COMMUNITY REINTEGRATION

Centennial Care 2.0 Joint MCO Training

DEFINITIONS

- **Allocation Packet**: The documents sent by HSD/MAD/LTSSB to a registrant that includes the Letter of Interest (LOI), Primary Freedom of Choice (PFOC), Withdrawal Form, Medicaid Application for Assistance, and a self-addressed stamped envelope.
- **Central Registry**: A database that maintains a list of individuals who are interested in receiving Community Benefit (CB) services and may be eligible for an allocation.
- **HSD 100**: "Medicaid Application for Assistance" that is used to apply for CB and is available online or at a local HSD/ISD office.
- **Letter of Interest (LOI)**: The letter that is sent to a registrant informing him or her that an allocation is available and that he or she may apply for CB.

DEFINITIONS CONT.

- **Notice of Allocation (NOA)**: The letter that is sent to a registrant informing him or her that the PFOC was received at HSD/MAD/LTSSB and informs him or her of the next steps in the allocation process. The date of the NOA is the allocation date.
- **Primary Freedom of Choice (PFOC)**: The form included in the Allocation Packet that allows a registrant to confirm his or her interest in pursuing the opportunity to apply for CB services.
- **Withdrawal Form**: The form that is included in the Allocation Packet that allows a registrant to withdraw his or her request to apply for CB services.

COMMUNITY REINTEGRATION OVERVIEW

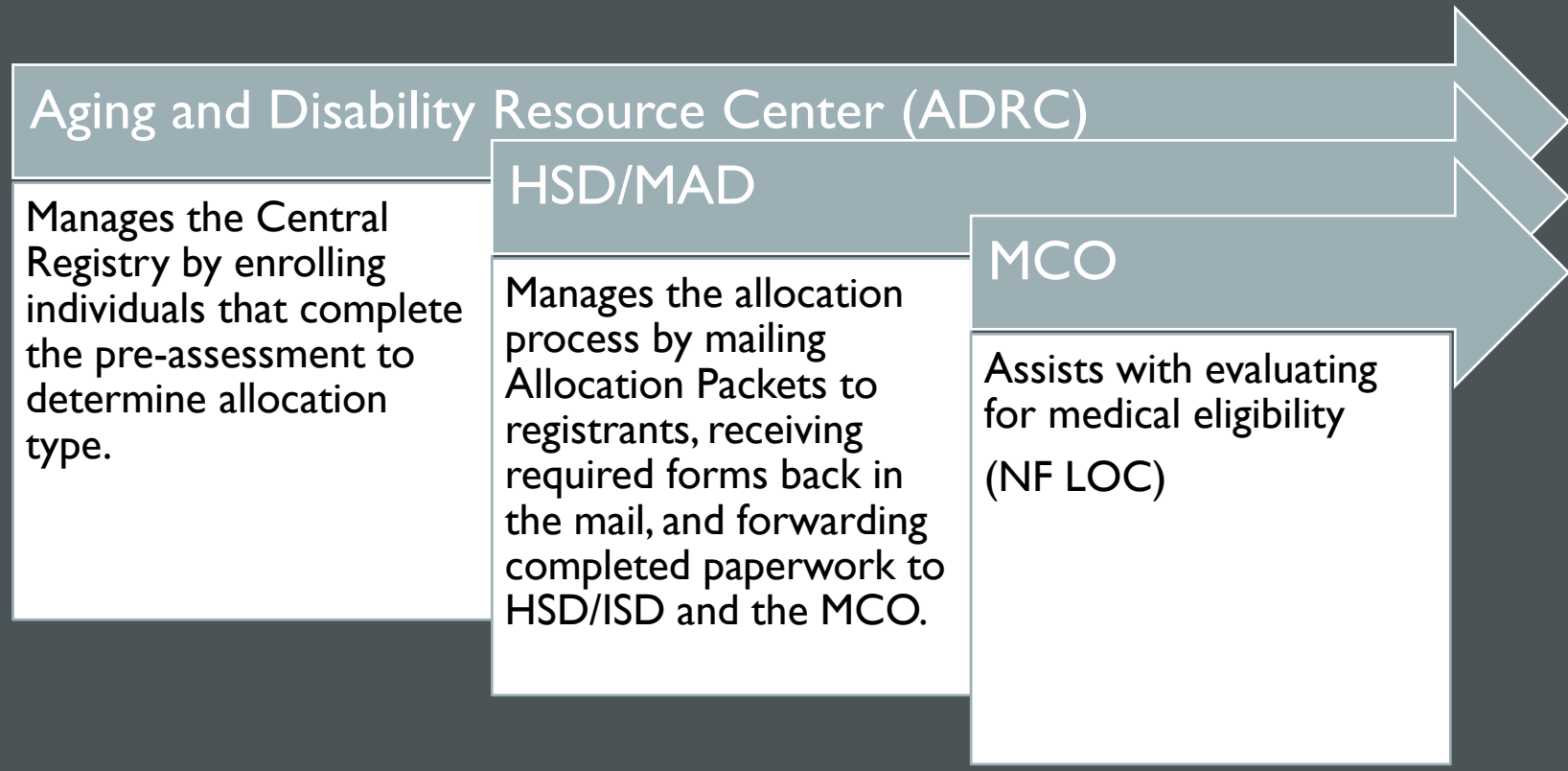
Provides individuals the opportunity to move out of a Nursing Facility and back into the community, for a registrant who is residing in a Nursing Facility (NF) at the time of registration.

