

# COLA updates - Income over 300% Instructions

## Overview

Some Institutional Care and HCBS cases have been identified as having significant changes in their liabilities and Aid Code status due to the case being updated for COLA. Some IC and HCBS cases may no longer qualify for the same level of assistance due to these changes. All cases will need to be reviewed to ensure the correct level of assistance is being given.

## Objective

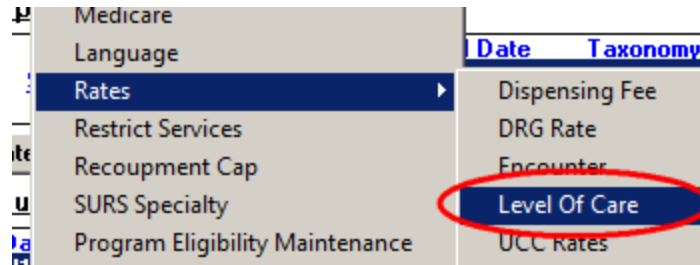
This guide has been created to address the COLA changes affecting Institutional Care and HCBS cases and how they will be worked. The guide will address all Institutional Care and HCBS cases that had an Aid Code change from MN3 to MDN and 300 to MN3.

## Institutional Care--Change from MN3 to MDN

1. Check the Income page for the consumer to determine if the correct updated income is being applied.
  - a. Remove any duplicate income
  - b. Update any other income as appropriate
2. Check the Expense page for the consumer to determine if any expenses applied need to be ended or adjusted.

**Note:** Health Insurance premiums are applied monthly and will not need an End Date. One-time medical expenses that were previously applied will need an End Date if the full amount has been applied. Any one-time expense will need further review.

3. Go to LTC Data Detail page and note the facility that the consumer is currently residing in.
4. Review the Journal to see if the case has been updated in the last 6 months. If a review, application, or change in living arrangement has happened in the last 6 months, skip to step 7a.
5. Open the MMIS and locate the daily rate for the facility.
  - a. Log in to the MMIS and select the Provider button
  - b. Select the Maintenance button
  - c. Enter the business name (or partial name) to locate the facility listed on the LTC Data Detail page and select Search
  - d. Review the list of businesses and scroll to the right to confirm the address for the correct facility
  - e. Double click the facility name or choose the Select button
  - f. Double click the facility name or choose the Select Service Station button
  - g. Select Options from the top tab and place the cursor over Rates. This opens to the right side.
  - h. Select Level of Care from the Rates sublist



- i. The daily rate of the facility is listed under a Level of Care of SNF/ICF or ICF/MH and the correct daily rate appears under the Rate Amount.

**Note:** The most current rate amount is listed on the top. Check the Effective Date to confirm.

6. Calculate the new cost of care using the daily rate for the facility multiplied by 30 days.
7. Enter the new cost of care onto the LTC Data Detail page.
  - a. If the consumer's patient liability remains less than the new cost of care, go to step 8.
  - b. If the consumer's patient liability is now greater than the new cost of care, proceed to step 11.
8. Run EDBC for the month the MDN began (5/17) and check the results to ensure the case remained MN3.
9. Delete any mass change NOA that is pending and send a V008 with the COLA Mass Change from the Standard Text for Copy and Paste along with the system-generated NOA regarding the change in patient liability.
10. Journal all actions taken on the case.

**End Process**

11. If the consumer's patient liability is now greater than the new cost of care, the consumer will need to be set up on a MDN case with a spenddown.
  - a. Return to the LTC Data Detail page and add discharge information.
    - i. Select "Yes" from the Discharge Information dropdown field
    - ii. Select "Other" from the Discharged To dropdown field
    - iii. In the Other field, enter "still in facility on spenddown"
    - iv. Select a Discharge Date that corresponds to the last day of the month prior to the month the MDN with a spenddown begins (giving timely and adequate notice)
    - v. Select "Save and Return"

**DISCHARGE INFORMATION:** Yes

**Discharged To:** Other       **Other:** still in facility on spenddown      **Discharge Date:** 04/30/2017

**If discharged to facility or hospital, name of facility:**

- b. Change the RMT on the case to Medical the first month that MDN with a spenddown begins

- i. Go to Case Summary page and select the “View Details” button on the program block that is currently open to the consumer’s LTC
- ii. Select “Edit” on the Medical Program Detail page
- iii. Select “Edit” to the right of the Program Persons
- iv. Select “Add” under the Requested Medical Type on the Medical Person Detail page
- v. Select “Medical” under the Requested Medicaid Type and enter a Begin Month corresponding to the first month that MDN with a spenddown will begin

## Requested Medicaid Type Detail

Requested Medicaid Type Information

<b>Requested Medicaid Type:*</b> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Medical"/>	<b>Begin Month:*</b> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="05/2017"/>
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- c. Add the facility’s current cost of care to the Expenses page for the full 6-month base period.
  - i. The worker will calculate the actual cost of care off-system, using the facility daily rate identified in step 5 multiplied by the actual number of days in the 6-month base period.  
  
