



Bulletin

NUMBER

#15-21-01

DATE

January 14, 2015

OF INTEREST TO

County Directors

Financial Assistance
Supervisors and Staff

Social Services Supervisors
and Staff

Mille Lacs Tribal TANF

MinnesotaCare Operations
Managers, Supervisors and
Staff

ACTION/DUE DATE

Please read and
implement.

EXPIRATION DATE

January 14, 2017

**Effects of the Nursing Home Level of Care
(LOC) Changes on Medical Assistance
(MA) Payment of Long-Term Care (LTC)
Services**

TOPIC

Effects of the nursing home level of care changes on MA
payment of LTC services

PURPOSE

Provide information and instructions for county and tribal
workers on how the LOC changes affect MA payment of
LTC services.

CONTACT

Health Care Eligibility Operations, county agencies and
tribal agencies should submit policy questions to
HealthQuest.

All others should direct questions to:
Health Care Eligibility and Access (HCEA) Division
P.O. Box 64989
540 Cedar Street
St. Paul, MN 55164-0989

SIGNED

NATHAN MORACCO
Assistant Commissioner
Health Care Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has
changed over time. The Minnesota Department of Human
Services (DHS) supports the use of "People First" language.

I. Background

Medical Assistance (MA) applicants and enrollees must meet nursing home level of care criteria for MA to pay for long-term care (LTC) services in a long-term care facility (LTCF) or for certain home and community-based services (HCBS) waivers. The HCBS waivers subject to the nursing home level of care criteria are Brain Injury – Nursing Facility (BI-NF), Community Alternatives for Disabled Individuals (CADI) and the Elderly Waiver (EW).

The Department of Human Service (DHS) issued information about changes to the nursing home level of care (LOC) to lead agency managers, supervisors, assessors and case managers in the following bulletins:

- [#14-25-09](#) Nursing Facility Level of Care Criteria Changing January 1, 2015 – Update and Legislative Changes
- [#14-25-10](#) Nursing Facility Level of Care Criteria Changing January 1, 2015 – Nursing Facilities & Residents
- [#14-25-12](#) Nursing Facility Level of Care Criteria Changing January 1, 2015 – Home and Community Based Programs
- [#14-25-13C](#) Essential Community Supports Program Available January 1, 2015

The first three bulletins listed above contain the instructions and information for lead agency assessors and case managers to implement the changes to the nursing home LOC criteria effective January 1, 2015. Lead agency assessors use the Lead Agency Assessor/Case Manager/Worker LTC Communication Form ([DHS-5181](#)) to communicate to county and tribal workers any effects of these changes on people applying for or receiving MA payment of LTC services.

The fourth bulletin describes in detail the new Essential Community Supports (ECS) program. This new program begins January 1, 2015. It was developed for people who do not meet the nursing home LOC but are in need of a few services to remain in their homes in the community. People eligible for ECS do not need a determination of eligibility for MA payment of LTC services but may be eligible for basic MA. County and tribal workers are encouraged to read the bulletin to learn about the new program.

II. Introduction

Beginning January 1, 2015, some MA enrollees residing in an LTCF or receiving BI-NF, CADI or EW may no longer meet the LOC criteria. Ongoing MA eligibility must be redetermined when this occurs.

MA eligibility for enrollees residing in an LTCF who no longer meet the new nursing home LOC criteria and continue to reside in the LTCF must be redetermined using the appropriate community income calculation instead of a LTC income calculation. The appropriate community income calculation depends on the enrollee's basis of eligibility.

MAXIS is not currently programmed to use a community income calculation when an enrollee resides in an LTCF. This bulletin provides information about how to determine eligibility in MAXIS and how to code the Medicaid Management Information System (MMIS) when a person residing in an LTCF no longer meets the nursing home LOC criteria.

MA enrollees receiving services through the BI-NF, CADI or EW waivers who no longer meet the nursing home LOC criteria must be redetermined for basic MA without the benefit of the deeming waiver. This means that their household size will be determined following standard MA policy and that a spouse's or parent's income will be counted.

DHS has updated the Lead Agency Assessor/Case Manager/Worker LTC Communication form ([DHS-5181](#)). The updates allow the lead agency assessors to communicate to county and tribal workers the changes in the LOC for people residing in an LTCF or receiving a HCBS program.

This bulletin explains how county and tribal workers should process cases in MAXIS and MMIS when a person residing in an LTCF no longer meets the nursing home LOC criteria, as relayed to the workers through the DHS-5181.

A. Changes to the DHS-5181

The newest version (12-14) of the Lead Agency Assessor/Case Manager/Worker LTC Communication Form ([DHS-5181](#)) includes instructions for completing the form. The instructions lay out the responsibilities of and actions that must be taken by lead agency assessors, case managers and county or tribal workers. Use of the form to communicate information is mandatory. Responding promptly when the form is received will help expedite eligibility for people seeking LTC services in an LTCF or through a waiver.

- Part 1, Sections A and B, are completed by the lead agency assessor.
- Part 1, Sections A and C, are completed by either the lead agency assessor or the case manager. When Part 1 is complete, the form is sent to the county or tribal worker.
- Part 2 is completed by county or tribal workers and sent to either the lead agency assessor or the case manager.

