Long Term Care System

Keys To Working with the System

- ✶Know the Payment Source
- ✶Know the Eligibility Requirements for each Payment Source
- ✶Know What Assessment to Request to assure reimbursement

Potential Payment Sources

- Medicare/3rd party payer
- Private Pay
- Long-term Care Insurance
- Veteran's benefits
- Hospice
- MaineCare (Medicaid)

Medicaid =MaineCare

- Medicaid now is MaineCare
- Client, recipient, consumer = member
- Covered Services = Benefits
- Maine Medical Assistance Manual = MaineCare Benefits Manual
- HIV, Home & Community Based Waivers = MaineCare Home & Community Benefits

State Mandated NF Assessment

- State mandate requires medical eligibility determination assessment prior to entering a NF, for NF level care.
- Payment source determines:
  - ⇨what type assessment is required
  - ⇨when assessment is done
- Mandated assessment is deferred when accessing SNF benefit for most consumers

Skilled Nursing Facility Care (SNF Care)

HOSPITAL ⇨ SNF TRANSFER

- ✶ **PAS Required for ALL Initial Admissions**
- ✶ **MED Assessment Needed (#13 NF Assessment)**
  - ⇨Non Medicare/3rd Party Payor ⇨ Medical eligibility determined before admission to SNF when requiring 100% MaineCare payment for SNF.
- ✶ **MED Assessment Deferred** until denial of MCR/3rd party payor
  - ⇨Community MaineCare Recipient
  - ⇨NF MaineCare Recipient
  - ⇨Non MaineCare Recipient
  - ⇨Private Pay, VA, BC/BS, Healthsource, other insurances

HOSPITAL ⇨ SNF TRANSFER
(continued)

- ✶ **PAS Required for ALL Initial Admissions**
- ✶ **MED Assessment Needed : 20 day Assessment (#14) needed for copay during SNF stay**
  - ⇨Non MaineCare Recipient Who Needs MaineCare Copay Assistance as of day 21 of SNF stay
  - ⇨Financial application filed prior to day 21 of SNF stay
  - ⇨Medical eligibility assessment requested
  - ⇨Assessment will only be completed if notice from BFI indicating financial application filed

Rehospitalization During a SNF Stay for 20 Day Copay Recipients:

- **Assumption**:
  - ⇨Consumer has requested that MaineCare assist with the copay and deductible payment
  - ⇨Consumer has been determined medically eligible for NF care and reimbursement until the end of the Medicare benefit.
- **WELFRE:**
  - ⇨Financial NF recipient aid code was opened by BFI on receipt of the LTC message form from Goold
- **Hospitalized:**
  - ⇨Consumer is then hospitalized

Rehospitalization - Background:

- Hospital or NF contacts Goold
  - ⇨question requirement for assessment prior to return to NF, for the consumer who has been hospitalized during the SNF benefit period.
- Consumer was previously assessed on day 20
- NF discharged consumer due to hospitalization
- No bedholds for Medicare/3rd party payor
- Consumer returns to NF under Medicare again
- NF notifies Goold of return, date of readmit to NF
- If NF fails to notify Goold, payment of copay may lapse before Medicare ends

Standard Process after Rehospitalization:

- NF contacts Goold
- Goold searches Mecare and finds consumer's 20 day Medicare/MaineCare assessment (#14)
- Goold creates a revision on the 20 day Medicare/MaineCare assessment
- Referral notes indicate the reason for revision is to change eligibility end date based on hospitalization
- Hospital discharge date and "readmit" date to NF entered on revised assessment

Revision does the following:

- ✶Revises eligibility end date to reflect extension equal to the length of hospitalization including date of discharge.
- ✶Revises LTC message form sent to BFI
- ✶Revises outcome which is faxed to NF
- ✶Reissues eligibility letter to consumer stamped revised. Follow with hard copy to NF and consumer.
- ✶NF contacted to verify receipt of revised end date of eligibility.

SNF care ends

MEDICARE /3rd PARTY PAYOR DENIAL OF SNF

- ✶ Mandated NF assessment has been deferred during SNF stay. Now it must be done.
- ✶ Make referral to Goold five days before/after last SNF day
- ✶ If consumer had NF MaineCare prior to hospitalization and SNF stay - Request #15 (Medicare to MaineCare), complete first non SNF date in Section 27 of Referral Form.
- ✶ If consumer has Community MaineCare - Request #19 (Advisory Medicare to Private Pay NF), complete first non SNF date in Section 27 of Referral Form, refer consumer to BFI.

