



HUMAN SERVICES  
DEPARTMENT

Nursing Facility Level of Care (NF LOC)  
and Setting of Care (SOC)  
Requirements

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# Morning Agenda

- ▶ Definitions
- ▶ MCO Documentation Timelines
- ▶ System Interfaces
- ▶ MCO Interface Timelines
  - Initials – Community Benefits
  - NF admissions/Medicaid Pending
  - Annual Re-certifications
  - Model changes/switches

# Afternoon Agenda

- ▶ Retroactive Setting of Care (SOC)
- ▶ Short-Term Nursing Facility Stays
- ▶ Alternative Benefit Plan (ABP)
- ▶ Important Reminders
- ▶ Questions

# Future training topics include:

- ▶ All below topics will be discussed in relation to NF LOC and SOC submissions very similar to today's presentation.
  - Denials
  - Closures
  - Fair Hearing cases with continuation of benefits
  - MCO switches
  - Community Reintegrations

# Definitions

# Definitions

- ▶ **ANW** (Agency Based No Waiver Slot) – These members must have a full Medicaid category of eligibility (COE) (004, 028, 072, 200, etc) except for institutional Medicaid (080 series) and can access community benefits if they meet the NF LOC criteria. The MCO would report the setting of care for these members as **ANW**.
- ▶ **SNW** (Self Directed No Waiver Slot) – These members must have participated in ANW for 120 days before they can switch to this SOC and must have a full Medicaid COE. The MCO would report the setting of care for these members as **SNW**.

# Definitions

- ▶ **ADB** (Agency Based Waiver Slot) – individuals must have their name on the Central Registry and receive an allocation from MAD. These members must apply for Medicaid through the ISD office (or on-line) and the MCO will receive the applicant (registrant) name on the ASPEN file to make the NF LOC determination and deem medical eligibility. If the member meets NF LOC criteria, the member will be issued a Waiver COE 091, 093 or 094. The MCO would report the setting of care for these members as **ADB**.
- ▶ **SDB** (Self Directed Waiver Slot) – individuals must have participated in ADB for 120 days to transition to this SOC and the member must have a Waiver COE 091, 092, 093 or 094. The MCO would report the setting of care for these members as **SDB**.

# Definitions

- ▶ **INF** (Institutional Nursing Facility) – This is the SOC for all members who reside in a nursing facility (NF). Members, regardless of COE, should have the **INF** SOC when they are in the NF long term.

# Definitions

- ▶ **Not Otherwise Medicaid Eligible (NOME):**
  - An individual who has been allocated to the Centennial Care waiver and is only eligible for Medicaid via a waiver slot (Categories of Eligibility COEs 091, 093, 094).
- ▶ **Medicaid Pending:**
  - An individual who has been admitted into the NF and has not yet been deemed medically or financially eligible for Medicaid. (Categories of Eligibility COEs 081, 083, 084)
    - Because these COEs do not only apply to individuals in a Nursing Facility, the MCO must ensure they receive both a ASPEN request and a NF LOC packet from the Nursing Facility before the NF LOC determination is completed.

# Definitions

- ▶ **Annual Re-certification:**
  - A Medicaid recipient's annual determination for continued Medicaid eligibility.
  - Categories of Eligibility referenced in this presentation:
    - Members receiving Community Benefits – 090, 091, 092, 093, or 094
    - NF residents – 081, 083, or 084

# Definitions

## ▶ Full Medicaid:

- COEs include: 001, 003, 004, etc.

Members who are eligible for the Medicaid State Plan benefit package (acute and ancillary).

## ▶ Retroactive Setting of Care:

- Any Community Benefit Setting of Care date that is in the prior or current month.

# Definitions

- ▶ **MDS – Minimum Data Set** – this is the assessment completed for nursing facility residents by the nursing facility.
- ▶ **Short–Term Nursing Facility Stays:**
  - 90 days or less in a skilled facility for rehabilitative purposes.
- ▶ **Alternative Benefit Plan (ABP):**
  - Other Adult Group category of eligibility; COE 100. Members may become ABP exempt and receive services under the Medicaid State Plan benefit package and/or Community Benefit package.

