# Medicaid – LTC Month of Entry

County Directors' Call January 31, 2018

Carolyn McClanahan, Associate Director, DMA Eligibility Services

### Month of Entry – Incorrect Information

- Counties continue to tell nursing facilities that Medicaid does not cover the month of entry, or
- Medicaid only covers nursing home cost of care after 30 days

### Neither of these statements is TRUE

- These issues have been covered:
  - Individually with counties as issues are resolved (PML Task Force/OST/DMA Eligibility)
  - During cluster meetings in August
  - Training at DSS Institute in October

## IMPACT

- Facilities reported in January 18 counties provided the incorrect information
  - Advised families the individual is responsible for the first month
  - Advised that individual should wait to enter LTC until last day of a month, so they are responsible for only 1 day

# SLIDES FROM SOCIAL SERVICES INSTITUTE PRESENTATION

# LTC, PACE, AND CAP

#### LONG TERM CARE MYTH BUSTER

- It is incorrect to tell facilities that Medicaid does not cover the month of entry in LTC
- Not budgeted LTC, but cost of care can be covered, if eligible
- LTC/PACE Red Zone Job Aid

#### MONTH OF ENTRY

- MA-2270 IV provides policy for determining eligibility for the month(s) prior to LTC budgeting – there has been no change in policy
  - Individual is PLA with household of I
- LTC budgeting may not begin until the month after the CPI begins in most cases
- As long as individuals are eligible for Medicaid and have an FL-2 on file, the month of entry is still covered.
- Forced Eligibility must be utilized in this situation (beneficiary)
  - \$0 PML must reflect on benefit history
  - DMA-5016 sent to facility

#### MONTH OF ENTRY EXAMPLE

 Rhonda is a Medicaid beneficiary living alone at her home. She fell, broke her hip, admitted to hospital, and had to have emergency surgery on September 9. Rhonda's health quickly declined and the decision was made to place her in a nursing facility permanently. She was admitted to Angels of Care Nursing Facility on September 17. FL-2 was approved for skilled care effective September 17.

#### MONTH OF ENTRY EXAMPLE EXPLANATION

- CPI begin date = September 9
- SNF entry = September 17
- LTC budgeting begins October I
  - Calculate PML based upon income
- PLA Red Zone month of entry = September
- Forced Eligibility required for September with important LTC evidence entered
- \$0 PML and DMA-5016

#### LESS THAN 30 DAY INSTITUTIONALIZATION

- No CPI established
- Must be eligible for full Medicaid with an approved FL-2
- Budgeting: PLA
- Deductible: can use cost of care toward deductible
- PML is \$0 if authorized in date of entry to NF; deductible balance if met with cost of care
- Manual DMA-5016

#### LESS THAN 30 DAYS EXAMPLE

 Josephine is a Medicaid beneficiary living alone at her home. On September 8, she fell, broke her ankle and was admitted to hospital for surgery to occur on September 9. Since Josephine lives alone, her doctor determined she needs skilled care for a brief time to rehabilitate and was admitted to Angels of Care Nursing Facility on September 10 and discharged home on September 30. FL-2 was approved for skilled care effective September 9.

#### LESS THAN 30 DAYS EXAMPLE EXPLANATION

- No CPI due to not being in facilities for 30+ consecutive days
- PLA budgeting applies and Josephine is authorized for Medicaid
- Approved FL-2
- \$0 PML for September
- DMA-5016 completed and sent to nursing facilities
- Forced Eligibility required with appropriate evidence entered to ensure \$0
  PML reflects on benefit history

#### FL-2 NC TRACKS REPORT IN DATA WAREHOUSE

- Public Folder >> DHHS Main Documents >> HS0003 >> folder labeled DMA state sanctioned
- Shows Approvals, Denials, and Suspensions
- Report is updated weekly must be pulled weekly
- Critical in processing LTC/CAP apps/changes

#### LEVEL OF CARE CERTIFIER DETAILS

New Level Of Car		
new Level of Cal	E L'HUEITOP	
Received Date *	7/19/2017	
Level Of Care Det	ails	
Household Member *		All be e
Level Of Care Type *	Basic	
Level Of Care Cer	tifier Details	
Certifier Type	FL-2	
Certification Start Date *		> \screw
Date FL-2/MR-2 Approved		

#### **COUNTY ISSUES IDENTIFIED**

- No LTC product activated in NC FAST
- Redeterminations not completed
- Converted benefit evidence not end-dated
- Multiple PDCs active at the same time
- No DMA-5016 sent to facility

### **CLUSTER MEETING SLIDES**

 These were presented across the state during August, 2017

#### **MYTH BUSTER**

# It is incorrect to tell facilities that Medicaid does not cover the first month in LTC

#### **RED ZONE MONTH**

- Month of entry is called the "Red Zone" month in NC FAST
- Private Living Budgeting (PLA) month, but cost of care will be paid if MA eligible
- Manual DMA-5016 required
- Job Aid: LTC/PACE
  - Job Aid: LTC/PACE Red Zone

#### JOB AID: Long Term Care (LTC) PACE-Red Zone

#### **Overview**

 The Red Zone refers to the PLA budgeting month(s) during which a person entering LTC or PACE is subject to general LTC rules (transfer of assets, community spouse resource protection, and excess home equity) but is still 'budgeted PLA' with a budget unit of one.

• If the client was in a facility (ex: hospital) prior to entering an LTC facility, this information must be entered into NC FAST in order for the system to generate a correct PLA month eligibility decision. That information is added into NC FAST as Living Arrangement and Medical Institution evidence.

• The purpose of this job aid is to define the Red Zone month(s) based on the Continuous Period of Institutionalization (CPI) for the appropriate medical institution type (Group 1 or Group 2).

### **MONTH OF ENTRY**

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- LTC budgeting may not begin until the month after the CPI begins in most cases
- As long as individuals are eligible for Medicaid and have an FL-2 on file, the month of entry is still covered.
- Forced Eligibility must be utilized in this situation
  - \$0 PML must reflect on benefit history
  - DMA-5016 sent to facility

# **NEXT STEPS**

- Ensure <u>ALL</u>LTC staff review this information
- OST will follow-up with counties, including directors:
  - Provide facility names and contact
  - County must contact facility for cases
  - County must correct cases to provide eligible coverage of LTC