

## **Guide to Processing HCBS Terminations**

### **March 16, 2017**

This document provides processing instructions for HCBS terminations. These instructions support policy outlined in KDHE Policy Memo 2016-03-01 and are intended to be used for HCBS closures until further notice. These are especially useful when services have stopped but action has not been taken on the case and eligibility has continued for several weeks or months.

#### **A. CASE CONSIDERATIONS**

Prior to processing these cases, several factors must be considered. It is important to familiarize yourself with the factors of the case before attempting any action.

1. Review the LOC (Level of Care) and PL (Patient Liability) in the MMIS.
  - If the LOC segment is high dated (2299/12/31), these instructions apply.
  - If there is a LOC segment with HC/?? and IL/NA coding in the same month with HC/?? Coding for subsequent months, the worker will review the Journal to determine if Maximus staff have end dated HCBS LOC. If that is the case, the worker will need to remove that end date, per Step B.3 below, before processing the case using these instructions. If the Journal does not indicate that a worker has ended HCBS eligibility or if the LOC in MMIS is already end dated, **DO NOT PROCESS**; refer the case to the KDHE supervisor for review to determine how case should be processed.
2. Evaluate the case for outstanding Review issues.
  - Is the review date in the future or the past? If in the past, was a review sent to the consumer? Is there an administrative role? Was a review sent to the administrative role?
  - Processing of the HCBS termination will be completed regardless of any review issues; however, final disposition of the case will be dependent upon the answers to the review's questions.
    - a) If an administrative role did not receive the review or a review was not sent to the consumer; after HCBS clean-up is completed, a review form will be issued and the consumer given 15 days to return it.
    - b) If a review was sent to the consumer and/or administrative roles and has not been returned, the case will be discontinued for no review.
    - c) If a review form has been returned, the review will be processed for the come-up month after HCBS termination activities have been completed.
3. Determine what type of eligibility will be established going forward and, if applicable, in the past. The following scenarios require different action:
  - HCBS has ended and Medicaid eligibility continues (SSI, PMG, or MAGI),
  - HCBS has ended but MSP eligibility continues,
  - HCBS has ended but consumer will be approved for Medically Needy coverage (note that workers must use the W-3, [E&D Medical Spenddown Estimator Tool](#) for this portion).

- HCBS has ended and consumer does not qualify for another medical program. The processes for these cases are outlined below.
4. Determine the effective date of the transition. This may involve using the actual HCBS termination date or it may require establishing an Adjusted HCBS End Date. Regardless, staff need to identify the exact date HCBS needs to end prior to attempting any updates in KEES. There are special situations that will impact the determination:
- The death of the consumer,
  - Consumer transitioned to another LTC living arrangement, and
  - All other consumers, especially noting those with an HCBS end date more than three months in the past.

Consumers in the first two categories will be processed following current procedures which are outlined in 1 and 2 below.

**IMPORTANT:** When these cases are touched, workers should review the Journal back to 7/1/2015 to determine if case conversion clean-up has been completed. If there is no Journal entry indicating it has been done, worker will need to do the post-conversion clean-up per the instructions in the KEES User Manual. Workers should also review non-financial and financial pages for correctness when processing the HCBS termination.

## **B. PROCESS STEPS**

### **1) Consumer has died**

See Death of a Consumer Job Aid for detailed instructions

- a) Review case and images for verification of Date of Death.
- b) Enter date of death on Individual Demographics page.
- c) Enter HCBS termination date (the DOD) on LTC Data Page.
- d) Run EDBC for month of death AND for the come-up month to discontinue the program.

### **2) Consumer had a LTC living arrangement change**

- a) Check case and images for 3161, 2126, CARE score, etc. Request any information needed.
- b) Process case per current procedures for living arrangement changes.

### **3) HCBS termination date has been entered into the MMIS**

- a) These are cases where staff entered an end date on the LTC Data page and ran EDBC for that month only. This did not fully complete the action. MMIS will show HC and IL-NA coding for the same month in the LOC window. Future months will show HC coding.

In Example 1 below, the LTC Data Details page was updated with a date of 09/10/16, but EDBC run was executed for September only. Note the months of October through current still show HCBS.

| <u>MMIS LOC</u> | <u>KAECSES Living Arrangement</u> | <u>KAECSES LOC</u> | <u>Effective Date</u> | <u>End Date</u> |
|-----------------|-----------------------------------|--------------------|-----------------------|-----------------|
| 180             | HC                                | FE                 | 2016/10/01            | 2299/12/31      |
| 000             | IL                                | NA                 | 2016/09/11            | 2016/09/30      |
| 180             | HC                                | FE                 | 2016/04/08            | 2016/09/10      |

| <u>MMIS LOC</u> | <u>KAECSES Living Arrangement</u> | <u>KAECSES LOC</u> | <u>Effective Date</u> | <u>End Date</u> |
|-----------------|-----------------------------------|--------------------|-----------------------|-----------------|
| 180             | HC                                | FE                 | 2016/12/01            | 2299/12/31      |
| 000             | IL                                | NA                 | 2016/11/21            | 2016/11/30      |
| 180             | HC                                | FE                 | 2016/04/08            | 2016/11/20      |

- b) If the HCBS termination was outside of the allowable retroactive period (see Policy Memo 2016-03-12), HCBS will be reinstated for the month and the termination date will need to be removed.