# MCO Documentation Timelines

# Comprehensive Needs Assessments (CNAs)

## ▶ NOME

- Initial – The MCO should ensure that the CNA and NF LOC determination are complete within 60 calendar days of receiving the Primary Freedom of Choice (PFOC) from Medical Assistance Division (MAD).
- Annual – The MCO should ensure that the CNA process is initiated within 120 days of expiration of the NF LOC date to ensure the NF LOC determination is done 60 calendar days prior to the previous NF LOC span.

# Comprehensive Needs Assessments (CNAs)

- ▶ Full Medicaid
  - Initial – The MCO should ensure that the CNA is completed within 30 calendar days of the HRA date, if there are indicators through the HRA that warrants a CNA or 30 calendar days from the member requesting long term care services.
  - Annual – The MCO should ensure that the CNA process is initiated within 120 days before the expiration of the existing NF LOC date.

# Nursing Facility Level of Care (NF LOC) **Determination**

- NF LOC packets must be sent to the MCO's UR/UM for Nursing Facility Level of care (LOC) determinations.
- All NF LOC determinations must be made within 5 business days of LOC packet received.

# Comprehensive Care Plan (CCP)

- ▶ All CCPs must be completed 14 business days after the completion of the CNA.

# System Interfaces

# ASPEN vs. Omnicaid

- ▶ ASPEN: Medical Eligibility Begins
  - ASPEN receives **NF LOC** determinations from the MCOs in order for ISD to make a Medicaid eligibility determination.
- ▶ Omnicaid: Services Begin
  - Omnicaid receives **NF LOC** and **SOC** from the MCOs, in part, to categorize in the appropriate cohort for MAD to disburse capitation payment to MCO and the member to receive LTC services.

# ASPEN Interface

- ▶ Medical eligibility begins.
- ▶ The MCOs must send all NF LOC dates spans for Waiver and Institutional Care (IC) COEs via the ASPEN interface file for initial and re-certifications.
- ▶ The MCOs must utilize the LOC file they receive from ASPEN to trigger NF LOCs that are required.
- ▶ MCOs are required to submit a file to ASPEN **every business day**, regardless if any NF LOC determinations were made that day or not.
  - If there are not any NF LOC determinations made that day, a blank file should be sent.

# Omnicaid Interface

- ▶ Services begin.
- ▶ The MCOs must send all NF LOC and SOC dates via the MCO to HSD Omnicaid interface file.
- ▶ The MCOs are **not** required to submit a file to Omnicaid **everyday** but are required to submit a file as frequently as necessary to add or update any of the fields on the interface.
- ▶ A NF LOC and SOC cannot be entered with:
  - Begin dates prior to the upcoming month for a Community Benefit SOC.
  - Open-ended end dates.

# Medicaid Web Portal

- ▶ The web portal is a reflection of Omnicaid.
- ▶ The NF LOC and SOC must be sent on the MCO to HSD Omnicaid interface file to be viewable in the web portal.
- ▶ The NF LOC that is sent on the ASPEN interface does not populate Omnicaid and is not viewable in the web portal.

# ASPEN Error Report

- ▶ An error file will be produced from the running of the ASPEN LOC interface submitted by the MCO.
- ▶ An error file will be produced daily from each daily ASPEN LOC interface that is submitted by the MCO.
- ▶ The error report will provide a brief exception summary for the MCO to utilize.
- ▶ The MCO should review the errors, correct if necessary and resubmit based on the guidance provided in the exception summary field.

# Omnicaid Error Report

- ▶ Omnicaid
  - An error file will be produced from the running of the daily MCO to HSD Omnicaid interface file.
  - Any errors encountered during the processing of the MCO to HSD Omnicaid Interface file will be written out to a file and sent back to the MCO.
    - An error file will be produced for every file the MCO submits.
  - Critical errors will prevent updates from being made in Omnicaid. The MCO should review the errors, correct and resubmit based on the guidance provided on the error report and MCO systems manual.

