

Bulletin: MSA 05-21

Distribution: Medicaid MI Choice Home and Community Based Program for Elderly and Disabled (MI Choice Program - Provider Type 77)
Nursing Facilities (Provider Type 60)
County Medical Care Facilities (Provider Type 61)
Hospital Long Term Care Units (Provider Type 62)
Hospital Swing Beds (Provider Type 63)
Ventilator Dependent Care Units (Provider Type 63)
Centers for Independent Living

Issued: April 1, 2005

Subject: MI Choice Program Nursing Facility Transition Services and Waiting List Policy

Effective: May 1, 2005

Programs Affected: Medicaid

Purpose

The Michigan Department of Community Health (MDCH) is implementing a procedure for the utilization of Waiting Lists for persons who request participation in the MI Choice Program when requests for participation exceed program capacity. MDCH is also initiating a new MI Choice Program covered service, Nursing Facility Transition Services, that will allow reimbursement for specific costs associated with transitioning individuals from nursing facilities to the MI Choice Program.

Waiting Lists

Based on annual budget appropriations for the MI Choice Program, individual agencies are provided a maximum budget for services. Effective May 1, 2005, a Waiting List procedure will be implemented should the number of participants receiving and applying for MI Choice Program services exceed program capacity.

Any person who expresses interest in the MI Choice Program must be evaluated by telephone using the Telephone Intake Guidelines (TIG) at the time of his or her request. If the person is seeking services for another, the MI Choice Program agent shall either:

- Contact the person for whom services are being requested, or
- Complete the TIG to the extent possible using information known to the caller

Applicants to the program who are determined presumptively eligible based on financial criteria and the TIG must be offered a face-to-face evaluation within seven days if the MI Choice Program is accepting new participants. Applicants who are determined presumptively eligible when new participants are not being accepted must immediately be placed on the MI Choice Program Waiting List. If an applicant who is determined presumptively eligible through the TIG screening process does not receive a face-to-face evaluation within seven days, the person shall be placed on the Waiting List based on the priority category, chronologically by date of the original request for services. Contact logs will no longer be used.

Applicants who are determined ineligible based on telephonic screen information may request a face-to-face evaluation using the Michigan Medicaid Nursing Facility Level of Care Determination and financial eligibility criteria. MI Choice Program agents must issue an adverse action notice and advise applicants of his or her appeal rights when the applicant has been determined ineligible either through telephonic screening or face-to-face evaluation.

When an applicant appears to be eligible based on the TIG, but does not appear to meet financial eligibility requirements, the MI Choice Program agent must allow the applicant a place on the waiting list if it appears that he or she may become financially eligible within 60 days.

Each MI Choice Program agent will maintain a Waiting List for its service area. Applicants will be placed on the Waiting List chronologically (by the date of request for services) by priority category (when known). Available slots are then assigned on a first come/first served basis using the following categories, listed in descending order of priority.

- **Persons no longer eligible for Children's Special Health Care Services (CSHCS) because of age**
This category includes only persons who continue to need Private Duty Nursing care at the time coverage ended under CSHCS.
- **Nursing Facility Transition participants**
A given number of program slots will be targeted by MDCH each year to accommodate nursing facility transfers. Nursing facility residents are a priority only until the enrollment target established by MDCH has been reached.
- **Current Adult Protective Services (APS) clients**
When an applicant who has an active APS case requests services, priority should be given when critical needs can be addressed by MI Choice Program services. It is not expected that MI Choice Program agents seek out and elicit APS cases, but make them a priority when appropriate.
- **Chronological Order by Date Services Were Requested**
This category includes potential participants who do not meet any of the above priority categories and those for whom prioritizing information is not known.

Each Waiting List identifies applicants who have been presumed eligible based on the Telephone Intake Guidelines (or the Michigan Medicaid Nursing Facility Level of Care Determination) by priority category, and then in chronological order by date of service request. A service request date is defined as a contact by a person requesting services, or someone on his or her behalf, to the Waiver Agent voicing an interest in MI Choice Program services.