- In order to be eligible, the registrant must have resided in a NF for 90 consecutive days. This may include days during which the registrant was hospitalized and returned to the NF.
- The individual must be capable of comprehending the decisions being made or have a primary caregiver or legal guardian that understands the options.
- The individual must not require Agency-Based Community Benefit (ABCB) services 24 hours per day in his or her home.
- The goal is to assist the individual to become integrated into his/her community and be as independent as possible.

COMMUNITY BENEFIT ALLOCATION

Members with an Institutional Category of Eligibility (COE) 081, 083, 084 will require a Community Waiver allocation
To request an allocation, contact the Aging and Disability Resource Center (ADRC) at 1-800-438-2080 to place the Member on the Central Registry. Upon confirming a 90-day stay, a community reintegration allocation is granted
The allocation paperwork must be completed within 45 calendar days or the allocation will be closed. An extension may be requested by contacting HSD/MAD.

ALLOCATION PROCESS



AGING AND DISABILITY RESOURCE CENTER RESPONSIBILITIES

- Maintains accurate registrant information in the Central Registry, including coding of category of registration for each resident
- Changes a registrant's category of registration upon receipt of a notification of a change. For example, if a registrant leaves the nursing facility prior to meeting the 90-day requirement for reintegration

HSD/MAD RESPONSIBILITIES

- Sends an Allocation Packet to the registrant upon issuing an allocation
- The Registrant is asked to complete a PFOC, HSD 100 form or a withdrawal form
- The Allocation Packet contains the following:
  - Letter of interest (LOI);
  - PFOC;
  - Withdrawal Form;
  - HSD 100 "Medicaid Application for Assistance";
  - CB Information Brochure; and
  - Self-addressed stamped envelope addressed to HSD/MAD/LTSSB

HSD/MAD CONT.

- Allocation Packets should be completed within 45 calendar days
- A one-time extension may be requested by contacting HSD/MAD at (505) 827-3157 to provide an additional 30 days for completion
- If no response is received, HSD/MAD sends a closure letter to the registrant

- PFOC Processing:
  - If incomplete or not signed, the PFOC is returned to the registrant. The registrant has 30 days to complete and re-submit.
  - If the PFOC and HSD 100 are completed and signed, HSD/MAD/LTSSB will process them by sending:
    - A NOA letter to the registrant
    - A copy of the NOA, PFOC, and HSD 100 to the HSD/ISD Eligibility system
    - A copy of the PFOC to the registrant's MCO

MCO RESPONSIBILITIES

- Upon receipt of the PFOC, the MCO assists with determining medical eligibility via a NF LOC review
  - The NF LOC assessment and review is completed and transmitted within 40 calendar days from receipt of the PFOC
  - NF LOC determination is sent to HSD/ISD via the ASPEN interface file within 5 business days of the NF LOC determination. If there is an existing NF LOC determination on file, the MCO submits the NF LOC effective dates to HSD/ISD via the ASPEN interface file within 5 business days of receipt of the PFOC
  - Upon receiving the updated COE on the enrollment file, the MCO will assign the appropriate Setting of Care and transmit it to Omnicaid within 5 business days
- Care Coordinator develops a transition of care plan to address reintegration planning and post-discharge follow up

HSD/ISD

RESPONSIBILITIES

Completes a review for financial eligibility. In order to be financially eligible, income and assets must be below the Institutional Care Medicaid (ICM)/Waiver maximum allowable amount. In addition, all other financial and non-financial eligibility requirements must be met as determined by HSD/ISD.

COMMUNITY REINTEGRATION-MCO

- Once a member is eligible for CB (via an approved waiver or Full Medicaid COE) the MCO Care Coordinator assists with reintegration planning to include:
  - Assist with identification of housing
  - Completion of a Comprehensive Needs Assessment (CNA) and CB Services Questionnaire to determine benefit needs
    - Environmental Modifications and Community Transition services should be requested immediately if a need is identified
    - Identification and authorization of other needed CB services (PCS, respite, etc)
  - Discharge planning to address needs including: Primary Care Provider (PCP), pharmacy, durable medical equipment (DME), transportation, and community resources
  - Assist the member to establish a PCP with appointment scheduled to occur within 7 days post-discharge

COMMUNITY REINTEGRATION- NF

- Participate in the feasibility and discharge planning meetings
- Assist with obtaining orders for the following, as applicable:
  - Therapies: Physical Therapy, Occupational Therapy, Speech Therapy
  - Skilled Nursing
  - DME
  - Home Health Aide
- Arrange training at the NF for member's family and caregivers prior to discharge, as allowed and applicable
- Review medications with the member on the date of discharge, ensuring enough supply are provided to support the member until the follow- up appointment with the member's PCP

LET'S WORK TOGETHER!

- Notify the member's Care Coordinator ASAP if a member discharges from the facility prior to the discharge date and or leaves AMA.
- * Members who leave the NF with an Institutional Medicaid COE will not have immediate access to CB-placing them at higher risk
- Notify the member's Care Coordinator if the member has been admitted to the hospital.
- Notify the member's Care Coordinator if the member has decompensated.

MCO POLICY MANUAL UPDATES

RE-REVIEW

- If a NF provider is not in agreement with a review decision, the NF must request a re-review of the decision(s) before requesting a reconsideration.
- The NF must request a re-review within ten (10) calendar days after the date on the written notification of the MCO decision or action.
- The NF must submit directly to the MCO in writing and must reflect on the Notification Form.

RE-REVIEW PROCESS

- The MCO must decide within six (6) business days from the date of notification and will include the decision. If there is not a change in determination, the MCO will also provide information on the reconsideration process.
- Please note, NFs who do not meet the ten (10) calendar days to request a re-review may request a reconsideration within 30 calendar days.

MCO CONTACT INFORMATION

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QUESTIONS?