Section B (Status) of the form now includes information about the LOC. In completing Section B, the lead agency assessor notes the date of the assessment and, more importantly, the anticipated effective date. The "Anticipated effective date no sooner than:" date is the date workers use to determine the date the applicant or enrollee is eligible for MA payment of LTC services through one of the waiver programs.

In the Section B subsection "Changes completed by the Assessor," the assessor enters the date that the enrollee no longer meets the LOC criteria. The assessor sends a notice to the enrollee notifying the enrollee that, because he or she no

longer meets the LOC criteria, LTC services will end 30 days from the date of the notice. The assessor enters that date (the date that is 30 days from the notice date) in the “Effective date should be no sooner than:” field of Section B and sends the form to the county or tribal worker. County and tribal workers will redetermine eligibility for MA using basic MA policy for the next available month after the month of the date in this field, ensuring that the enrollee receives timely notice of any changes to the enrollee’s eligibility for MA and MA payment of LTC services.

Example:

Mai is receiving LTC services through the CADI waiver. On January 15, 2015, the lead agency assessor completes her reassessment and determines she no longer meets LOC criteria. On the same day, the lead agency assessor sends a notice to Mai telling her that her LTC services will end February 14, 2015. The assessor also sends the county or tribal worker the DHS-5181 with February 14, 2015, in the “Effective date should be no sooner than:” field under Section B, Status.

Action:

On or after February 1, 2015, notify Mai that she is no longer eligible for MA payment of LTC services, effective March 1, 2015, because she no longer meets LOC criteria. Redetermine basic MA eligibility for Mai effective March 2015, using standard MA policy for household size and counted income.

III. Action Required

In this section, “you” refers to a county or tribal worker.

You must redetermine eligibility for MA for an enrollee when you receive a DHS-5181 indicating that the enrollee no longer meets the LOC criteria.

Redetermine eligibility for enrollees who have received notice from the lead agency assessor that their services through BI-NF, CADI or EW will be ending using the appropriate community income calculation. See:

- Health Care Programs Manual (HCPM) Section [21.30](#) - MA Method B Income Calculation, or
- Insurance Affordability Programs Manual (IAPM) Section [300.10.10](#) - Financial Eligibility for Medical Assistance for Families with Children and Adults

Redetermine eligibility for enrollees who continue to reside in an LTCF using the appropriate community income calculation listed above. Follow the MAXIS workaround and MMIS coding instructions for enrollees who no longer meet the LOC criteria but continue to reside in an LTCF.

A. MAXIS Workaround

These instructions apply to an enrollee who resides in an LTCF and for whom you have received a [DHS-5181](#) from the lead agency assessor indicating that the enrollee no longer meets the nursing home LOC criteria. Use a community income calculation for an enrollee who is no longer eligible for MA payment of LTC services and continues to reside in the LTCF. Follow these instructions to obtain the correct budgeting results:

Step 1: Complete the **STAT/FACI** panel as follows:

- a) Enter an “L” in the “**LTC Ineligible Reason**” field.
- b) Enter the date the person is no longer eligible for payment of LTC services because of the LOC changes in the “**LTC Pre-Scrn/Inelig Beg Dt**” field.
- c) Enter the same date in the “**Date Out**” field. This is done to achieve a community budget and any standard deeming in **MAXIS HC Elig.**

Step 2: On the **STAT/BILS** panel, enter medical expenses not payable by MA as medical expenses. Enter the amount the enrollee is responsible for paying the LTCF as a medical expense not payable by MA.

Step 3: Background will create a community budgeting method. Make note of the **HC ELIG** version created through background (that is, budgeting method, income and any deeming). Make note of these calculations for use during FIAT.

Step 4: Return to the **STAT/FACI** panel and remove the end date. You will now receive an LTC budget for this person when the case goes through background.

Step 5: Using reason code 04, FIAT HC eligibility results using the community budget as calculated in the previous version, taking into account any 10-day notice implications for negative impact for the client, and approve the FIAT'd results.

Step 6: When done FIATing, enter “Y” in the “**Recalculate Member Obligation**” field on the **MOBL** panel and transmit.

Step 7: Cancel the notice that MAXIS would normally generate. You can cancel a notice by entering “C” in front of it on **SPEC/WCOM** and transmitting. Instead of the MAXIS notice, use the Medical Assistance (MA) Payment of Long-Term Care Services ([DHS-4915](#)) notice to notify the client of the changes.

Step 8: Enter a case note about all actions taken. Document all spenddown amounts, bills used to meet the spenddown, and notices sent, with the date sent and effective dates of changes.

B. MMIS

To prevent MA payment of LTC services, update the **LTC Ineligible Information** section of **RLVA** to indicate that the enrollee is ineligible for MA payment of LTC services.

Add a span with the "L" code effective on the date the enrollee no longer met the LOC criteria, as indicated by the lead agency assessor on the DHS-5181.

IV. Legal Authority

Minnesota Statutes, section 144.0724, subdivisions 11 and 12

Minnesota Statutes, section 256B.0922

V. Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-2283 (voice) or toll free at (888) 938-3224 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.