MI Choice Program agents will advise applicants on Waiting Lists of all alternative options for assistance, such as other MI Choice Program openings in a given area, Home Help service options, or paying privately for care until a MI Choice Program slot becomes available.

Applicants who have an established place on a waiting list and who want to move or apply to another MI Choice Program agency, may transfer to the new agency waiting list using the original service request date.

An adverse action notice must be provided to any applicant at the time they have been placed on the Waiting List. Required language for these notices is on the MDCH website at www.michigan.gov/mdch, select "Providers," select "Information for Medicaid Providers," select "Michigan Medicaid Nursing Facility Level of Care Determination."

Applicants listed on agent contact logs on May 1, 2005, and who have been presumed Medicaid eligible, will be contacted to determine their continued interest in the program and placed on the Waiting List based on their first service request date and priority category.

MI Choice Program agents must submit a report including the following summary information from Waiting Lists to MDCH LTC Program Development Section staff on a quarterly basis.

- Number of persons waiting in each category by number of months, i.e., the number of persons new to the list this month, waiting one month, two months, three months, etc.;
- Number of persons enrolled into the MI Choice Program from each category in the past quarter;
- Number of persons by category eliminated from the waiting list for any reason (except enrollment) during the last quarter, and the reason for removal.

The report must be e-mailed to Elizabeth Aastad (AastadL@michigan.gov) no later than the fifteenth of the month following the end of the quarter, as identified below:

Period	Due Date
October - December	January 15th
January - March	April 15th
April - June	July 15th
July - September	October 15th

The first report, due July 15, 2005, will include information from May 1, 2005 through June 30, 2005. A suggested format for the quarterly report is included as an attachment to this bulletin.

Nursing Facility Transition Services

Nursing Facility Transition Services are reimbursable as a MI Choice Program service. MDCH will reimburse MI Choice Program agents for coordination and support services over a six-month period of nursing facility stay. In addition, MDCH will reimburse allowable transition expenses incurred over the same six month period for potential program participants who intend to transfer into the MI Choice Program.

MDCH must pre-approve any plans projected to total more than \$3,000, which includes transition and support/coordination costs. No payments will be made to the MI Choice Program agent for Nursing Facility Transition Services until the applicant has been enrolled into the MI Choice Program.

MDCH annually allocates a specific portion of funds for Nursing Facility Transitions coordinated by MI Choice Program agents. This amount is identified in the annual MDCH/MI Choice Program Agency contract.

The MI Choice Program agent must develop a nursing facility transition plan that includes all projected transition costs (except support and coordination). The plan must be based on individual goals and needs. The transition plan must be included within the participant's medical record and updated to reflect any changes.

When a transition plan has been initiated, the MI Choice Program agent must ensure that sufficient funding is available in its current contract to absorb the service costs for the potentially transitioned participant. MDCH will issue Nursing Facility Transition Practice Guidelines to assist MI Choice Program and other transition agents in developing transition plans. Draft guidelines will be released for public comment prior to implementation.

In addition, the MI Choice Program agent must notify MDCH of its intention to transition a nursing facility resident to the MI Choice Program when initiating a nursing facility transition plan. Procedures for notification can be obtained from the MI Choice Program contract manager.

When nursing facility residents have been effectively transferred to the MI Choice Program, claims for transition services may be submitted for reimbursement. Waiver agents should contact their contract manager when nursing facility residents, who were provided transition services, expire or will not be enrolled in the MI Choice Program for other reasons.

As an approved MI Choice Program service, Nursing Facility Transition Services may be coordinated by a registered nurse or clinical social worker (BSW or MSW). Staff who qualify as care managers may also coordinate nursing facility transition services.

