# Kansas Department of Social and Rehabilitation Services Janet Schalansky, Secretary

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#### **MEMORANDUM**

To: EES Chiefs Date: May 23, 2003

From: Jeanine Schiefereceke Implementation of Long Term Care

Changes Effective 07-03

The purpose of this memo is to provide instructions to EES staff for the implementation of changes in the Home and Community Based Services (HCBS) waivers, Program of All-inclusive Care for the Elderly (PACE) and Nursing Facility programs as directed by the 2003 Kansas Legislature. These changes are included in the FY 2004 budget and are effective July 1, 2003.

The following changes are being made as a result of the budget:

- 1. Restoration of the monthly income standard for both HCBS and applicable PACE cases to \$716.00. This new standard is effective for benefit months beginning 07-03. A standard of \$645.00 applies to benefit months 02-03 through 06-03.
- 2. Reduction of the functional Level of Care (LOC) threshold for NF, PACE and HCBS eligibility in the FE and PD waivers to a score of 26.
- 3. Additional monies earmarked to reduce HCBS waiting lists.

## **Income Standard**

To implement the new HCBS standard, the KAECSES table will be updated in preparation for a special emergency mass change, much like the process followed for the annual COLA mass change. The mass change will run the weekend of May 23 - 25. The mass change will rebudget all MS programs and incorporate the new HCBS standard. The new standard will be applied to all MS programs with a medical program subtype of HC. Other income and expenses currently included in the budget will not be adjusted. Any resulting HCBS obligation will be computed and reflected on the SPEN screen for the benefit month of 07-03.

The LOTC screen will also be automatically updated to incorporate the new HCBS obligation amount and a 07-01-03 effective date. This update will also occur over the weekend of May 23-25. All cases with an HCBS living arrangement code, an effective date prior to 07-01-03 and an HCBS obligation different than the amount appearing on SPEN for July will be updated. The LOTC screen must be updated manually if these conditions are not met. LOTC will not update if a later effective date is present on LOTC or if a living arrangement other than HC is present on LOTC.

Because non-HC living arrangement codes are used for PACE participants and persons in temporary care living arrangements, no updates will be made to LOTC for these cases. To assist staff with processing on these cases, a list of PACE participants will be produced. This list will only be made

available to staff in the Wichita area. The monthly TC printout should be used to identify persons currently in a temporary care living arrangement. It will be sent to the field on or about June 7, 2003.

Because the mass change will reprocess all MS cases, some NF, WH and IL cases may be adjusted because of this update.

The MR330, Mass Change Detail, will be available following the mass change. All cases impacted by the mass change will be listed. This report is accessible on SAR by entering SWM03828-159. Staff should be prepared to review this list and identify those cases which may require manual intervention, such as those cases copied past 07-03. Staff should also be prepared to view the Exceptions to LOTC Update, which lists those cases where LOTC did not update. All AC living arrangements are expected to appear on this list as well, so staff may have to sort though the information to identify pertinent HCBS information. This report is accessible on SARS as report SWY03873-R25. Both reports will be available 05-27-03.

For food stamp purposes, the new obligation shall also be allowed as a medical expense beginning in July. This change must be processed manually and the F708 can be used to notify FS households of changes in benefits.

To begin planning potential workload, a list of all open MS HC cases is attached. The list is sorted by section-unit-caseload, county and is meant to be used as a guide only.

#### **Notices**

For each case updated by the LOTC process, a notice situation will be created. Notice Z056, MS Mass Change/Chge in Patient Liability, will be produced. Because of the possibility of other changes occurring, such as non-covered medical expenses or other benefit changes, these notices will not be printed immediately after the mass run to allow the eligibility worker a window to make such adjustments. If no further changes are made and the mass change notice is not deleted, the system generated notice will be printed and mailed beginning 06-16-03. This mailing delay gives the worker until the close of business on 06-13-03 to make any necessary changes and delete the MS mass change notice. If action is taken to make other changes to the obligation prior to this time, the system-generated notice must be deleted and a new notice sent which describes the PIL change as well as the additional changes. Because the effective dates and amounts are driven by notice keywords, these fields cannot be changed through a notice update on NOHS. The N757, MS Mass Change/Chge in Obligation, has been created for this purpose. For PACE cases, the general N726, PACE Obligation Change, may be sent. A sample notice is included with this memo.

