



Policy Memo	
KDHE-DHCF POLICY NO: 2016-08-01	From: Jeanine Schieferecke, Senior Manager
Date: August 16, 2016	KEESM Reference: N/A KFMAM Reference: N/A
RE: Long Term Care Changes	Program(s): All Medical Assistance Programs

This memo provides policy and implementation instructions for changes to Long Term Care programs. These changes are implemented in conjunction with enhancements to the KEES system scheduled for the weekend of July 24, 2016, with functionality available on Monday, July 25, 2016. All changes are effective upon receipt of this memo unless otherwise indicated.

1. CHILDREN IN LONG TERM CARE

Two changes are being implemented for children in Long Term Care (LTC) stays.

- A. **Hospitalized Children:** The policy is being updated to require a MAGI determination for children residing in a general or specialty hospital prior to a non-MAGI determination. KEESM 8183 establishes treatment of children residing in a Medicaid-approved institution for 30 days or longer. In these instances, special income and budgeting rules apply and parental income is not considered available to the child. Although there are no changes to these rules, a MAGI determination must be completed prior to application of these provisions. The MAGI determination is not required for children receiving HCBS or children in a PRTF, State hospital or other stay requiring an MS-2126.

This change requires all children residing in a hospital for at least 30 days to undergo a MAGI determination. The MAGI determination will be based on the child’s living arrangement outside of the hospital. If the child is eligible for Medicaid without requesting additional information, no additional action is necessary. The child is enrolled in Medicaid. Because there is not a level of care screening requirement or additional financial/non-financial tests necessary for these children, no additional KEES coding is necessary. The LTC Requested Medical Type (RMT) and completion of the LTC Data Page is only necessary if making a determination as an LTC Child.

If the child is not eligible for MAGI Medicaid, one of the following is applicable:

- a. If, as a result of the MAGI screening, the child is obviously ineligible for Medicaid/CHIP it is not necessary to continue with the MAGI determination. A non-MAGI determination is completed using the special rules referenced above.
- b. If the child is CHIP eligible, CHIP coverages begins according to existing policy (including the CE period and the review period). This may leave a gap in coverage of a few days or more. If that occurs, a non-MAGI determination is completed for the gap period. However, the CHIP CE period remains in place. Note the LTC Data Page will need to be adjusted following the CHIP approval.
- c. If the MAGI determination is incomplete because additional information is needed, a Non-MAGI determination is completed while the information is pending and, if eligible, the Non-MAGI aid code is approved. In this case, MAGI processing shall continue and, if determined eligible under a MAGI group, the child is removed from the non-MAGI group and enrolled in the MAGI program with the month of application. The CE period and review period are determined based on this effective date. Note the LTC Data page will need to be adjusted following the MAGI Medicaid approval.
- d. If the child is approved for SSI while the application is in progress, the SSI medical program has priority over the MAGI program. An SSI aid code is approved and the MAGI determination is no longer needed.

Specific implementation and process instructions will be made available to Clearinghouse staff through a Job Aid - Child in a Hospital 30 Days or More. See attachments.

A KMAP Provider Bulletin is being released to ensure hospitals are aware of the policy and the correct process. See attachment.

B. Medical Condition

The KEES system previously required an active 'Disabled' Medical Condition record in order to authorize any type of long term care for anyone under 65 years of age. This was problematic because children may not have actually been determined disabled by SSA or DDS. Currently any children receiving HCBS under the MRDD, TA, SED or Autism waiver or any type of institutional care (PRTF, long term hospitalization, etc.) had a Medical Condition of SSA Blind, SSA Disabled, DDS Blind or DDS Disabled in KEES. Workers were instructed to enter SSA Disabled on the Medical Condition page even though these children had not had a formal disability determination.

With this update to KEES children no longer need a Medical Condition to be approved for LTC. Staff will continue to approve the LTC stay by using an RMT of LTC and the LTC Data Page must also be completed as previously directed using information from the ES-3160 or the MS-2126.

This section of the Memo supersedes Policy Memo 2015-06-04, Section 12-F.

a. MEDICAL CONDITION PAGE

Following this change, the Medical Condition page will only need to be updated if the LTC child is actually receiving SSI or has had a disability determination from SSA, DDS or PMDT. This process is effective for all new HCBS or LTC approvals following the change. Staff should enter a medical condition only if the individual has actually been determined disabled.

As part of the implementation, KEES will run a special, automatic batch on July 24, 2016 to end date the medical condition of children with a 300 Aid Code. The End Date of 7/31/16 will be inserted for the existing Medical Condition. The next time EDBC is run (either by a person or by a batch) the child will have an aid code of 300/CH instead of 300/DS. Eligibility staff should pay close attention to the EDBC results the next time the case it touched to ensure any medical condition is entered correctly. If the consumer's Medical Condition has an End Date = 7/31/16 but should NOT have been ended, staff can remove the End Date if the Medical Condition is necessary to determine the correct eligibility.

b. SPECIAL PROCESSES

This data fix will affect clients by end dating the Medical Condition effective 7/31/2016 for these children meeting certain criteria as a disability determination is not required for children receiving LTC. Staff with KEES operations are currently evaluating all cases impacted by this change.

- Cases which have the young adult client on their own case number (because they are now adults) will not need to be touched.
- Cases where the 18-22 yr. old is still on a parents' case will need to be corrected to put those clients on their own case number and some may need a disability determination. [NOTE: for the DD waiver clients, a disability determination is required to continue services past age 18.] KEES staff will identify these cases—instructions on how to process them will be forthcoming.

c. PHASE 3 IMPACT

Staff need to be aware that when Phase 3 is implemented, the Medical Condition coding will be very important for clients who also have active DCF programs open. As this information is 'person specific' the coding will impact all programs where the member is known to the system. Staff must take great care to ensure Medical Conditions are only effective for children who have actually been determined disabled.

2. SPOUSAL IMPOVERISHMENT

The higher community spouse and dependent family member allowances take effect as of July 1, 2016 and will be available in the KEES system for determinations on or after July 25, 2016. Current cases are to be adjusted the next time the case is touched, no later than the next annual redetermination.

Income allowances are to be adjusted in some of the cases as the community spouse can now get at least \$2,003 a month and any dependent family member can get \$668 a month provided his or her income is not in excess of \$2,003 per month. The new community spouse standard affects the outcome of the excess shelter calculation. The maximum amount of excess shelter which can now be given is \$978. Excess shelter expenses are now reduced by a standard of \$231. Thus, if the person's shelter payment equals or exceeds \$1,209 all that can be allocated is \$978. Any payment less than \$1,209 but more than \$231 would produce a varying standard. These new guidelines may decrease or eliminate the excess shelter allowance in some cases.

3. QUESTIONS

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff listed below.

Allison Miller, Family Medical Program Manager – amiller@kdheks.gov

Rod Estes, Elderly and Disabled Program Manager – restes@kdheks.gov

Jeanine Schieferecke, Senior Manager – jschieferecke@kdheks.gov