

Bulletin Number: MSA 06-05

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, 2006

Subject: MI Choice Program Waiting List Policy;
Telephone Intake Guidelines Clarification

Effective: May 1, 2006

Programs Affected: MI Choice Waiver

Purpose

In order to more accurately report waiting list data, the Michigan Department of Community Health (MDCH) is clarifying the reporting requirements for utilization of waiting lists for persons who request participation in the MI Choice Program when requests exceed program capacity. In addition, MDCH is providing updated Telephone Intake Guidelines for MI Choice Program use. The guidelines incorporate financial information necessary for screening.

MI Choice Program Waiting List Reporting

The following additions have been made to the MI Choice Program Waiting List. An updated MI Choice Program Quarterly Summary Report (MSA-0812) which incorporates these changes is included and is also available on the MDCH website at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Michigan Medicaid Nursing Facility Level of Care Determination.

- A new field was added to the top right-hand corner for the MI Choice Program Identification Number. This will be used to expedite review and internal tracking.
- A new field was added to report persons receiving services who are awaiting final Medicaid financial eligibility determination. This field was added to accurately identify those individuals who are awaiting Medicaid certification.
- A new field labeled "Admitted to Nursing Facility" was added to identify persons who were admitted to nursing facilities while on the waiting list. This essential information will be tracked over time.

Persons scheduled for assessment but not yet assessed need to be recognized as currently **on the waiting list** until they either do not qualify, choose not to enroll, or are enrolled in a slot. They should not be eliminated from the waiting list until that time.

The Quarterly Summary Report must be e-mailed to MedicaidLTCServices@michigan.gov no later than the 15th of the month following the end of the quarter as identified below:

<u>Period</u>	<u>Due Date</u>
October - December	January 15
January – March	April 15
April - June	July 15
July - September	October 15

Michigan Medicaid Nursing Facility Level of Care Determination Telephone Intake Guidelines

The Telephone Intake Guidelines are questions that identify potential MI Choice Program participants for further assessment. The Telephone Intake Guidelines do not determine program eligibility. Use of the Telephone Intake Guidelines is mandatory for MI Choice Program agencies prior to placing individuals on the waiting list. The guidelines are attached (Attachment B) and are also available on the MDCH website at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Michigan Medicaid Nursing Facility Level of Care Determination.

The Telephone Intake Guidelines are the only acceptable structured tool for telephonic screening of MI Choice Program applicants. The financial portion of the tool indicates **potential** financial eligibility for the MI Choice Program. The Telephone Intake Guidelines are not in scripted format. MI Choice Program staff using the guidelines should formulate questions based on the ongoing conversation to obtain accurate and pertinent information.

Verification of Medicaid Financial Eligibility

The Telephone Intake Guidelines do not determine financial eligibility for the MI Choice Program.

Medicaid payment for MI Choice Program services requires a determination of Medicaid eligibility by the Michigan Department of Human Services (DHS). When a Medicaid-eligible or likely-eligible individual is admitted to the MI Choice Program, the MI Choice Program staff should assist in the application process. The Assistance Application (DHS-1171) may be obtained through local DHS offices.

Adequate Action Notice

When MI Choice Program staff estimate that an applicant is unlikely to qualify for services based on the Telephone Intake Guidelines, the MI Choice Program staff must issue an Adequate Action Notice (Attachment C) to the applicant or his/her authorized representative (refer to the MDCH website at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Michigan Medicaid Nursing Facility Level of Care Determination.) The MI Choice Program staff must also offer the applicant referral information about services that may help to meet his/her needs.

As with any Medicaid benefit denial, the applicant may request an administrative hearing. The Administrative Tribunal Policies and Procedures Manual explains the process through which an applicant may appeal. The manual is available on the MDCH website at www.michigan.gov/mdch >> Inside Community Health >> Health Policy, Regulation & Professions >> MDCH Administrative Tribunal.

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 Long Term Care Services – Policy Section, Department of Community Health, P.O. Box 30479, Lansing, Michigan 48909-7979 or e-mail MedicaidLTCServices@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.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration

**MI Choice Program Waiting List
Quarterly Summary Report**

Agent: _____

Program ID: _____

Quarter: _____

Submission Date: _____

		Categories			
		CSHCS	NFT	APS	Other
A.	Persons enrolled past quarter				
B.	Persons receiving services who are waiting final Medicaid financial eligibility determination				
C.	Persons eliminated from waiting list due to:				
	• Death				
	• Moved from Region				
	• Admitted to Nursing Facility				
	• Other (describe)				
	• Other (describe)				
D.	Persons Waiting				
	• Less Than One Month				
	• One Month				
	• Two Months				
	• Three Months				
	• Four Months				
	• Five Months				
	• Six Months				
	• Seven Months				
	• Eight Months				
	• Nine Months or Longer				

Instructions

This report is due quarterly from each MI Choice Program agency. The report must be submitted to MedicaidLTCServices@michigan.gov on the following schedule:

<u>Period</u>	<u>Due Date</u>
October - December	January 15
January - March	April 15
April - June	July 15
July - September	October 15

- Number of persons enrolled into the MI Choice Program from each category in the past quarter.
- Number of persons receiving MI Choice services who are waiting final Medicaid financial eligibility determination.
- Number of persons by category eliminated from the waiting list (except enrollment) during the past quarter and reason for removal.
- 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.

