RES Other	WS RES Other	
(42) Planned Services:	19	blank	WS RES Other	WS RES Other	
(46) Final Action Planned:	98	98	***	***	
(47) Current MA Program:	01 or 02	00	00	01 or 02	
CM Comments:	Adoption, name and PMIN change	Adoption, name and PMIN change			
ROUTING FOR APPROVAL					
Automatically:			Yes		
None Needed:	Yes	Yes		No	
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):			01		
DHS Use Only:					

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5.11 DD SCREENING DOCUMENT SCENARIO: DD Conversion or Diversion to Adoption, Name/PMIN Change, Change in CFR to DD Conversion or Diversion

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out Date	Current CFR Last Day	New CFR Effective Date	Waiver In Date	
(24) Action Type:	05	10	01	04	
(41) Current Services:	19	19	19 RES Other	WS RES Other	
(42) Planned Services:	19	blank	WS RES Other	WS RES Other	
(46) Final Action Planned:	98	98	***	***	
(47) Current MA Program:	00	00	00	01 or 02	
CM Comments:	Adoption, name and PMIN change	Adoption, name and PMIN change			
ROUTING FOR APPROVAL					
Automatically:			Yes		
None Needed:	Yes	Yes		Yes	
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):			01		
DHS Use Only:					

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5.12 DD SCREENING DOCUMENT SCENARIO: DD Conversion or Diversion to Change CFR to DD Conversion or Diversion

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out- Date	Current CFR Last Day	New CFR Date	Waiver In Date	
(24) Action Type:	05	06	01	04	
(39) Risk Status:					
(41) Current Services:	19	19	19 RES Other	WS RES Other	
(42) Planned Services:	19, As Planned	19, As Planned	WS RES Other	WS RES Other	
(44) Waiver Need Index					
(46) Final Action Planned:	***	***	***	***	
(47) Current MA Program:	No change from previous SD	00	00	Same as on waiver out SD	
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:			Yes		
None Needed:	Yes	Yes		Yes	
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):			01		
DHS Use Only:					

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5.13 DD SCREENING DOCUMENT SCENARIO: DD Conversion or Diversion to Crisis Services

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Date of ISP Change to add Crisis				
(24) Action Type:	03				
(39) Risk Status:					
(41) Current Services:	Add 07				
(42) Planned Services:	As planned				
(44) Waiver Need Index:	004				
(46) Final Action Planned:	***				
(47) Current MA Program:	Leave as coded				
ROUTING FOR APPROVAL					
Automatically:					
None Needed:	XX				
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):					
DHS Use Only:					

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5.14 DD SCREENING DOCUMENT SCENARIO: DD Conversion - Person Dies

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Waiver Out Date	Date of Death			
(24) Action Type:	05	08			
(41) Current Services:	19	19			
(42) Planned Services:	19	Must be blank			
(46) Final Action Planned:	98				
(47) Current MA Program:	No change from current waiver program code	00			
CM Comments:	Persons died				
ROUTING FOR APPROVAL					
Automatically:					
None Needed:	Yes	Yes			
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):					
DHS Use Only:					

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5.15 DD SCREENING DOCUMENT SCENARIO: DD Conversion → METO RTC

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	End of Coverage Date	Team Convened Date			
(24) Action Type:	05	01			
(39) Risk Status:		03 or 04			
(41) Current Services:	19	19 52 Other			
(42) Planned Services:	19	19 52 Other			
(44) Waiver Need Index:		001, 002, 003 or 005			
(46) Final Action Planned:		06			
(47) Current MA Program:	02	00 or 06			
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:		Yes			
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):		02			
DHS Use Only:					

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5.16 DD SCREENING DOCUMENT SCENARIO: DD Diversion → METO ICF/DD RTC

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	End of Coverage Date	Team Convened Date			
(24) Action Type:	05	01			
(39) Risk Status:		01			
(41) Current Services:	19	19 29 Other			
(42) Planned Services:	19 29 Other	19 29 Other			
(44) Waiver Need Index:		001, 002, 003 or 005			
(46) Final Action Planned:		06			
(47) Current MA Program:	01	04			
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:		Yes			
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):		01			
DHS Use Only:					

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5.17 DD SCREENING DOCUMENT SCENARIO: DD Diversion → METO RTC

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	End of Coverage Date	Team Convened Date			
(24) Action Type:	05	01			
(39) Risk Status:		03 or 04			
(41) Current Services:	19	19 52 Other			
(42) Planned Services:	19	19 52 Other			
(44) Waiver Need Index:		001, 002, 003 or 005			
(46) Final Action Planned:		06			
(47) Current MA Program:	01	00 or 06			
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:		Yes			
Manually:					
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):		02			
DHS Use Only:					

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