MEDICARE /3rd PARTY PAYOR DENIAL OF SNF

- ✶ Had 20 day MCR/MCD for copay - Request #16 (20-day MCR/MCD to NF MCD), complete first non SNF date in Section 27 of Referral Form
- ✶ Private Pay - Request #19 (Advisory Medicare to Private Pay NF), complete first non SNF date in Section 27 of Referral Form
- ✶ Community Options - Request:
  - ⇨1 - Long Term Care Advisory
  - ⇨6 - Home Based Care
  - ⇨8 - Elderly Waiver
  - ⇨9 - Adults w/ Disabilities Waiver
  - ⇨10 – Level I, II or III PDN
  - ⇨12 – Level V- PDN

Nursing Facility Care
(NF Care)

- Initial assessment
- Reassessment

NF Admissions

- State mandate requires assessment prior to admission to Nursing Facility for NF level care, regardless of payment source
- Payment source determines assessment requirements

NF ADMISSIONS

- **INITIAL** - Medical eligibility determination required prior to admission
- **Two types of assessments**
  - ⇨ **Advisory -**
    - Refer to Goold for Advisory Medical Eligibility
    - Assessment may be "Updated" within 30 days to MaineCare Eligibility if LTC form received from BFI. Eligibility will be for 90 days from date of original assessment
  - ⇨ **MaineCare -**
    - Refer consumer ⇨ BFI to complete financial application
    - BFI refers to Goold to determine medical eligibility

HOSPITAL ⇨ NF TRANSFERS

- ✶ Community MaineCare
  - ⇨ Medical eligibility required prior to admission to NF
- ✶ NF MaineCare Recipient
  - ⇨ Bedhold request has not expired. May return to NF without medical eligibility determination
  - ⇨ If reassessment date occurs during hospitalization, must be assessed prior to return to NF to avoid gap in payment.
- ✶ Non MaineCare Transfer/Private Pay or Other Payor
  - ⇨ Medical eligibility determination required prior to admission

COMMUNITY MaineCare

- ✶ May access NF care up to thirty days without financial review
  - ⇨ Medical eligibility determined prior to admission
  - ⇨ Refer to Goold - Request #17 (30-day Community MaineCare)
  - ⇨ Eligibility End Date = End of payment
  - ⇨ No bedholds provided for 30 day MaineCare benefit

COMMUNITY MaineCare continued

- Refer to BFI for financial review before end date
- BFI notifies Goold of financial review. Eligibility converted to 90 days from original assessment date when BFI notice received.
- If no notice received from BFI within 30 days, payment ends.
- Goold will not reassess again without BFI notice of application or review request

AWAITING PLACEMENT STATUS

- **Allows MaineCare recipient to await placement for NF at hospital, or out of State, await waiver at hospital or NF.**
- **All must have MaineCare Medical Eligibility Determination**
  - ⇨Consumer must have MaineCare financial application or Community MaineCare card
  - ⇨Medical eligibility valid for maximum of 30 days
  - ⇨On admission to facility, Goold “converts” assessment from AP status to admitted
  - ⇨On discharge from facility, Goold “converts” assessment from AP status to waiver

AWAITING PLACEMENT LOCATION

- ✶ HOSPITAL
  - ⇨Acute Care Denial must be given to consumer
  - ⇨When AP and accessing NF benefit through Community MaineCare, AP days in hospital deducted from 30 day NF benefit total.
  - ⇨Transfer to NF, NF sends transfer form to Goold.
- ✶ HOME/OUT OF STATE
  - ⇨Eligibility and start payment date = admission to Maine NF date. NF sends transfer form to Goold. Out of State must be reassessed at end of 30 days.
- ✶ NURSING FACILITY
  - ⇨EIM notifies NF when homecare services are in place. NF sends transfer form to Goold.