Michigan Medicaid Nursing Facility Level of Care Determination Telephone Intake Guidelines

The Michigan Medicaid Nursing Facility Level of Care Determination Telephone Intake Guidelines are mandatory only for MI Choice program providers. These guidelines are optional for both Program of All-Inclusive Care for the Elderly (PACE) and Nursing Facilities.

APPLICANT INFORMATION

Date: _____

Applicant's Date of Birth:	Applicant's Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
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Applicant's Name: _____

Person Answering Questions
(If different): _____

Relationship to Applicant: _____

Contact Phone Number: _____

DOOR 1

1. In the last 7 days, has the applicant needed hands-on assistance in moving around in bed, transferring from bed to chair or wheelchair, or standing, toileting or eating?

- Yes*, the applicant needed assistance with at least one of these activities.
- No, the applicant did not need assistance with any of these activities.

*If "Yes," the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY.**

DOOR 2

1. In the last 7 days, has the applicant had any difficulty remembering things significant to daily life, or difficulty remembering to take scheduled medications?

- Yes*
- No

*If "Yes," the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY.**

2. In the last 7 days, has the applicant had any difficulty making decisions regarding tasks of daily life, i.e., their decisions were poor or they relied on someone else to make decisions for them?

- Yes*, decisions were difficult or poor; or the applicant did not make their own decisions.
- No, decisions were not difficult. Decisions were made that consistently maintained the applicant's safety and quality of life.

*If "Yes," the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY.**

DOOR 3

1. In the last 14 days, has the applicant been examined by a physician, practitioner or authorized assistant which resulted in at least 1 physician visit and 4 physician order changes, or 2 physician visits and at least 2 physician order changes? (This does not include a routine health maintenance visit.)

- Yes*
- No

*If "Yes," the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY.**

DOOR 4

1. Is the applicant currently being treated for any of the following conditions?

Condition	Yes*	No
Diabetes (2 insulin order changes in last 14 days)	<input type="checkbox"/>	<input type="checkbox"/>
Stage 3-4 pressure sores	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous or parenteral feedings	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous medications	<input type="checkbox"/>	<input type="checkbox"/>
End-of-Life Care (life expectancy less than 6 months)	<input type="checkbox"/>	<input type="checkbox"/>
Daily tracheostomy care, daily respiratory care, daily suctioning	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia (within the last 14 days)	<input type="checkbox"/>	<input type="checkbox"/>
Daily oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal Dialysis or Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>

*If "yes," the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY.**

DOOR 5

1. Has the applicant been scheduled to receive or is receiving Speech, Occupational, or Physical therapy AND continues to require skilled rehabilitation therapy?

- Yes*
- No

* If the applicant is receiving or is scheduled to receive Speech, Occupational, or Physical therapy, and continues to require skilled rehabilitation therapy, the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY**.

DOOR 6

1. Has the applicant had any problems with any of these behaviors in the last 7 days?

Behavior	Yes*	No
Wandering	<input type="checkbox"/>	<input type="checkbox"/>
Verbal or physical abuse	<input type="checkbox"/>	<input type="checkbox"/>
Socially inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>
Resists care	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>
Delusions	<input type="checkbox"/>	<input type="checkbox"/>

* If "Yes," the applicant qualifies for a face-to-face assessment. Proceed to **CURRENT MEDICAID ELIGIBILITY**.

CURRENT MEDICAID ELIGIBILITY

1. Does the applicant currently have an open Medicaid case?

- Yes*, proceed to #2.
- No, proceed to **CURRENT INCOME**.

2. What is the applicant's Medicaid Beneficiary ID number or Medicaid Case number?

If applicant does not know their Medicaid Beneficiary ID or Case number, ask for other identifying information:

Social Security Number: _____ Date of Birth: / /
MM/ DD / YYYY

If the applicant responded to #1 with "YES," thank them for their time and tell them you will call if you cannot verify Medicaid eligibility.

Using the information given above, verify Medicaid eligibility by calling the Automated Voice Response System (AVRS) at **1-888-696-3510**.

- If AVRS confirms Medicaid eligibility for applicant, even if applicant has not yet met a deductible (spenddown) for the month, consider them to be probably financially eligible for MI Choice Program.
- If AVRS does not confirm Medicaid eligibility for applicant, proceed to **CURRENT INCOME**. (This may require calling the applicant back.)

