



Department of Health and Human Services
Elder Services
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TO: Interested Parties
FROM: Elizabeth Gattine, Long-term Care Director
DATE: July 1, 2010
SUBJECT: **Section 67 MaineCare Policy and Process Changes**

The following memo outlines upcoming MaineCare changes in policy and process relating to Section 67 (Nursing Facility Services), Chapter II of the MaineCare Benefits Manual (MBM). This memo includes links to:

- Section 67, Chapters II and II of the MBM;
- Assessment Referral form;
- Transfer form;
- Referral table for reassessments and transfers;
- Days Awaiting Placement (“APRC”) and Extraordinary Circumstances (“EC”) forms with instructions;
- Continuing Stay Consumer Notice;
- Pre-admission Assessment Notice; and
- Payment research form

The link for Section 67 is: <http://www.maine.gov/tools/whatsnew/attach.php?id=96084&an=1>

All other forms and notices are available on the OES website: <http://www.maine.gov/dhhs/oes/nf/index.htm>

1. Changes in Assessment Protocols to Provide Extended Classifications:

As of July 1, 2010 the Department of Health and Human Services, Office of Elder Services (OES) will no longer require the Assessing Services Agency (Goold Health Systems, Inc) to authorize a ninety (90) day eligibility period at the time of an initial determination of eligibility under Section 67. **This means that as of July 1, 2010, extended classifications will be authorized at initial medical eligibility assessments as a matter of general practice.** Instead of the current five (5) year extended classification date currently available, extended classifications authorized as of 7/1/2010 will not have an end date. A shorter classification may be authorized as an exception to this practice only when the RN assessor believes that a person will no longer be eligible for nursing facility services within 90 days. This must be supported by documented clinical judgment. The Department continues to have the authority to assess a resident’s eligibility at any time.

Please note:

- Facilities are responsible for requesting reassessments in a timely manner on residents who were assessed prior to this protocol change. **This means that residents who currently have a 90 day**

reassessment date must be referred to the Assessing Services Agency for reassessment to avoid gaps or interruption in payment. Upon completion of the reassessment, eligible residents will be provided an extended classification without an end date.

- Referrals on residents who currently have a 5 year extended classification will not start becoming due until 2012. OES will provide further guidance prior to that time regarding residents who may need an extension of that classification.
- Each facility is reminded of its obligations under the Continued Stay Review provisions of Section 67.05-4. **The authorization of an extended classification in no way alleviates the responsibility of the facility to notify a resident who no longer meets medical eligibility.** The facility must make a referral to the Assessing Services Agency for assessment of the resident. The Department will be monitoring compliance with the Continuing Stay Review provisions.

2. Section 67 (Nursing Facility Services) Rule Changes: Please review Section 67, Chapter II and III of the MBM, including the cover sheet which outlines recent changes to the rules.

3. Assessment Referral Form: Please review the assessment referral form and instructions. The referral form has shaded areas that must be completed. If all the shaded areas are not completed, the referral will not be accepted and the assessment may be delayed. Delays in completion of the assessment may impact the member's getting expedient services and could cause interruption or delay in provider payment.

4. Updated Transfer Form: Please review changes to the transfer form and the updated instructions. This form must be submitted to the Office of Elder Services (OES) when there has been a change in the member's status within the facility, including bed holds and discharges. The instructions provide information on who receives the form and when it should be submitted. OES is in the process of updating the NF portal used by facilities to communicate with OES. Facilities will be notified when these updates are complete. Please note that with the exception of new admits, all other transfer notifications on this form go directly to OES through the portal or by fax.

5. Updated Days Awaiting Placement & Extraordinary Circumstances applications: These forms have been updated to reflect MaineCare changes in Section 67.02-6 and Section 67.02-9. A member must accept the first available, appropriate placement within a 60 mile radius of the facility or the member's home, if applicable.

6. Continuing Stay Consumer Notice: This notice must be provided to a member if the facility has requested a medical eligibility assessment because facility staff believes the member's condition has changed and that eligibility may be impacted as required by Section 67.05-4(D). The Assessing Services Agency will request a copy of this letter when they receive a referral for a continuing stay review assessment.

7. Pre-admission Assessment Notice: Please remember to provide the attached consumer notice of the pre-admission assessment required by Section 67.05-2(A).

8. Payment Research Form: Facilities should use this form to inquire about denials of payment for reasons such as "dates of classification do not agree". OES cannot resolve matters regarding financial eligibility. However, contacting OES to research why a claim is rejected due to dates of classification may expedite identification and resolution of the problem. Please submit the form and all related documentation by fax to OES.

All the forms included in the packet will be available on the OES website at:
<http://www.maine.gov/dhhs/oes/nf/index.htm>

Feel free to contact OES with questions.