# MCO Interface Timelines

# Initials – Full Medicaid

# Full Medicaid Members

- ▶ SSI, TANF, Transitional Medicaid, Breast & Cervical Cancer, Jul Medicaid, and Working Disabled must have a NF LOC and SOC date span sent via the MCO to HSD Omnicaid interface file. Examples of COEs include: 001, 003, 004, 028, 072, 200, 300, 400.
- ▶ SOC's are always ANW or INF.

# Full Medicaid Members

- ▶ Initial approvals
  - CNA must be completed within 30 calendar days of the HRA OR when the member requests long term care services.
  - NF LOC packet must be sent to the MCO's UM/UR for NF LOC determination.
  - NF LOC determination must be completed by the MCO UM/UR within 5 business days of NF LOC packet received.
  - The MCO shall submit the NF LOC effective dates and applicable SOC (ANW or INF) date spans via the **MCO to HSD Omnicaid interface** file within 5 business days of the NFLOC determination.
  - **No ASPEN submission required.**

# Full Medicaid Member- Case Example



- ▶ Roger Rabbit has a COE 004 and requests community benefits on 2/14/2016.
- ▶ MCO has 30 calendar days to gather information including administering the CNA. This takes us to 3/14/2016.
- ▶ UM/UR has 5 business days to make a NF LOC determination – (have until 3/21/2016).
- ▶ The MCO sends the MCO to HSD Omnicaid interface file within 24 hours of the NF LOC determination being made.
- ▶ NF LOC and SOC effective dates are:

**04/01/16 – 3/31/17**

# Full Medicaid Categories

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
<p>001, 003, 004, 028, 052, 072, 074, 200, 300, 400</p> <p><b>Agency Based Community Benefit</b></p>	<p>Do not send via ASPEN file.</p> 	<p>SOC is ANW with dates of 04/01/16-03/31/17</p> <p><b>SOC is always ANW</b></p>



# Initial NOMEs

# Initial NOMEs

- ▶ COEs 091, 093 and 094
- ▶ The MCO will receive a Primary Freedom of Choice (PFOC) form from the MAD Allocations Unit.
- ▶ The MCO shall submit the Initial NF LOC determination date spans **via the ASPEN interface file** within 60 calendar days of receiving the PFOC in order for HSD to make a final Medicaid eligibility determination.
  - ▶ Note: The ASPEN interface should not be held to meet this 60 day timeframe. These 60 days allows for re-assessments, RFI, re-reviews and reconsiderations. **The ASPEN file should be sent within 24 hours of the NF LOC determination being made.**

# Initial NOMEs

- ▶ The MCO shall submit the NF LOC effective dates and applicable Setting of Care (SOC) date spans (ADB) **via the MCO to HSD Omnicaid interface** file within 5 business days of receiving the member's initial enrollment on the Enrollment Roster file.



# Initial NOME – Case Example

- ▶ Betty Boop is allocated to the waiver on 2/14/2016.
- ▶ PFOC is received by the MCO on 2/26/2016.
- ▶ The MCO care coordinator has 30 business days to gather the NF LOC packet, including administering the CNA (this takes us to 3/28/2016).
- ▶ UM/UR Department has 5 business days to make NF LOC determination (this takes us to 4/4/2016).
- ▶ The MCO sends the ASPEN interface file within 24 hours of the NF LOC determination.
- ▶ NF LOC effective dates are:

2/26/16 – 2/25/17.

# Initial NOME

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
091, 093, 094 – Agency Based Community Benefit  NOMEs	NFLOC 02/26/16-02/25/17	Do not send MCO to HSD Omnicaid interface file yet.  



# Initial NOME

- ▶ MCO receives enrollment file on 4/10/16 identifying Betty Boop as a new member effective **3/01/16** with a COE 094.
- ▶ The MCO shall submit the NF LOC effective dates and applicable Setting of Care (SOC) date spans (ADB) **via the MCO to HSD Omnicaid interface** file within 5 business days of receiving Betty's initial enrollment on the Enrollment Roster file.