TRANSFER FORM = MOVEMENT CARD = ACCESS TO PAYMENT

- ✶Form notifies DHS of admission, transfer, discharge status
- ✶Form notifies DHS of level of care change
- ✶Admission ⇨ facility
  - ⇨Submit to Goold. Upon receipt Goold converts Awaiting Placement (AP) status to admission status
  - ⇨Not required for admissions under respite for ADW or Elderly Waiver programs

MOVEMENT CARD = TRANSFER FORM = ACCESS TO PAYMENT

- ✶ Transfer ⇨ hospital
  - ⇨Submit to Bureau of Medical Services bedhold request
- ✶ Transfer ⇨ another nursing facility
  - ⇨Submit to Bureau of Medical Services
- ✶ Discharge ⇨ residential care settings, death
  - ⇨ Submit to Bureau of Medical Services
- ✶ Discharge ⇨ home
  - ⇨Submit to Goold for Home Care programs under EIM

BEDHOLDS

- ✶ Movement card requesting bedhold ⇨ BMS
- ✶ Maximum ten day (10 midnights)
- ✶ NF Payment ends tenth day
- ✶ If hospital stay greater than ten days, hospital requests Medical Eligibility prior to transfer ⇨ NF. NF should not accept without valid medical eligibility determination
- ✶ Bedholds not available for those accessing NF through Community MaineCare

BEDHOLDS continued

- If Medical Eligibility determined after expired bedhold Eligibility start date = assessment date
- If not medically eligible, payment will not occur if consumer appeals
- Hospital ⇨Return to NF under SNF/ Medicare/3rd party payor ⇨ Medical eligibility deferred until denial of MCR/3rd party payor.

Section 67-NF

- ★Recent changes, clarification in Section 67
  - ⇨Section 67.02-2-General requirements: Clarifies that a member must meet financial eligibility
  - ⇨Section 67.02-3 Clinical definitions have been clarified

Section 67 – Therapy/Treatments

- **67.02-3-B-1-d: Physical Therapy** to be considered toward eligibility must
  - ⇨Be part of a planned program designed & established by
  - ⇨and requires professional skills of a licensed or registered therapist or licensed therapy aid under the supervision of PT.
  - ⇨Maintenance or preventative therapy does not count toward eligibility
- **67.02-3-B-1-e: Treatments**
- Under administration of treatments the following are excluded
  - ⇨nebulizers
  - ⇨CPAP or BIPAP or airway clearance vest does not meet the requirements of this section

Section 67 – Dementia, BDS

67.04-2: Alzheimer's & Dementia Services

- ✶ Training requirements have been modified
  - ⇨NF must document six hours of training
  - ⇨For all staff on area of managing residents with cognitive impairments

Section 67.05-1: BDS

- ✶ DMHMRSAS has been changed to BDS-Department of Behavioral & Developmental Services
- ✶ PAS screening & CIC for mental illness & Mental Retardation

Professional Nursing Judgment

- **Section 67.05-3: Determination of eligibility**
  - The assessor, as appropriate within the exercise of professional nursing judgment, consider documentation, perform observations and conduct interviews with the applicant/member, family members, direct care staff, the applicant's /member's physician and other individuals, and document in the record of the assessment all information considered in the professional judgment of the assessor

Section 67.05-3: Determination of eligibility

What does this change?

Gives assessor the latitude based on his/her judgment to determine eligibility or lack of eligibility

- ✶ Times when documentation inadequate yet staff reports and demonstration of ADLs or cognitive, behavior by consumer justifies eligibility
- ✶ Scores of “8” on eligibility ADLs
  - ⇨bed mobility because consumer cannot be moved
- ✶ ADLs sheets indicate eligibility but demonstration does not support extensive assistance

Continued Stay Review - BI

Section 67.05-4-B: Brain Injury

- NFs serving BI members must comply to the same requirements for submission of timely request for reassessments based on the end date of the current approved classification period in order for MaineCare coverage to continue
- BI members cannot be given extended NF eligibility

Frequent moves - Section 67.02-7

- "Frequent Change in Care Setting" shall mean three (3) or more moves from one care setting to another care setting, including the following settings: home, residential care facility, nursing facility or other specialized facility, excluding hospitals, within the previous nine (9) month period.
- Hospital admissions/discharges are not counted as a change in care setting or move.
- Each change in care setting counts as one move, e.g., -moving from home to NF counts as one move; -moving from home to NF and back home counts as two moves.
- A change in the "level of care" within a facility is not a "change in care setting" under this section.

Frequent moves - Section 67.02-7
(continued)

- The following criteria must be met:
- The resident has lost medical eligibility for NF services at least twice, while receiving covered services in the NF, during the past nine (9) month period; and
- The resident has a chronic or unstable medical condition that would likely result in re-admission to the NF within three (3) months of discharge; and
- The various settings (including home), within the last nine (9) months, must be listed, each facility identified with admission and discharge dates documented; and
- The resident (or resident's guardian, or resident's agent or surrogate, as defined in 18-A MRSA Sec. 5-801 and evidenced by a valid, signed document on file at the NF, available upon request) chooses to continue to stay in the NF, as documented by a signed Choice Letter.