To inform the case manager/independent living counselor (CM/ILC) of the change, a notice will be created with mass change for each HCBS individual whose obligation was updated. This notice provides the client name, case number, old and new liability amount with effective dates, the client's address and the worker name. A copy of the notice is to be made and put in the case file for documentation. The notice is then to be sent to the HCBS CM/ILC to inform them of the change. If adjustments are made to the obligation after this notice is produced, a pen and ink change will be made to the notice. Because the case manager notice will be sent, an ES-3161 will not be necessary for these obligation changes. All notices will be mailed to the area offices on or about 05-27-03. Notices are also available for viewing on SAR by entering report ID SWY03873-R17. For control purposes, an alpha listing of all HCBS cases changed notices will also be available on SAR. The list, sorted by caseload, will be available on 05-27-03 by entering SAR report ID SWY0373-R35.

Upon receiving the notice of new obligation, the CM/ILC must adjust the plan of care. This involves notifying both the consumer and the provider(s) involved of the change in obligation. Because many new persons may now have an obligation, the CM/ILC may also have to provide initial client obligation education to the consumer. To provide the CM/ILC with as much time as possible to make changes, it is imperative that EES staff feed updated obligation information to them as quickly as possible and do

so as cases are processed. Do not hold all CM/ILC notices until 06-13 to batch and send. By sending notices quickly, the workload is better distributed throughout the month.

Because all MS cases will be included in the mass change, notices for non-HC cases could also be produced. Printing and mailing of these notices will also be delayed, and should be deleted on or before 06-13-03. Those cases impacted can be identified through the MR330.

## **New LOC Score**

The new level of care score is applicable for both HCBS FE and PD cases as well as persons requesting NF reimbursement. In either situation, persons with a LOC score between 26 and 30 are not eligible for services until 07-01-03, unless grandfathering rules allowed an existing consumer to continue services.

For HCBS cases, the IL counselor/ case manager is responsible for notifying EES of persons approved for waiver services according to standard procedures. When the LOC score was increased in 02-03 some persons were removed from the FE and PD waiting lists. Some of these persons may now be eligible to be placed back on the waiting list. Persons should contact the IL counselor/case manager for more information.

Persons in NF living arrangements with a LOC score between 26 and 30 may be approved for payment beginning 07-01-03. For new applicants, there is no coverage of NF costs for dates prior to 07-01-03 unless an LOC score of 30 or greater was met.

## **Waiting Lists**

The budget also included additional funding for the PD, MR/DD and FE waivers, with the specific goal of reducing waiting lists for these services. Formal implementation plans for the MR/DD and PD waivers are in progress at this time. However, significant numbers of consumers are not expected to be added to either waiver because of this new funding.

However, several hundred persons currently on the waiting list for the FE waiver are expected to be approved for services. EES staff will be contacted as these cases are identified by local AAA staff. Routine communication procedures are to be followed. Please keep in mind that prompt processing is critical at this time. Case managers may not enter the plans of care on the system until eligibility information has been sent to the MMIS. Because of this, it is important that LOTC updates be completed as quickly as possible. In addition, a planned system freeze of the MMIS plan of care system is scheduled to occur in late August to allow for conversion of existing information to a format supported by the new interChange MMIS. It does not appear new plans of care will be enterable until the conversion process is complete. It is very important that staff prioritize eligibility processes for these newly approved individuals to allow these consumers to receive services prior to the system freeze.

If you have any questions or concerns about these changes, please contact me at (785)296-8866. Please report any concerns regarding mass change processing to SRSTSC at (785) 296-4357.

JS:jmm

#### Attachment - LTC Notice 0703

cc: Bobbi Mariani EES Program Trainers
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