# Initial NOME

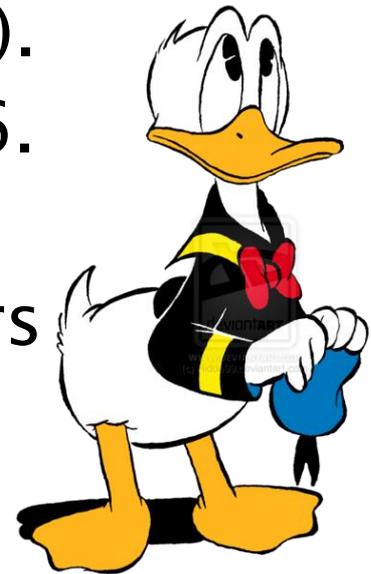
COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
<p>091, 093, 094</p> <p><b>Agency Based Community Benefit</b></p>	<p>Do not send via ASPEN file.</p> 	<p>SOC is ADB with dates of 05/01/16 - 2/25/17</p> <p>SOC is always ADB</p> 

Please note here that the dates the member appears on the MCO file will vary. This example is assuming the MCO received the enrollment file on April 10<sup>th</sup> and is expecting the member (per the CCP) to begin services on May 1<sup>st</sup>.

# NF Admission – Full Medicaid

# NF Admission – Full Medicaid Members– Case Example

- ▶ Donald Duck (has a COE 004) is admitted to the NF on 7/17/2016. He will need to be there long term.
- ▶ The NF submits the NF LOC packet on 8/18/2016 (30 days after admission).
- ▶ NF requests LNF effective 7/17/2016.
- ▶ The MCO sends the MCO to HSD Omnicaid interface file within 24 hours of the NF LOC determination.
- ▶ NF LOC approved from **7/17/2016–10/17/2016** (90 days).



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# NF Admission – Full Medicaid Categories

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
001, 003, 004, 028, 052, 072, 074, 200, 300, 400s  Nursing Home Residents	Do not send ASPEN file.  	SOC is INF with dates of 07/17/16 – 10/17/16  SOC is always INF



# NF Admission – Full Medicaid

- ▶ Remember, Donald Duck will be in the NF long term. After the initial approval for 90 days, the NF will submit a continued stay request to the MCO for review.
  - Note: Each time a new level of care is determined, the MCO to HSD Omnicaid interface file must be submitted.
- ▶ The continued stay will most likely be for 365 days.



# NF Continued Stay – Full Medicaid Categories

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
<p>001, 003, 004, 028, 052, 072, 074, 200, 300, 400s</p> <p>Nursing Home Residents</p>	<p>Do not send ASPEN file.</p> 	<p>SOC is INF with dates of 10/18/16 – 10/17/17</p> <p>SOC is always INF</p>



# Initial Medicaid Pending

# Initial Medicaid Pending Members

- ▶ Will be assigned a COEs 081, 083, or 084
- ▶ Initial Approvals
  - The MCO shall submit the Initial NF LOC determination date spans via the ASPEN interface file within 30 calendar days of receiving the NF LOC packet from the nursing facility.
    - Note: The ASPEN interface should not be held to meet this 30 day timeframe. These 30 days allows for RFI, re-reviews and reconsiderations. **The ASPEN file should be sent within 24 hours of the NF LOC determination.**

# Initial Medicaid Pending

- ▶ MDS must be completed within the timeframe defined by CMS by the NF. The NF then submits the Initial NF LOC packet (including the MDS) to the MCO UM/UR for review after a 30 day stay has been met.
- ▶ NF LOC determination must be made within 5 business days of LOC packet received.