Frequent moves - Section 67.02-7
continued

- The Department will determine the resident eligible pursuant to the requirements of this Section. The NF shall submit the required information to the Department with a request for classification under this Section.
- If approved, a classification period will be established. The resident must be reassessed within five (5) calendar days prior to the end date of the resident's approved classification period.
- If an additional classification period is requested under this section, the Department shall consider the resident's recent history of frequent changes in care settings as well as health status, and may continue to classify him/her for NF coverage under this section as appropriate.

Continued Stay Review – Extended Eligibility

Section 67.05-4-C: Extended Eligibility

- The reassessment date may be deferred by the dept or it's Authorized Agent if:
  - Clinical judgment of the assessor that the resident is likely to continue to meet the medical eligibility requirements
  - Resident has been in a NF receiving MaineCare for at least one year
    - Excluding resident days in facility under appeal
    - Reassessments cannot be deferred for NF-BI members or extraordinary circumstances

Section 67.05-4-C: Extended Eligibility

- **What does this change mean?**
  - ⇨Extended reassessments should be considered:
    - For anyone who has been MaineCare since July 1, 2001 without any interruptions
    - No ability for improvement physically and deterioration expected due to progressive disease process or complications
    - No anticipation for improvement in cognitive function and deterioration expected
    - Multiple chronic disease processes with decompensation of systems

SECTION 67

- **Section 67.05-9-Discharges**
  - In the event a NF ceases to operate and the member must be transferred to another NF, the member must accept the first available, appropriate placement within a 60 mile radius.
  - The member may accept a transfer beyond the 60 miles, however this may not be required

REASSESSMENTS for NF CARE

Reassessments for ONGOING NF/MaineCare- Section 67.05-4

- **Reassessment**
  - ⇨ request AT LEAST five days prior to reassessment due date (Section 67.05-4A)
  - ⇨Request #13 (NF Assessment)- include reassessment date
  - ⇨Less than 5 days = late notification = payment lapse
- **Continuing Stay**
  - ⇨NF determines no longer NF level of care at quarterly review
  - ⇨Issue notice to consumer
  - ⇨Request assessment type #20 (Continuing Stay Review). This is NOT request type for a regular reassessment

Goold Referral Process

- ✶ Completed referral received at Goold via fax
  - ⇨Be sure to maintain fax journal to verify fax submission
- ✶ Copied automatically onto database at Goold
- ✶ Referral distributed to the regional intake worker for entry into Mecare
- ✶ Goold sends return fax to referral source to confirm receipt of referral
  - ⇨Receipt of confirmation fax supports payment research claims if payment denied.

Goold Referral Process

- Intake reviews referral and initiates prescreening of referral
- Intake verifies if any prior or current assessment in system.
- Reassessment due date, financial eligibility imported nightly from Welfre
- Return call to referral source if any questions or problems identified as result of prescreening process

Goold Referral Process

- Mecare calculates the assessment due date based on several parameters such as:
  - ⇨type of assessment requested
  - ⇨end of SNF stay
  - ⇨reassessment due date
- Assessors accept the assessment and contact the facility, consumer and/or designated representative/guardian to schedule the reassessment.

Assessment Outcome

- NF receives:
  - ⇨copy of MED form
- Consumer receives:
  - ⇨eligibility determination letter
  - ⇨copy of release of information
  - ⇨due process notices

NF Denials

- When current MaineCare consumer denied NF medical eligibility at reassessment, NF care will be reimbursed for 10 days from date of denial.
- If the eligibility denial is appealed, within the 10 days from date of assessment, services will continue until the final decision date.
- NF services are not reimbursable during appeal process when an initial NF denial is appealed.

Significant Change Assessment Request

- Medical eligibility denied
  - ⇨ Consumer files appeal, condition deteriorates, & NF submits significant change MDS to BMS
    - Significant change MDS must be completed
  - ⇨ Submit significant change and prior MDS to Goold
  - ⇨ Goold reviews and submits to BEAS for approval
    - Department has right to decide if significant change assessment will be done
  - ⇨ If significant change alters medical eligibility & BEAS approves Goold may reassess
    - Change due to improved charting by NF does not meet criteria and will be denied-consumer gets due process via the appeal
  - ⇨ If medically eligible - start date = date of assessment
  - ⇨ If eligible, withdrawal of appeal may be considered