Evaluate the case to determine if client has continuing eligibility, will be MSP only, will be set up as Medically Needy with a spenddown or will be discontinued due to no eligibility for other programs. A new termination date will be entered based upon the new policy.

- c) For Example 1 above, the worker will edit LTC Data detail for the HCBS record terminating. Remove the previously entered termination date (9/10/2016 in the above illustration).

For Example 2 above, if action was being taken in March, the November HCBS termination date would be three months prior to the month of action. This termination date would not need to be changed. The worker would need to address eligibility for Dec. through the come-up month to get the LOC coding in MMIS changed to IL/NA. This might be authorizing a spenddown for 12/16-5/17 or changing the consumer to MSP for the come-up month but re-running EDBC for Dec. through March to remove the HC coding on LOC in the MMIS.

- d) Run EDBC for the month of termination with Timely Notice Exception marked 'Yes' and a run reason of 'Late LTC Change'. This will remove the IL/NA record from MMIS. The worker will now evaluate the case to determine the correct termination date for HCBS.

The worker will now evaluate which of the sub-categories listed above the case would fall into. If the consumer had an aid code of SSI, PMG, or MAGI before HCBS was approved, proceed to Step 4. If the consumer was MSP only or has Medicare and does not meet the criteria for a Medically Needy spenddown, proceed to Step 5 or 6. If the consumer meets criteria for

Medically Needy spenddown, proceed to Step 7 or 8. If the consumer will not have any eligibility once HCBS ends, proceed to Step 9.

#### **4) HCBS Terminating, Eligibility Continues**

- a) SSI or PMG Continues
  - i) Change the RMT to Medical effective the month after the adjusted HCBS termination date.
  - ii) If an Adjusted HCBS End date is needed, enter the date case is processed as the HCBS termination date on the LTC Data Detail page.
  - iii) Otherwise, enter the actual HCBS termination date on the LTC Data Detail page.
  - iv) For the month of HCBS change, do not change the RMT – use LTC.
  - v) For the subsequent months, change the RMT to Medical. Note the case may need to be pended after HCBS is terminated until that month is available as the come-up month.
  - vi) Run EDBC for HCBS termination month and for the following months through the come-up month. EDBCs should not have any LTC coding in months after the HCBS termination.
  - vii) Send NOA.
  - viii) Change the Worker ID to the E & D Worker ID (KH0206Q102).
  - ix) Journal all actions taken.
  - x) Send an ES-3161 to the MCO to notify them of HCBS being ended in KEES.
  
- b) If the consumer was previously MAGI or could qualify for MAGI,
  - i) Terminate HCBS per 4) a) ii and iii above,
  - ii) Discontinue LTC program block,
  - iii) Then add the individual to the ongoing MAGI case and determine eligibility for the following month.
  - iv) Send NOA.
  - v) If there is not an ongoing MAGI program block, contact with the family will be necessary to obtain new information and determine MAGI eligibility. A new application is not required.
  - vi) Journal all actions taken.
  - vii) Send an ES-3161 to the MCO to notify them of HCBS being ended in KEES.

#### **5) HCBS Terminating, MSP Continues-spouse**

- a) Review case to determine if there is a spouse receiving eligibility. (The spouse may be open on another case number; in these situations, the two cases will need to be merged.)
  - i) If spouse is open on MN, go to Step 7.
  - ii) If spouse is open on MSP, proceed to 5) b).
- b) If an Adjusted HCBS End Date is applicable, enter the date case is processed as the HCBS termination date on the LTC Data Detail page.
- c) Otherwise, enter the actual HCBS termination date on the LTC Data Detail page
- d) For the month of HCBS change, do not change the RMT – use LTC.
- e) Change the RMT the month following—the case may need to be pended after HCBS is terminated until that month is available as the come-up month.
- f) Run EDBC for month of HCBS Termination.

- g) Negative action LTC program block in the month following HCBS termination with a reason of 'Duplicate Application'.
- h) From the Case Summary page, select <View Details> in the program block with the MSP for the spouse. If there is a spouse but spouse is not open, check Case Summary for a program block with both spouses and open MSP on that program block. [The goal is to preserve the LTC program block with only one person in it. If we overlay MSP on the LTC program block it will pull the spouse into the program block, then that program block cannot be used for future LTC determinations.]
- i) Select <Edit> on the Medical Program Detail.
- j) Select <Add> under Program Persons and add HCBS consumer effective the month after HCBS termination. Worker may need to <Reapply> LTC spouse if they are already listed in the program block.
- k) Select <Save and Continue> until Case Summary page displays.
- l) Run EDBC for each month after HCBS termination through the come-up month.
- m) Send NOAs.
- n) Journal all actions taken.
- o) Send an ES-3161 to the MCO to notify them of HCBS being ended in KEES.