# Initial Medicaid Pending – Case Example

- ▶ Wile E. Coyote is admitted to the NF on 7/17/16 and has applied for Medicaid Institutional Care. He will need to be there long term.
- ▶ The NF submits the NF LOC packet to the MCO UM/UR on 8/18/16 (30 days after admission).
- ▶ NF requests LNF effective 7/17/16.
- ▶ NF LOC approved from **7/17/16 – 10/14/16** (90 days).



# Initial Medicaid Pending – ASPEN

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
081, 083, 084	NF LOC 07/17/16 – 10/14/16	
<b>Medicaid Pending</b>	Each time a NF LOC determination is made, ASPEN requires the new NF LOC dates. Next submission most likely will be for 365 days and is considered a continued stay.	



# Initial Medicaid Pending

- ▶ MCO receives enrollment roster on 10/10/16 identifying Wile E. Coyote as a new member effective 7/01/16 with a COE 084.



# Initial Medicaid Pending – Omnicaid

- ▶ The MCO shall submit the NF LOC and Setting of Care (SOC) date spans (INF) via the MCO to HSD Omnicaid interface file within 5 business days of receiving the **initial enrollment roster file** for Medicaid Pending residents COE 081, 083, 084.

# Initial Medicaid Pending – Omnicaid

- ▶ Retroactive SOC is acceptable for Medicaid members in a Nursing Facility.
- ▶ MCO will likely do a retroactive SOC for Initial Nursing Facility long term stays, which will usually be the date of admission unless it is a Medicare stay.
- ▶ The NF LOC and SOC will reflect the same dates, which will be retroactive INF.

# Initial Medicaid Pending – Omnicaid

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
081, 083, 084		<p>SOC is INF with dates of 7/17/16 - 10/14/16</p> <p>Another submission will be required for the 365 days</p> 

# Medicaid Pending with Medicare

# Medicaid Pending with Medicare

- ▶ Goofy is admitted to the NF on 09/14/16. Goofy has Medicare coverage and has submitted an application for Institutional Care Medicaid.
- ▶ The MCO shall complete a NF LOC determination and submit via the ASPEN interface file so that ISD can conduct a Medicaid eligibility determination.
- ▶ Goofy will receive his skilled care benefits through Medicare.



# Medicaid Pending with Medicare

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
081, 083, 084	NFLOC 09/14/16 – 12/12/16	
<b>Medicaid Pending</b>	Each time a NF LOC determination is made, ASPEN requires the new NF LOC dates. Next submission most likely will be for 365 days and is considered a continued stay.	



# Medicaid Pending with Medicare

- ▶ MCO receives enrollment roster on 2/5/17 that effective **02/01/17** Goofy is a new member with a COE 081.
- ▶ Since then, the MCO UM/UR has approved 365 days for a continued stay with dates: 12/13/16 – 12/12/17 and already updated the ASPEN interface accordingly.



# Medicaid Pending with Medicare

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
081, 083, 084	The ASPEN file should have been submitted with the continued stay dates in November 2016.	SOC is INF with dates of 02/01/17 - 12/12/17



# Full Medicaid – Annual Re-certifications

# Full Medicaid – Annual Re-certifications

- ▶ CNA process must begin 120 days prior to NF LOC expiration date.
- ▶ The MCO shall submit the NF LOC effective date spans and applicable SOC (ANW, SNW or INF) date spans via the **MCO to HSD Omnicaid interface** file no later than 60 calendar days prior to the expiration of the existing NF LOC and SOC date spans.
- ▶ No ASPEN file submission required.

# Full Medicaid Re-certifications

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
<p>001, 003, 004, 028, 052, 072, 074, 200, 300, 400s</p> 	<p>Do not send ASPEN file.</p> 	<p>SOC is ANW with dates of 04/01/17 – 03/31/18</p> <p>This submission is done in February 2017 (60 days prior to expiration of previous NF LOC/SOC end date).</p>

# NOME – Annual Re-certifications

# NOME Re-certifications – ASPEN

- ▶ CNA process must begin 120 days prior to NF LOC expiration date.
- ▶ The MCO shall submit the upcoming NF LOC effective date spans via the ASPEN Interface file 60 days prior to expiration of existing NF LOC date span.
- ▶ ASPEN will generate a reminder file to the MCO 45 days and 30 days prior to the NF LOC expiration.