 (Example: Consumer’s base period extends from 5/17 through 10/17. 5/17, 7/17, 8/17, and 10/17 have 31 days each and 6/17 and 9/17 have 30 days each. Therefore, the number of days is: 31 + 30 + 31 + 31 + 30 + 31=184 days. 184 days x \$160.00=\$29,440.00)
  - ii. Select “Medical Expenses” from the Expense Category dropdown field and select “Add”
  - iii. In the Description field on the Expense Detail page, the worker will enter “facility cost of care for {first month of base period} through {last month of base period}”
  - iv. Select “Private Pay LTC Expense” from the Expense Type dropdown field
  - v. Select “One-Time Payment” from the Frequency dropdown field
  - vi. Add the consumer as the Contributor with a Began Date of the first month of the base period and no End Date
  - vii. Add an Amount that corresponds with the expense the worker calculated off-system in step c (i) above with a Begin Date of the first day of the first month of the base period and no End Date, as the system will likely not allow this
  - viii. Select “Save and Return”
  - ix. Add a future-dated task to update this Expense record with an End Date at the time a new base period is being set up.

**Expense Category:\*** Medical Expenses

**Description:** facility cost of care for 5/17 through 10/17

**Expense Type:\*** Private Pay LTC Expense

**Frequency:\*** One-Time Payment

**Display From:**  **To:**  [View](#)

Contributors*			
Persons	Begin Date	End Date	Action
<a href="#">HOBBY HORSE</a>	05/01/2017		<a href="#">Edit</a> <a href="#">Add</a>

Amounts					
<input type="checkbox"/>	Amount	Amount Paid by Others	Begin Date	End Date	Action
<input type="checkbox"/>	<a href="#">29,440.00</a>	0.00	05/01/2017		<a href="#">Edit</a> <a href="#">Add</a>

12. Run EDBC for the first month of the spenddown base period.
  13. Review EDBC results for the correct code, spenddown base period months, medical expenses being applied, and the remaining spenddown amount.
  14. Accept and Save the correct EDBC
  15. Send the system-generated Mass Change NOA for the change in assistance
  16. Journal all actions taken. Be sure to include a note in the journal that the consumer's LTC Data Detail page was updated with a Discharge Date but the consumer is still residing in the facility.
- End Process.**

#### HCBS—Change from MN3 to MDN

1. Check the Income page for the consumer to ensure the correct amount is being applied.
  - a. Remove any duplicate income
  - b. Add or update any other income as appropriate.
2. Check the Expense page for the consumer to determine if any expenses applied need to be ended or adjusted.
3. Review the Journal to see if the case has been updated in the last 6 months. If a review, application, or change in living arrangement has happened in the last 6 months, skip to step 7a.
4. Go to the MMIS and locate the current MCO for the consumer's HCBS. This is located on the PMP Assignment History page, accessed through the "PMP" button the right side of the Beneficiary Base window.
 

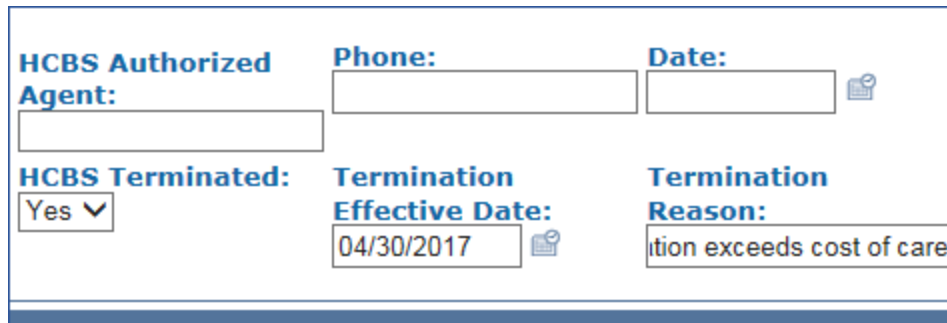
**Note:** Do not use the MCO listed on the LTC Data Detail page as this information was populated at the time of the initial application and may no longer be accurate.
5. E-mail a 3160 to the MCO to find out the current cost of care for the consumer.

(Complete Section VI.-KDHE Eligibility Information on the 3160 and ask for a new estimated cost of care in the body of the e-mail.)

