Policy Clarifications – Medical Assistance

Long Term Care
PMN-16839-489

Submitted: 09/14   **Agency: CAOs**

Citations:

Subject End Dating Home and Community Based Services (HCBS) Waiver Codes and Long-Term Care (LTC) Facility Codes

Changes to waiver and facility code end-dating logic were recently implemented with Release 19.1. What is the proper procedure for end-dating payment of HCBS and LTC services?

Response By: Division of Health Services   **Date:**

Prior to Release 19.1, waiver codes were often being retroactively end-dated in eCIS after HCBS claims were paid. As a result some providers were not receiving proper notice of termination or changes in HCBS Programs. In order to limit these billing issues and to ensure proper notice is provided, changes to facility and waiver code end-dating logic were implemented.

With implementation of Release 19.1, eCIS no longer allows entry of a waiver code more than 30 days prior to the system date. Also with this Release, the waiver and facility codes may now be end dated 15 days in advance of the system date. This change will allow CAOs to match the end date of the waiver or facility code to the date that MA benefits are closing.

Old Waiver End Date Logic	New Waiver End Date Logic
The waiver end date and begin date cannot be the same date.	No Change.
When a Money Follows the Person (MFP) facility code is present, the waiver code end date cannot be less than the MFP code end	No Change.

date.	
The waiver end date cannot be more than 7 days after the current system date.	The waiver end date cannot be more than 15 days after the current system date.
No previous logic for entering an end date prior to the system date.	The waiver end date cannot be more than 30 days prior to the current system date.

Old Facility End Date Logic	New Facility End Date Logic
Facility code end date cannot be more than 7 days after the current system date.	Facility code end date cannot be more than 15 days after the current system date.
MFP code end date cannot be greater than the 365th day of MFP eligibility.	No change.

The following are some common scenarios when the CAO may need to end date a waiver code more than 30 days prior to the system date:

- **The CAO receives a PA 1768 verifying ineligibility for waiver services effective more than 30 days prior to the system date.** In these instances the CAO should call the provider or agency listed on the PA 1768 to verify that waiver services ended as of the date indicated. If services did not continue while the provider waited for a stop/discontinue notice then the CAO will process the case in eCIS up to the Waiver screen, scan the PA 1768 to the record and send the request for modification through the Service Request Management System (SRM). If waiver services did continue, then the CAO will need to verify the new waiver end date via a revised PA 1768 or through a collateral contact that is well narrated.

- **The CAO receives a PA 1768 verifying a change in HCBS Programs effective more than 30 days prior to the system date.** In order to ensure claims are paid through the correct HCBS Program, the CAO must contact the provider or agency listed on the PA 1768 to verify the date the losing waiver services were terminated and the date the gaining waiver services began. If the dates have not changed, then the CAO must process the case in eCIS up to the Waiver screen, scan the PA 1768 to the record and send the request for modification through the Service Request Management System (SRM). If the date the individual transferred to a new HCBS Program was revised, the CAO will need to verify the new dates via a revised PA 1768 or through a collateral contact that is well narrated.

- **The CAO receives a PA 1768 terminating waiver services upon admission to a LTC facility. The termination date is more than 30 days prior to the system date.** The CAO will process the case in eCIS up to the Waiver screen, scan the PA 1768 to the record and send the request for modification through the Service Request Management System (SRM).

- **The CAO receives a PA 1768 or a request from a Program Office to negate a waiver code. No other waiver is being requested for the same time frame.** If the individual had previously received notice of eligibility for the waiver, then then CAO must send proper notice to close the waiver. In these situations the waiver code should be end dated 15 days in advance with proper notice sent. If the waiver needs negated more than 30 days from the system date, then the CAO must process the case in eCIS up to the Waiver screen, scan the PA 1768 to the record and send the request for modification through the Service Request Management System (SRM).

- **The CAO receives a PA 1768 requesting negation of the current waiver code and entry of a different waiver code for the same time period.** Waiver codes cannot be entered concurrently. In order to ensure claims are paid through the proper HCBS Program the CAO must process the change as requested. If the waiver needs negated more than 30 days from the system date, then the CAO must process the case in eCIS up to the Waiver screen, scan the PA 1768 to the record and send the request for modification through the Service Request Management System (SRM).