# NOME Re-certifications – Omnicaid

- ▶ NF LOC and SOC should be submitted with applicable date spans (ADB or SDB) via the **MCO to HSD Omnicaid Interface** file no later than 60 days prior to expiration of the existing NF LOC date span.
- ▶ The ASPEN interface and the MCO to HSD Omnicaid Interface files should be sent on the same day.

# NOME Re-certifications

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
<p>090, 091, 092, 093, 094</p> <p><b>Re-certifications</b></p> 	<p>NF LOC 02/26/17 – 02/25/18</p> <p><i>*This submission is sent in December 2016 (60 days prior to 2/25/17 expiration date).</i></p>	<p>SOC is ADB with dates of 02/26/17 – 02/25/18</p> <p>*This submission is sent in December 2016.</p>

# Community Benefit Model Switches Full Medicaid and NOMEs

# Community Benefit Model Switch Full Medicaid Member and NOME

- ▶ When the member moves from ABCB to SDCB or vice versa, the MCO shall submit the updated NF LOC and SOC date spans **via the MCO to HSD Omnicaid interface file** 60 calendar days prior to the service delivery model change.
- ▶ The SOC shall be changed from ADB to SDB (for NOME) or ANW to SNW (for Full Medicaid) 60 days prior to the effective date the member is expected to begin participating in SDCB.
- ▶ The initial NF LOC date spans and the initial SOC date spans remain the same.
- ▶ The NF LOC date spans stay consistent, however, the SOC reflects the **NEW** setting the member is switching to and must stay within the NF LOC date spans.
- ▶ The SOC updates will always match the end date of the initial NF LOC end date until a re-determination is completed.

# Community Benefit Model Switch

- ▶ Members cannot switch to Self-Direction until after 120 days of utilizing Agency Based services.
- ▶ As soon as the MCO knows of the request to switch, they can start the process for Self-Direction.

# Community Benefit Model Switch – Case Example



- ▶ Roger Rabbit (COE 004) decides he wants to self-direct his community benefits and informs his care coordinator on 4/20/16.
- ▶ Roger Rabbit started his Agency Based Community Benefits on 4/01/16. So, Roger is eligible to start self-directing services 8/01/16 (120 calendar days from 4/01/16).
- ▶ The MCO should send the change in SOC from ANW to SNW anytime between 04/21/16 and 05/22/16 for an effective date of 8/01/16.

# Community Benefit Model Switch

- ▶ MCO should submit the change to the SOC once the MCO knows of the effective date of the SOC switch.
- ▶ If the anticipated date changes, the MCO should update the date spans **the month prior** to the effective date to avoid retroactive SOC dates.
- ▶ The NF LOC dates will remain the same and the SOC should be updated to reflect the effective date of the switch.

4/01/16	7/31/16	ANW
8/01/16	3/31/17	SNW

# Community Benefit Model Switch – Example Full Medicaid COE

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
001, 003, 004, 028, 052, 072, 074, 200, 300, 400s  <b>Self Directed Community            Benefit</b>	Do not send via ASPEN file.  	SOC is SNW with dates of <b>08/01/16-3/31/17</b> <b>SOC for self direction must            always start the first day of            the month.</b>  <b>SOC is always SNW.</b>



# Community Benefit Model Switch – Example Full Medicaid COE

- ▶ On July 3<sup>rd</sup>, Roger tells his support broker, who tells his care coordinator that he has not found a provider for transportation services he wants to purchase.
- ▶ The MCO then sends the MCO to HSD Omnicaid interface file to update the SOC from 08/01/16 start date to 09/01/16.