#### **6) HCBS Terminates, MSP Continues-no spouse**

- a) If an Adjusted HCBS End Date is required, enter the date case is processed as the HCBS termination date on the LTC Data Detail page.
- b) Otherwise, enter the date the services actually terminated.
- c) For the month of HCBS change, do not change the RMT – use LTC.
- d) Run EDBC for the month of HCBS termination.
- e) Change the RMT to MSP effective the month following HCBS termination.
- f) Run EDBC for each month following HCBS termination through the come-up month to change the case to MSP only.
- g) Send NOAs.
- h) Change the Worker ID to the E & D Worker ID (KH0206Q102).
- i) Journal all actions taken.
- j) Send an ES-3161 to the MCO to notify them of HCBS being ended in KEES.

#### **7) HCBS Terminates with a Spouse open on MN**

- a) If an Adjusted HCBS End Date is required, enter the date the case is processed as the HCBS termination date on the LTC Data Detail page.
- b) Otherwise, enter the date the services actually terminated.
- c) For the month of HCBS change, do not change the RMT-Use LTC.
- d) Run EDBC for month of HCBS Termination.
- e) Negative action LTC program block in the month following HCBS termination with a reason of 'Duplicate Application'.
- f) From the Case Summary page, select <View Details> in the program block with the MN for the spouse.
- g) Select <Edit> on the Medical Program Detail.
- h) Select <Add> under Program Persons and add HCBS consumer effective the month after HCBS termination. Worker may need to <Reapply> LTC spouse if they are already listed in the program block.
- i) Select <Save and Continue> until Case Summary page displays.

- j) Run EDBC for each month after HCBS termination through the come-up month. Use an RMT of Medical
- k) Send NOAs.
- l) Journal all actions taken.
- m) Send an ES-3161 to the MCO to notify them of HCBS being ended in KEES.

## 8) HCBS Terminates-MN with no Spouse

- a) If the consumer will be converted to MN, the worker will need to determine when a spenddown base period should begin. This will be dependent upon when the HCBS case should have been closed and whether there would be any remaining months in a possible spenddown base period. HCBS can be end dated the month of processing or in any one of the prior three months based upon when a spenddown should begin. Below are examples to illustrate this process—in all examples, the worker is processing the case on March 13th:

Example 1: HCBS services ended in June 2016. MN base would have been 7/16-12/16 with another base, 1/17-6/17, afterwards. We can't do anything about the first base period (it should be added to the overpayment spreadsheet) but the next base is within our three-month processing timeframe. HCBS will be end dated 12/31/16. RMT is changed to medical beginning 1/17. Run EDBC for Jan. through the come-up month to authorize the 1/17-6/17 base period.

Example 2: HCBS services ended in August 2016. If the case had been processed timely, MN base would have begun 9/16 making the base period 9/16-2/17. Since the consumer received full Medicaid for the entire base period has, the worker would end date HCBS 2/28/17. The RMT would be changed to medical beginning 3/17 and a new base authorized for 3/17-8/17 (even though the consumer received full title XIX for March).

Example 3: HCBS services ended in October 2016. The MN base period would have been 11/16-4/17; however, the HCBS end date and base period start date are outside of the three-month processing timeframe. The new base will start 05-2017. Therefore, HCBS will be end dated 4/30/17 and a MN base will be started with 5/17 when May becomes the come-up month. The worker will still end the HCBS in April and change the RMT to Medical effective 5/17. A task will be set to run EDBC when May becomes available.

Example 4: HCBS services ended in January 2017. Since this is within the three-month processing timeframe, HCBS would be terminated in January. The RMT would be changed to Medical for February. EDBC will be ran for Feb. through the come-up month in order to establish the 2/17-7/17 MDN spenddown base period.

Example 5: HCBS ended in November. The new base period will run 12/16-05/17. Although the three-month retro period would normally only allow the Adjusted date to go back 3 months (December), the Come-Up month exception applies (the current come up month will not allow the termination at the end of the base period). This allows the Adjusted End Date to extend back 4 months. Therefore, HCBS end date is 11/30/16.

- b) Edit LTC Data page to enter HCBS end date (based on step 8. a.)
- c) Run EDBC for month of HCBS termination.
- d) Change RMT to Medical effective the month following month of HCBS termination.
- e) Run EDBC, for month of the change, through the come-up month to set the six-month MDN base period.
- f) Send NOA.
- g) Journal case.
- h) Send an ES-3161 to the MCO to notify them of HCBS being ended in KEES.

**9) HCBS Terminates, No Eligibility**

- a) If an Adjusted HCBS End date is required, enter the date case is processed as the HCBS termination date on the LTC Data Detail page.
- b) Otherwise, enter the date the services actually terminated.
- c) For the month of HCBS change, do not change the RMT-Use LTC
- d) Run EDBC for month of HCBS termination.
- e) Change RMT to MSP effective the month following month of HCBS termination.
- f) Assure that Medical Condition page is correctly coded. Consumer should not have an Active or Presumptive record. If they do, this step does not apply; one of the other steps in this job aid should be followed.
- g) Run EDBC for the month following HCBS termination to discontinue the case.
- h) Send appropriate NOA.
- i) Journal case.
- j) Send an ES-3161 to the MCO to notify them of HCBS being ended in KEES.