

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

DIVISION OF DISABILITY AND AGING SERVICES CHOICES FOR CARE 103 SO. MAIN STREET – WEEKS BUILDING WATERBURY, VT 05671-1601

TO: Choices for Care Case Managers

FROM: Adèle Edelman, Director, Adult Services Unit

DATE: January 19, 2011

RE: Home-based service plan start dates

There seems to be some recent confusion on effective start dates for home-based service plans. I apologize for any miscommunication or change in practice that may have occurred. The purpose of this memo is to try to clarify the effective start dates for home-based service plans.

The Choices for Care Regulations state: "The date of application for purposes of home-based long-term Medicaid eligibility and retroactive coverage shall be the date the DCF long-term application is received by DCF and shall begin no sooner than the date <u>both</u> clinical and financial eligibility are met." (CFC Regulations, Section V.B.)

In addition to the regulations, the Choices for Care home-based procedures also state: "The case manager, together with the individual, shall complete a full assessment (ILA) within 14 calendar days of receipt of the Clinical Certification." (CFC Program Manual, Section V.3.)

The case manager also completes an "assessment package" containing, among other things, the proposed Service Plan, Personal Care Worksheet, and Employer Certification form (if applicable).

This timeframe for the assessment and service plan development is vital to timeliness of financial eligibility decision:

- 1) DCF must know the highest paid provider before granting LTC Medicaid, and they are not notified until the assessment and Service Plan is completed and received by the LTCCC; and
- 2) The sooner the service plan is created the sooner services will begin when LTC Medicaid is granted.

For a home-based service plan to be authorized as early as the date of application, the case manager must complete the assessment and service plan package, including the Employer Certification, within

the required <u>14 calendar days after receipt of the Clinical Certification</u>. This assures the service plan reflects most accurately the service need at time of application and the individual and surrogate (if applicable) have been made fully aware of available services, limitations and responsibilities. Assessment packages completed after the required 14 days can not be guaranteed approval back to the "date of application".

For example, if an assessment package is completed 30 days after receipt of the clinical certification and contains a request for Adult Day services, the LTCCC may approve the Adult Day services back to the "date of application" since the Adult Day provider must follow the Adult Day Standards that maintain a certain level of assessment and oversight of services. The rest of the services will not begin until the date the plan was developed. For individuals who are consumer/surrogate directed, it is most critical to complete the assessment package within the 14 days since there is no other formal oversight and monitoring of the services being provided.

It is understood that in some cases an individual's financial eligibility may appear questionable and deter making a lengthy assessment process. In these cases, the case manager may decide with the consent of the individual or their representative to hold off on completing an assessment package until they are more certain that LTC Medicaid financial eligibility will be approved. In this case, the case manager must ensure individuals understand that they are choosing to start of services on a date later than the date of application.

## **Example:**

October 5<sup>th</sup>: CFC application received at DCF.

October 20<sup>th</sup>: LTCCC completes clinical assessment and is able to verify clinical eligibility back to October 5<sup>th</sup>. Clinical cert faxed to case manager.

November 3<sup>rd</sup>: Case Manager completes Home-Based assessment package and mails to LTCCC. November 10<sup>th</sup>: LTCCC reviews assessment and approves Service Plan effective 10/5/10. LTCCC notifies DCF of highest paid provider and 10/5/10 start date.

November 20th: DCF/ESD sends notice of financial eligibility, effective October 5th

NOTE: October 5<sup>th</sup> is the earliest that the individual can be found LTC eligible.

Cc: Janet Pare LTCCCs

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