



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

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**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF**

**FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA *Kevin M. McGuire*
CHERYL A. CAMILLO, EXECUTIVE DIRECTOR, DHMH/OES *Cheryl A. Camillo***

**RE: STANDARDIZATION OF MEDICAL ASSISTANCE LONG-TERM CARE
FORMS AND NOTICES/ELIMINATION OF FACE-TO-FACE INTERVIEW
REQUIREMENT**

PROGRAM AFFECTED: MEDICAL ASSISTANCE LONG-TERM CARE (MA-LTC)

ORIGINATING OFFICE: OFFICE OF ELIGIBILITY SERVICES

SUMMARY:

During the 2008 Legislative Session, the legislature passed Senate Bill 682 requiring the Department of Health and Mental Hygiene (DHMH) and the Department of Human Resources (DHR) to create uniform procedures, guidelines, and forms to be used by all employees in the determination of long-term care (LTC) Medical Assistance eligibility and to streamline regulations, policies, and procedures related to the application for LTC Medical Assistance Program services.

DHMH convened a workgroup including DHR Central and Local Department of Social Services (LDSS) representatives to pursue these objectives. The workgroup developed the attached package of forms to be used consistently by all case managers in all LDSS. The workgroup also decided to eliminate the procedural requirement that all applicants participate in face-to-face interviews. This Action Transmittal describes the package of forms to be used by case managers and clarifies new procedures regarding face-to-face interviews for LTC.

FACE-TO-FACE INTERVIEWS

Effective December 1, 2008, LTC case managers should no longer require all LTC applicants/recipients, or their representatives to participate in a face-to-face interview.

Face-to-face interviews should only take place if determined necessary by the case manager on a case-by-case basis, or if requested by an applicant/recipient. It is DHMH's expectation that there will be very few face-to-face interviews unless the customer requests it.

If after reviewing the application, the case manager is unclear about an issue or needs additional information, case managers are encouraged to conduct a telephone interview before requiring a face-to-face interview. Only if this is not possible, should a case manager require the face-to-face interview.

ACTION REQUIRED:

Effective December 1, 2008, case managers must use only the following forms when determining LTC eligibility.

NEW AND REQUIRED FORM

OES 001 – Non-Covered Services Request Form – See Attachment

- This form is completed by the case manager and sent to the Division of Eligibility Policy to request a non-covered service deduction.

EXISTING REQUIRED FORMS AND NOTICES

DES 501 – Less Than 30 Day Stay Form

- This form is used when the DHMH 257 is received by the case manager showing a LTC stay less than 30 days. The form is sent to the Division of Recipient Eligibility Programs (DREP) and to the provider. A completed DHMH 257 must accompany the DES 501. If the recipient is enrolled in an MCO on the date of admission, the form cannot be processed because the MCO is responsible for the first 30 days of admission.

DES 601A (LTC) – Spousal and Family Allowance Worksheet

- This worksheet is used in determining the monthly maintenance allowance for a spouse, or the monthly maintenance allowance for a family.

DES 601 B (LTC) – Dependent Allowance Worksheet

- This worksheet is used in determining the monthly maintenance allowance for a dependent child when the institutionalized individual does not have a spouse living in the community.

DES 602 (LTC) – Notice – Consideration of Resources in Continuing Eligibility

- This is a notice indicating a couple's total combined resources and the amounts attributed to the institutionalized individual and to the community spouse. It also advises the community spouse of the 90-day time frame to transfer certain resources of the institutionalized spouse into the community spouse's name.

DES/LTC 811 – Transfer/Disposal of Assets Worksheet

- This worksheet is used to determine when a penalty applies for a disposal or transfer of assets. It is also used to calculate the amount of the penalty and the penalty period. If the client has an active penalty period, the case manager must complete and fax the DES/LTC 813 to DREP.

DES/LTC 812 – Home Equity Value Worksheet

- This worksheet is to be completed to evaluate the equity value of the home property. When the equity value exceeds \$500,000.00 by any amount the case manager must complete and fax the DES/LTC 813 to DREP.