# Community Benefit Model Switch – Example Full Medicaid COE

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
001, 003, 004, 028, 052, 072, 074, 200, 300, 400s	<p>Do not send ASPEN file.</p> 	<p>SOC is ANW with dates of 04/01/16-08/31/16 SOC is SNW with dates of 09/01/16 – 03/31/17</p> 

# Community Benefit Model Switch – NOME

- ▶ MCOs should follow same process for Initial NOME CB switches as demonstrated in the full Medicaid example above. The SOC will switch from ADB to SDB.
- ▶ MCO should follow same process if switching from community benefit to NF.
- ▶ Remember that ASPEN submissions are not required for community benefit model switches. Only the MCO to HSD Omnicaid interface file is required.

# Retroactive Setting of Care (SOC)

# Retroactive Setting of Care (SOC)

- ▶ Effective January 14, 2016 – HSD implemented an Omnicaid edit to prevent MCO from submitting retroactive SOC's.
  - If the SOC is one of the Community Benefit values (ADB, ANW, SDB, SNW), this date may never be prior to the first day of the upcoming month. (Remember: **Retroactive is defined as prior or within the given month.**)
  - Critical Error #45– Retro Community Benefit Enroll Not Allowed if Level Of Care = NFL and Setting Of Care = ANW or ADB or SNW or SDB.

# Retroactive SOC

- ▶ Exception requests for retroactive SOC may be submitted to HSD. (per LOD #47)
- ▶ Exceptions will not be approved for SOC errors made by MCO.
  - The member or providers should not be penalized for MCO SOC errors. **In other words, the MCO should not deny claims or recoup payment from the direct service provider for the MCO's data entry error.**
- ▶ HSD will determine, on a case by case basis, whether a MCO capitation adjustment will be made.
  - For example, the MCO erroneously entered an ABCB SOC and the member is self-directed. The SOC may be adjusted to avoid penalizing the member but the MCO cap will not be adjusted.
- ▶ If applicable, adjustments to capitations, for approved retro SOC determinations, will occur on a **quarterly basis**.

# Retroactive SOC

- ▶ Retroactive SOC dates may be submitted by the MCO for a long-term nursing facility stays beginning the first day of admission to the NF.
- ▶ The MCO must adhere to timelines outlined in the contract and policy manual and ensure timely completion of CNAs, NF LOC determinations, and Comprehensive Care Plans (CCPs).

# Short Term Nursing Facility Stays

# Short Term Nursing Facility Stays

- ▶ If a Medicaid member requires a stay in a nursing facility for a short period of time (90 days or less), the MCO shall issue a prior authorization for a specified number of bed days.
- ▶ ASPEN Interface file – No submission.
- ▶ MCO to HSD Omnicaid Interface file – No submission.
- ▶ No Setting of Care (SOC) is required for short term stays.

# Alternative Benefit Plan (ABP) Exemptions

# Alternative Benefit Plan (ABP)

**Stage #1:** ABP members receive Medicaid services under a limited benefit package.

- A COE 100 – member is eligible for ABP benefits. (**non-exempt**)

# Alternative Benefit Plan (ABP)

- ▶ **Stage #2:** ABP members can be exempt by the MCO. The member can self declare an exemption status and the MCO confirms the status through an MCO assessment or clinical documents from their physician. This means the member meets the definition of **Medically Frail (one ADL deficit)**.
  - A Medically Frail COE 100 is eligible for the **traditional Medicaid benefits only (acute and ancillary)**.
    - Disability type must be entered in Omnicaid.
    - The effective date of the disability type is the date the MCO confirmed the Medically Frail status and the end date is open-ended (12/31/9999).

# Alternative Benefit Plan (ABP)

- ▶ **Stage #3:** ABP members can be exempt by the MCO. The member can self declare an exemption status and the MCO confirms the status through an MCO assessment or clinical documents from their physician. This means the member meets NF LOC criteria and **has a minimum of two ADL deficits.**
  - If an ABP member meets the NF LOC criteria, they have access to community benefits or can be in a NF.
  - A Medically Frail COE 100 with a Disability type AND a NF LOC (exempt) is eligible for the **traditional Medicaid benefits and the Community Benefit package.**
  - The effective and end dates of the disability type should match the begin and end dates of the NF LOC.