CURRENT INCOME

1. What is the applicant's current total gross monthly income? (This should include all sources of income, i.e., Retirement Survivor Disability Income (RSDI), Pension, Annuities, etc. Gross income equals the amount of the check (net) plus any deductions, i.e., insurance premiums, taxes, etc. Do not include spouse's income.

RSDI (Social Security)	+	\$
Pension	+	\$
Annuities	+	\$
SSI	+	\$
Other (alimony, other cash income)	+	\$
GROSS INCOME	=	\$

If reported *GROSS* income is less than or equal to 300% of SSI, proceed to **REPORTED ASSETS**.

2. If reported GROSS income is greater than 300% of SSI, will there be a decrease in the applicant's income within the next 60 days?"
 - How much of a decrease in income does the applicant expect?**
Amount: _____
 - No, do not consider financially eligible at this time.

If the decreased amount will bring total GROSS monthly income below 300% of SSI, continue to **REPORTED ASSETS**.

If the decreased amount will NOT bring total GROSS monthly income below 300% of SSI, do not consider financially eligible for the program at this time.

REPORTED ASSETS

For the purpose of this guideline (screening for financial eligibility), accept estimated asset values. Medicaid countable assets include, but are not limited to, bank accounts, cash value of life insurance if over \$1,500, money market accounts, stocks, bonds, personal retirement accounts (401K, Keogh, IRAs, etc.), revocable pre-paid funeral arrangements, certain trusts and annuities, all vehicles after the first (including boats, 4-wheelers, campers, trailers, etc.), and cash on hand.

1. What is the applicant's marital status? Single Widowed Divorced
 Married Separated

If answer is single, widowed, or divorced, proceed to #3. If answer is "married" or "separated," proceed to #2

2. Is the applicant's spouse receiving Medicaid long-term care benefits? Yes No

If Yes, what are the Medicaid long-term care benefits?

MI Choice PACE Medicaid-funded nursing facility stay
(If checked proceed to #5)

If No, the applicant's spouse does not require long-term care, proceed to #7.

3. Does the applicant have assets (excluding their home, its contents and one vehicle) or is their name on another person's assets that total more than \$2,000 in value?

- Yes, proceed to #4
 No, consider probably financially eligible.

4. Does the applicant expect their assets to total less than \$2,000 in value within the next 60 days?

- Yes, consider probably financially eligible.
 No, do not consider financially eligible at this time.
 Unsure, consider probably financially eligible.

5. Does the applicant and their spouse have assets (excluding their home, its contents and one vehicle) or are their names on anyone else's assets that total less than \$4,000 in value?

- Yes, consider probably financially eligible.
 No, proceed to #6.
 Unsure, consider probably financially eligible.

6. Does the applicant expect their assets to total less than \$4,000 in value within the next 60 days?
- Yes, consider probably financially eligible.
 - No, do not consider financially eligible at this time.
 - Unsure, consider probably financially eligible.
7. Does the applicant and their spouse have assets (excluding their home, its contents and one vehicle) or are their names on anyone else's assets that total less than \$21,032 in value?
- Yes, consider probably financially eligible.
 - No, proceed to #8.
 - Unsure, consider probably financially eligible.
8. Does the applicant and their spouse expect to have assets (excluding their home, its contents and one vehicle) or are their names on anyone else's assets that total less than \$21,032 in value within the next 60 days?
- Yes, consider probably financially eligible.
 - No, do not consider financially eligible at this time.
 - Unsure, consider probably financially eligible.

DETERMINATION

Probably Eligible

Probably Ineligible

MI Choice Program Staff Signature

Date

Adequate Action Notice - TIG

(Denial based upon Telephone Intake Guidelines)

Date:

Name:
Address:
City, State, Zip code

Dear _____:

Following a review of your long term care needs, it has been presumed that you would not qualify for MI Choice Program services based on the Telephone Intake Guidelines for the Michigan Medicaid Nursing Facility Level of Care Determination. You do not appear to qualify under any of the following eligibility categories: Activities of Daily Living, Cognition, Physician Involvement, Treatments and Conditions, Skilled Rehabilitative Therapies, Behavior, or Service Dependencies. The legal basis for this decision is 42 CFR 440.230 (d).

If you do not agree with this action, you may request one or both of the following:

In-Person Determination: To obtain an in-person determination, you must contact our agency at (XXX) XXX-XXXX to set up an appointment. We may request that you come to our office to complete this determination.

Medicaid Fair Hearing: To request a Medicaid Fair Hearing, complete a "Request for an Administrative Hearing" (DCH-0092) form and mail it to:

**Administrative Tribunal
Michigan Department of Community Health
PO Box 30763
Lansing, Michigan 48909**

The Medicaid Fair Hearing Request **must** be:

- **Received within 90 calendar days of the date of this notice**
- In writing, and
- Signed by you or a person authorized to sign for you

Sincerely,
(provider representative)