

Medically Complex Condition (MCC) Life Sharing Frequently Asked Questions (FAQ)

General

Q1

Are there two different Life Sharing services now -one for individuals with a MCC and one for individuals who do not have a MCC?

A1

No. There is only one Life Sharing service, but there are different provider qualifications, rates, provider specialty codes, and procedure codes for providers who are providing the Life Sharing service to individuals with a MCC.

Aging Out

Q2

What happens when a child with a medically complex condition (does not have an intellectual disability or autism) turns the age of 22? Are they still eligible to remain in their ODP waiver?

A2

As the waiver currently states, "Individuals who have a developmental disability due to a MCC have the option to enroll in the waiver only if they are age 0 to 21. Once a participant reaches age 22, the participant will be given the option to remain enrolled in the waiver after age 22 or transition to another program."

Billing

Q3

Is there a discrete specialty code for MCC Life Sharing?

A3

Providers will enroll with two specialties for MCC Life Sharing:

- Licensed Medical Complexity Life Sharing: Provider Type 52 - Community Residential Rehabilitation
- Specialty 522 - Family Living Homes – 6500
- Specialty 584 – Medically Complex

Unlicensed Medical Complex Life Sharing - this would be utilized when a relative is providing Life Sharing service:

- Provider Type 52 - Community Residential Rehabilitation
- Specialty 524 - Unlicensed
- Specialty 584 – Medially Complex

Documentation

Q4

How do you document eligibility in Home and Community Services Information System (HCSIS)?OR Where can Administrative Entities (AEs) document the information regarding verification of MCC?

A4

F89 for Unspecified disorder of psychological development
ICF/ORC DD

For MCC please use the following from the drop downs in HCSIS:
Individual > Demographics > Diagnosis: F89 for Unspecified disorder of psychological development

· Individual > Eligibility > LOC: ICF/ORC DD

As stated in Communication 23-036, the AE can document this in the “ELIG. DETERMINATION” section of HCSIS, add in the dropdown “ELIGIBILITY DOCUMENTATION” an “ANNUAL MEDICAL EVALUATION” and note in the comments that the individual has a completed DP1090 and that the AE has verified the form.

Eligibility

Q5

If the individual meets the MCC eligibility and is verified through the DP1090 form, will the provider need to meet the qualifications for MCC?

A5

This also is the same for individuals who are transitioning from one Life Sharing home or provider to another. Please see "Section 3" of ODP Announcement 23-036, as this information is also stated there. If there is an individual who is not currently receiving Life Sharing services but will be (they have a verified MCC DP1090 form completed), the provider must be qualified to provide the MCC Life Sharing service.

Licensing

Q6

Would MCC Life Sharing occur in a licensed or unlicensed home?

A6

Life Sharing can be provided in licensed and unlicensed homes, regardless if the individual has a MCC.

Provider Qualifications / Life Sharer Qualifications

Q7

If there is an individual who is already receiving Life Sharing, but now with the waiver changes, may now be considered to have a medically complex condition, does the provider need to bill for the Medically Complex Life Sharing or can the provider continue to bill for the current Life Sharing?

A7

Please see "Section 2" of [ODP Announcement 23-036](#), as the following is also explained there. If a provider is already providing Life Sharing services to an individual and now wants to bill using procedure codes W0062 (1-person home) or W0063 (2-person home), the individual must have a completed DP 1090 with a verified MCC and the provider must meet the additional qualifications (see attachment 2 of the communication) to be authorized for the MCC Life Sharing. If the provider does not meet the additional qualifications to render MCC Life Sharing, the provider must continue to provide and bill the Life Sharing codes that are currently authorized in the Individual Support Plan (ISP). The MCC Life Sharing procedure codes (W0062 and W0063) cannot be added to the ISP until the provider becomes qualified. If this is the case, the individual and their team must be informed that the provider does not meet the additional qualifications to provide MCC Life Sharing. The individual and team will then need to decide if the individual's needs are being met and if they want to continue with their current Life Sharing service and provider or look for a new provider that meets the qualifications to render the MCC Life Sharing service.

Q8

Can the provider choose if they want to become qualified to render Life Sharing for individuals with a medically complex condition?

A8

Yes, just like with any other waiver service the provider can choose to become qualified or not. If they are not qualified to render the service, they won't be able to provide it or bill for it. As stated in [ODP Announcement 23-036](#), if the provider does not meet the additional qualifications to render MCC Life Sharing, the provider must continue to provide and bill the Life Sharing codes that are currently authorized in the ISP. The MCC Life Sharing procedure codes (W0062 and W0063) will not be able to be added to the ISP until the provider becomes qualified.

The individual and their team must be informed of the following:

- The provider does not meet the additional qualifications to provide MCC Life Sharing; and
- The individual and team will need to decide if the individual's needs are being met and if they want to continue with their current Life Sharing service and provider or look for a new provider that meets the qualifications to render the MCC Life Sharing service.

Rates

Q9

We see that Life Sharing providers get an increased rate when they provide this service for individuals with a medically complex condition but families are not seeing an increase in their stipend. Will families also get an increase in pay rate due to the level of care that families are providing?

A9

ODP has increased the rate for providers when they are rendering Life Sharing services to individuals with a MCC. The providers are responsible for paying their Life Sharing host through the stipend that is agreed upon. Life Sharing host families are encouraged to bring up any payment concerns to their providers. The stipend assumption logs are viewable at [ODP-Rates](#)

Q10

Does Life Sharing provided by a relative need to be in a licensed home in order for the individual to receive MCC Life Sharing? Families are wondering if their homes need to be licensed to get a higher stipend.

A10

If the Life Sharing host family has any concerns or questions about their stipend, they need to address that issue with their Life Sharing provider. However, it does not matter if the house is licensed or not for the Life Sharing provider to bill for Life Sharing for individuals with a MCC, which has a higher rate.

Relative's homes do not need to be licensed.

Q11

What is the rate for providing Life Sharing to an individual with a medically complex condition? Further, what is the rate difference for providing Life Sharing vs. MCC Life sharing?

A11

Please visit the following link for rates:

[ODP-Rates](#)

The rate difference is as follows:

Life Sharing over 30 hrs NG 4 / 2person W8595 - \$237.16
Medically complex Life Sharing W0063 NG4/ 2 person -\$274.00