DES/LTC 813 – Manual MMIS Instructions for Screen 4/Screen 8

- This form is sent DREP when a penalty exists or the home equity value exceeds \$500,000. DREP voids MMIS screen 4 (LTC) or screen 8 (waivers) to prevent payment to the long-term care facility (LTCF), or for waiver services. The individual remains eligible for Medicaid services as indicated on MMIS screen 1.

DES/LTC 814 – Trust/Document Review Request

- This form is used to request a review of a trust or other document from the Office of Eligibility Services, Division of Eligibility Policy.

DES 1000 – Certification of Institutionalization & HealthChoice Disenrollment or Notification of Discharge from Long-Term Care

- This form is used by Institutions for Mental Disease (IMDs) to notify the Health Choice Enrollment Section in DHMH and the MA case manager, (Financial Agent, LDSS or Department of Eligibility Waiver Services (DEWS)) of a recipient's admission to or discharge from an IMD. The authorizing agent for this form is the Administrative Services organization (ASO), rather than the Utilization Control Agent (UCA).

DES 2000 (LTC) – Physician's Statement of Incapacitation

- The case manager uses this form when it is necessary for the customer's physician to verify that an applicant/recipient is not capable of participating in the application process. When this occurs a representative is needed to complete and sign the application and otherwise act in the customer's behalf in the application process.

DES 2001 (LTC) – Request for Life Insurance Information

- This form is used to obtain information from a specific life insurance company. The case manager completes part one of the form. The second section is completed and signed by the representative when the applicant/recipient is unable to sign the form, agreeing to provide information to the LDSS or DEWS.

DES 2002 (LTC) – Consent to Release Information to LDSS/DEWS

- This form is signed by the applicant/recipient/representative authorizing release of information to the LDSS/DEWS.

DES 2003 (LTC) – Income and Shelter Expense Reporting Form for Community Spouse

- This form is used by the community spouse to state the amount of income he/she receives and the amount of his/her shelter expenses, in order for the case manager to determine the spousal allowance.

DES 2004 (LTC) – Representative's Statement

Form with two optional sections:

- In the first section the applicant/recipient indicates who is to act as the representative. It is signed by both the applicant/recipient and the representative who agree to provide information to the LDSS/DEWS.
- The second section is completed and signed by the representative when the applicant/recipient is unable to sign the form, thereby agreeing to provide information to the LDSS/DEWS.

DES 2005 (LTC) – Consent for Release of Information (LTCF)

- This form is signed by the applicant/recipient to authorize the LDSS/DEWS to release all information contained in, and concerning the status of the application/recertification for LTC Medical Assistance to the long-term care facility.

DHMH 257 – Long-Term Care Patient Activity Report

- This form is used to notify the case manager of any action that is required regarding a Medical Assistance payment to the LTCF. The DHMH 257 is initiated by the LTCF and is approved by the UCA. The DHMH 257 form is sent along with the DHMH 3871B form to the UCA. When a Level of Care (LOC) is determined by the UCA, both the DHMH 257 and the DHMH-3871B forms are returned to the LTCF, but only the DHMH 257 form is sent to the LDSS/DEWS. When no level of care is needed, the long-term care facility sends the DHMH257 form to the LDSS/DEWS.

DHMH 1159D (LTC) – Worksheet for Institutionalized Persons – Cost of Care/Available Income.

- This worksheet is used by the eligibility case manager to calculate the cost of care, monthly income, deductions, and available income. This worksheet is used for difficult calculations that might not be calculated correctly by CARES, such as deductions for non-covered services over multiple months. The case manager then enters the correct information on the appropriate CARES screens.

DHMH 4210 (LTC) – Notice of Ineligibility for Non-Financial Reasons

- This notice is used when the applicant/recipient is not eligible for MA due to non-financial reasons. It advises the applicant/recipient of the reactivation date. When needed, it may indicate that the applicant/recipient is within the income and resource limits but that a DHMH 257 with the level of care certification has not been received by the case manager.

DHMH 4233 (LTC) – Notice of Eligibility

- This manual eligibility approval notice is used, and the CARES notice is suppressed, when it is difficult to get CARES to put the correct information on the system-generated notice, such as when more than one column is completed for deductions to available income that change (e.g. deductions for non-covered services), or when a customer transfers from one facility to another.