6. The worker will add a task to the case with a Due Date 7 days out until a response is received from the MCO
7. Once the new cost of care has been received, enter this into the LTC Data Detail page.
  - a. If the consumer's client obligation remains less than the new cost of care, go to step 8.
  - b. If the consumer's client obligation is now greater than the new cost of care, proceed to step 11.
8. Run EDBC for the month the MDN began (5/17) and check the results to ensure the case remained MN3.
9. Delete any mass change NOA that is pending and send a V008 with the COLA Mass Change from the Standard Text for Copy and Paste along with the system-generated NOA regarding the change in client obligation
10. Journal all actions taken on the case

**End Process**

11. If the consumer's client obligation is now greater than the new cost of care, the consumer will need to be set up on a MDN case with spenddown.
  - a. Return to the LTC Data Detail page and add HCBS termination information.
    - i. Select "Yes" from the HCBS Terminated dropdown field
    - ii. Select a Termination Date that corresponds to the last day of the month prior to the month the MDN with spenddown begins (giving timely and adequate notice) under Termination Effective Date
    - iii. Add a Termination Reason of "Obligation exceeds cost of care"
    - iv. Select "Save and Return"



The screenshot shows a form with the following fields and values:

<b>HCBS Authorized Agent:</b> <input type="text"/>	<b>Phone:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>
<b>HCBS Terminated:</b> Yes ▾	<b>Termination Effective Date:</b> 04/30/2017	<b>Termination Reason:</b> Obligation exceeds cost of care

- b. Change the RMT on the case to Medical the first month that MDN with spenddown begins
  - i. Go to Case Summary page and select the "View Details" button on the program block that is currently open to the consumer's LTC
  - ii. Select "Edit" on the Medical Program Detail page
  - iii. Select "Edit" to the right of the Program Persons
  - iv. Select "Add" under the Requested Medical Type on the Medical Person Detail page

- v. Select “Medical” under the Requested Medicaid Type and enter a Begin Month corresponding to the first month that MDN with spenddown will begin

### Requested Medicaid Type Detail

Requested Medicaid Type Information

<b>Requested Medicaid Type:*</b> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Medical"/>	<b>Begin Month:*</b> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="05/2017"/>
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12. Run EDBC for the first month of the spenddown base period.
  13. Review EDBC results for the correct code, spenddown base period months, medical expenses being applied, and the remaining spenddown amount.
  14. Accept and Save the correct EDBC
  15. A change NOA should be created showing HCBS terminated and the new spenddown began
  16. Journal all actions taken. Be sure to include a note in the journal that the consumer’s LTC Data Detail page was updated with a Discharge Date but the consumer is still residing in the facility.
- End Process.**

**Institutional Care—300 to MN3**

1. Check the Income page for the consumer to ensure the correct amount is being applied.
  - a. Remove any duplicate income
  - b. Add or update any other income as appropriate.
2. Check the Expense page for the consumer to determine if any expenses applied need to be end dated or adjusted.
3. Go to LTC Data Detail page and note the facility that the consumer is currently residing in.
4. Review the Journal to see if the case has been updated in the last 6 months. If a review, application, or change in living arrangement has happened in the last 6 months, skip to step 7.
5. Open the MMIS and locate the daily rate for the facility.
6. Calculate the new cost of care using the daily rate for the facility multiplied by 30 days.
7. Enter the new cost of care onto the LTC Data Detail page.

<b>Current Level Of Care in Your facility*</b> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Skilled Nursing"/>	<b>Cost Of Care:*</b> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="4962.60"/>
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8. Run EDBC for the month the new patient liability will be applied (giving timely and adequate notice) and check the results to ensure the case shows the correct code of 300 or MN3.
9. Accept and Save the EDBC results

10. Delete any mass change NOA that is pending and send a V008 with the COLA Mass Change from the Standard Text for Copy and Paste along with the system-generated NOA regarding the change in patient liability
  11. Journal all actions taken
- End Process**

### **HCBS—300 to MN3**

1. Check the Income page for the consumer to ensure the correct amount is being applied.
    - a. Remove any duplicate income
    - b. Add or update any other income as appropriate.
  2. Check the Expense page for the consumer to determine if any expenses applied need to be ended or adjusted.
  3. Review the Journal to see if the case has been updated in the last 6 months. If a review, application, or change in living arrangement has happened in the last 6 months, skip to step 8
  4. Go to the MMIS and locate the current MCO for the consumer's HCBS. This is located on the PMP Assignment History page, accessed through the "PMP" button the right side of the Beneficiary Base window.

**Note:** Do not use the MCO listed on the LTC Data Detail page as this information was populated at the time of the initial application and may no longer be accurate.
  5. E-mail a 3160 to the MCO to find out the current cost of care for the consumer.

(Complete Section VI.-KDHE Eligibility Information on the 3160 and ask for a new estimated cost of care in the body of the e-mail.)
  6. The worker will add a task to the case with a Due Date 7 days out until a response is received from the MCO
  7. Once the new cost of care has been received, enter this into the LTC Data Detail page.
  8. Run EDBC for the first month the change occurs and check the results to ensure the case correctly determined 300 Aid Code or MN3 Aid Code.
  9. Accept and Save the EDBC results
  10. Delete any mass change NOA that is pending and send a V008 with the COLA Mass Change from the Standard Text for Copy and Paste along with the system-generated NOA regarding the change in client obligation
  11. Journal all actions taken
- End Process**