Allowable transition costs include the following:

- Housing deposits: A one-time expense to secure housing or obtain a lease.
- Utility hook-ups and deposits: A one-time expense to initiate and secure necessary utilities (cable is not included).
- Furniture, appliances, and moving expenses: One-time expenses necessary to occupy and safely reside in a community residence (TVs and VCRs are not included).
- Cleaning: A one-time cleaning expense to assure a clean environment, including pest eradication, allergen control, and overall cleaning.

Nursing Facility Transition Services – Other Than MI Choice Program Participants

MDCH will annually allocate additional alternative funds to further support Long Term Care Nursing Facility Transitions in the following ways:

- **Category 1:** Provide reimbursement for MI Choice Program agents who, on good faith, attempted to transition a Nursing Facility resident into their program using MI Choice Program services but failed related to the resident's death, resident's refusal of MI Choice Program services, or for other reasons.
- **Category 2:** Provide MI Choice Program agents with transition gap-filling funds for those nursing facility residents who have identified transition costs that are not reimbursable under Medicaid, such as a limited amount of delinquent debt.
- **Category 3:** Provide reimbursement to assist in transition of nursing facility residents who do not meet the level of care requirements for the MI Choice Program (resident does not meet the NF LOC criteria or qualifies only under Door 7).

Use of these alternative funds will require the same guidelines, notification, and approval processes as does MI Choice Program Nursing Facility Transition Services. MDCH will accept requests for Category 3 use of the funds from MI Choice Program agents and the Michigan Association of Centers for Independent Living (MACIL).

MI Choice Program and Centers for Independent Living (CIL) transition agents will work with nursing facilities to identify residents appropriate for transfer and submit their requests to the MDCH Administrative Support and Contract Development Section (telephone 517-335-5068 or 517-241-9937). Section staff will evaluate requests for transition services funding on a first come/first served basis.

In addition, the Transition agent must notify MDCH of its intention to transition a nursing facility resident to the community and gain pre-approval for use of funds when initiating a transition plan. No funds should be expended until MDCH has approved the individual projected expenses for a resident. Requirements for notification can be obtained by contacting the MDCH Administrative Support and Contract Development Section.

Claims for transition services may be submitted for reimbursement as they occur. MDCH will reimburse MI Choice Program agents and the MACIL as noted above for transitions of nursing facility residents who are not intended for enrollment into the MI Choice Program. Individual Centers for Independent Living may perform these services, but must coordinate and bill through MACIL.

Transition agents should contact the MDCH Administrative Support and Contract Development Section staff when nursing facility residents who were provided transition services expire, or who will not be transferring to the community for other reasons.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual or the MDCH website.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Michigan Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may telephone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive style with a large initial "P" and a long, sweeping underline.

Paul Reinhart, Director
Medical Services Administration

MI Choice Program Waiting List Quarterly Summary Report

Agent: _____

Quarter: _____ Submission Date: _____

		Categories			
		CSHCS	NFT	APS	Others
A.	Persons enrolled this quarter				
B.	Persons eliminated from waiting list due to:				
	o Death				
	o Move from region				
	o Other (describe)				
	o Other (describe)				
	o Other (describe)				
C.	Persons Waiting				
	o Less than one month (new)				
	o One Month				
	o Two Months				
	o Three Months				
	o Four Months				
	o Five Months				
	o Six Months				
	o Seven Months				
	o Eight Months				
	o Over eight months				

Instructions

This report is due from each MI Choice Program agent quarterly. The report must be submitted to Elizabeth Aastad (AastadL@michigan.gov) on the following schedule.

Period	Due Date
October - December	January 15th
January - March	April 15th
April - June	July 15th
July - September	October 15th

- A.** Number of persons enrolled into the MI Choice Program from each category in the past quarter
- B.** Number of persons by category eliminated from the waiting list for any reason (except enrollment) during the last quarter, and reason for removal.
- C.** Number of persons waiting in each category by number of months; i.e., the number of persons new to the list this month, waiting one month, two months, three months, etc.