Other Payment Sources

Private Pay in NF

- NF may or may not be given notice of private funds being exhausted.
- Licensing prohibits NFs from probing consumers to determine amount of funds available
- Regardless, the NF can request an advisory assessment
- Section 67 allows Dept to implement retroactive reimbursement if NF requested Advisory and timely MaineCare application was not filed by consumer, family or legal representative
- If Goold refuses to complete assessment until receipt of LTC/123, please contact BEAS for assistance to minimize reimbursement risk.
- Currently, funds for advisory assessments are available

HOSPICE

- Up to five days without mandated assessment for Medicare or other 3rd party payor
- Stay beyond five days, assessment required
- Refer as soon as need for longer stay is determined - Type requested relates to payment source
- Know what hospice benefit covers
  e.g. need for MaineCare Copay, etc.
- MaineCare start of payment = date of assessment
- Out of state Hospice admissions need assessment

MaineCare Hospice

- Medical eligibility for NF care required prior to admission to NF under MaineCare Hospice
- Section 43.06-1
  - ⇨The election of hospice by a member, however, in no way diminishes the responsibility of the member or nursing facility to obtain prior authorization, or to comply with the eligibility requirements for nursing facility placement.

RESPITE

- Non MaineCare consumers - Up to thirty days without mandated assessment
- Stay beyond thirty days - assessment required
- Level I PAS must be completed according to policy
- NF MUST request LTC assessment. Refer prior to the 30th day if stay is expected to exceed 30 days - Type requested relates to payment source

RESPITE under Home & Community Benefits (Waivers)

- Respite is now a covered service under the Home & Community Benefits for the Elderly & Adults with Disabilities
  - ⇨Annually up to 30 days of NF care
  - ⇨Prior to admission EIM MUST authorize payment
  - ⇨Contract with EIM required
  - ⇨EIM bills MaineCare and reimburses the NF at average daily rate of $132.84
  - ⇨Respite stay calculated in annual waiver cap

1. Residential Care Needs - APRC

- ✶ Consumer denied NF medical eligibility. Two options:
- ✶ **Option 1. APRC - Awaiting Placement Residential Care:**
  - ⇨MaineCare stay <120 days
  - ⇨Await discharge to a residential care bed
  - ⇨NF requests APRC from BEAS - Ellen Field – 287-9200 if a residential bed is not available
  - ⇨Financial eligibility required
  - ⇨If consumer appeals, file application. Application will be processed after final decision rendered from appeal.Protects NF from loss of payment if consumer no longer a resident when final decision rendered

2. Extraordinary Circumstances

- ✶ Consumer denied NF medical eligibility.
- ✶ **Option 2. Extraordinary circumstances in NF**
  - ⇨ MaineCare stay >120 days
  - ⇨ No appropriate discharge within 30 miles
  - ⇨ Apply for Extraordinary Circumstances from BEAS
  - ⇨ If NF believes consumer now medically eligible for NF
    - ◆ Request Assessment type #21 (Extraordinary Circumstances to NF)
    - ◆ Send current and last MDS to Goold

Extraordinary Circumstances continued

- Goold reviews and submits to BEAS for approval
  - Department has right to decide if significant change assessment will be done
- If significant change alters medical eligibility & BEAS approves, Goold may reassess
  - Change due to improved charting by NF does not meet criteria and will be denied- consumer gets due process via the appeal
- If medically eligible - start date = date of assessment

Payment Research Form

NURSING FACILITY PAYMENT RESEARCH FORM

Date: _____

Nursing Facility Name: _____
Address: _____
_____
Phone#: _____
Fax#: _____
Contact Person: _____

Member Name: _____
MaineCare Number: _____
Social Security: _____

Assessment Date: _____
Assessment Due Date: _____
Payment Dates in Question: **From**_____ **to** _____

Facility Request/Problem

Please submit copies of pertinent information to support your request.
DO NOT send copies of rejected claims. Fax to 287-9231.

- ✶ Send a payment research form to BEAS when there are questions about reimbursement related to classification dates
- ✶ Include all supporting documentation to back up your claim for payment

SUMMARY - REMINDERS

- ✶Nursing Facilities should not accept any new private pay or MaineCare admissions from the hospital without a completed MED form and PAS
- ✶Nursing Facilities must request an assessment for ALL consumers staying in the NF after exhaustion of the SNF benefit
- ✶REMEMBER: The ultimate responsibility for compliance with policy and reimbursement of residents' care rests with the nursing facility.