# Disability Type Listed in Omnicaid

- ▶ MCO must send the Medically Frail disability type and dates on the MCO to HSD Omnicaid interface file.
- ▶ **PH**–Disability Type is PH (Physical) if the member requires assistance with 1 or more ADL or other clinical conditions outlined in section 13 of the policy manual.
- ▶ **ME**– Disability Type is ME (Mental) if the member is receiving treatment for substance abuse.
- ▶ If the member meets the criteria for PH and ME, the MCO should designate the Medically Frail Disability Type as ME.

# Alternative Benefit Plan (ABP) Exemptions– Case Example



- ▶ Tweety Bird has COE 100. Tweety Bird tells his care coordinator on June 26<sup>th</sup> that he now needs and wants Community Benefits.
- ▶ The MCO confirms Medically Frail exemption.
- ▶ MCO has 30 calendar days to gather information including administering the CNA (brings us to 07/26/16).
- ▶ UM/UR has 5 business days to make a NF LOC determination (brings us to 7/31/16).
- ▶ NF LOC and SOC effective dates are:  
**09/01/16 – 08/30/17.**

# Alternative Benefit Plan (ABP) Exemptions

COE	ASPEN (NFLOC only)	Omnicaid (NFLOC + SOC)
<p>100 - Agency Based</p> <p><b>Community Benefit</b></p>	<p>Do not send ASPEN file.</p> 	<p>SOC is ANW with dates of <b>09/01/16 – 08/30/17</b></p> <p><b>SOC is always ANW.</b></p> <p>Disability type is PH with effective dates of 09/01/16 – 08/30/17.</p>



# Medicaid Members Excluded Ineligible for Community Benefits

# Developmentally Disabled (DD) and Medically Fragile (MF) Waivers

- ▶ COE(s) 095, 096:
  - These members require an ICF\MR level of care (LOC).
  - These members are enrolled to Centennial Care but **their LOC is completed by the Third Party Assessor (TPA).**
  - MCOs must **not** complete a **NF LOC** for these members.
    - **MCOs must check COEs before completing a NF LOC.**

# Things to Remember

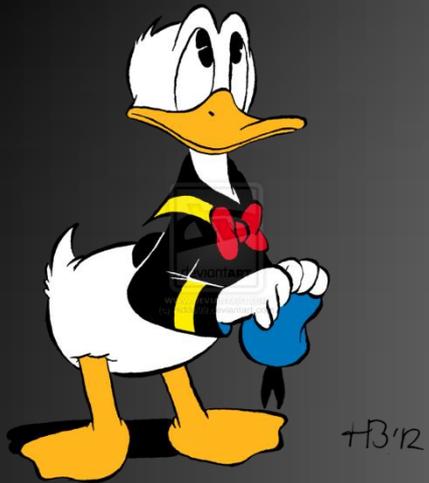
# Reminders

- ▶ MCO should verify enrollment on their enrollment roster before submission of the MCO to HSD Omnicaid interface file.
- ▶ The SOC dates fall within the NF LOC effective dates and will not always match up (start at the same time) when the member is approved initially, however, they should match at recertification.
- ▶ The retro SOC span edit does NOT apply to INF (nursing home stays).

# Reminders Continued

- ▶ ABP members (COE 100) who are accessing community benefits or are in a NF long term should have both a disability type and a NF LOC to be able to access CB services.
- ▶ A NF LOC always follows the person so, when working with Community Reintegrations a new NF LOC is not required unless the NF LOC has less than 120 days left.
  - The current NF LOC can also be used for members who lose their full Medicaid benefits and are allocated to the waiver (COE 100 turning 65). **BUT remember** when you receive the PFOC you need to send the NF LOC dates via the ASPEN interface so ISD can approve the new waiver COE.
- ▶ MCO should ensure it has both a PFOC and a request from the ASPEN file to complete a NF LOC for a NOME.

# Questions?



Thank you!!