DHMH 4235 (LTC) Revised 4/07 – Notice of Ineligibility Due to Excess Resources

- This manual notice is used to advise the applicant/recipient (A/R), representative, and long-term care facility of the A/R's ineligibility for MA because the A/R'S resources exceed the allowable resources standard as of a specified date(s). The case manager enters the amount of excess resources and checks off whether the individual is denied eligibility or terminated. This notice also informs the A/R and representative of the appeal rights and the process to request a hearing. This notice is to be used until the appropriate LTC notice is available through CARES.
- If a **recipient is terminated**, the case manager enters the effective date of the termination and sends the DHMH 4235 notice, along with the DES 100 and the DHMH 4342, to inform the A/R and representative of their option to reimburse the State. (These additional forms are only sent for recipients not applicants.)

DES 100 (LTC) Revised April 2007 – Explanation of Ineligibility Due to Excess Resources – attachment to DHMH 4235

- This is **an attachment to the DHMH 4235** notice. It indicates that the A/R is ineligible for MA due to excess resources, gives the amount of over-scale resources, and advises that benefits may be restored for a recipient if the excess amount of the resources is used to reimburse the Medicaid program for its payments.

DHMH 4342 – Excess Resources Reimbursement Form

- This is an attachment to the DHMH 4235 and the DES 100. It is completed by the case manager and sent to the A/R and the representative to be completed if the recipient is going to reimburse the State in order to reduce the applicant's/recipient's resources/assets.

DHMH 4235A (LTC) – Notice of Non-Coverage of Nursing Facility Services Due to Disposal of Assets for Less Than Fair Market Value

- This manual notice is used to advise the A/R, representative, and nursing facility of a penalty period for non-coverage of nursing facility services because the applicant/recipient/spouse transferred or otherwise disposed of assets for less than fair market value. The notice informs the A/R and representative of their right to contact the case manager and request an “undue hardship waiver.” The notice also informs the A/R and representative of their appeal rights and the process to request a hearing. This notice is to be used until the appropriate LTC notice is available through CARES.

DHMH 4235B (LTC) – Notice of Non-Coverage of Nursing Facility Services Due to Substantial Home Equity

- This manual notice is used to advise the A/R, representative, and nursing facility of a penalty period for non-coverage of nursing facility services because the applicant/recipient owns equity interest in home property (after deducting any encumbrances) that exceeds the limit of \$500,000. The notice also informs the A/R and representative of their appeal rights and the process to request a hearing. This notice is to be used until the appropriate LTC notice is available through CARES.

DHMH 4235C (LTC) – Notice of Non-Coverage of Nursing Facility Services Due to Annuity

- This manual notice is used to advise the A/R, representative, and nursing facility of a penalty period for non-coverage of nursing facility services because certain specified requirements related to an annuity owned by the A/R or spouse were not met. The notice informs the A/R and representative of their right to contact the case manager and request an “undue hardship waiver.” The notice and attachment also inform the A/R and representative of their appeal rights and the process to request a hearing. This notice is to be used until the appropriate LTC notice is available through CARES.

DHMH 4236 (LTC) Revised 3/07 – Notice of Ineligibility Due to Excess Income

- This manual notice is used to advise the applicant/recipient of his/her ineligibility for Medical Assistance due to excess income. It also advises them that they may submit non-covered medical expenses to meet spend-down. The MA case manager must also include the form, DHMH 4200 (Record of Medical Expenses), for the individual to track his/her medical expenses.

DHMH 4239 (LTC) – Discharge From Long Term Care

- This manual notice is used when the recipient is discharged from a long term care facility. The notice is sent to the recipient/representative and the LTCF to show the income calculation for the portion of available income to be paid to the LTCF for the month of discharge. It also advises the recipient/representative if Medical Assistance will continue or be terminated due a redetermination of eligibility based on the changes in the

living arrangements. This notice is to be used until the appropriate LTC notice is available through CARES.

DHMH 4240 (LTC) – Notice of Change in Available Income

- This manual notice is used to inform the recipient and long-term care facility of a change in the recipient's available income for the cost of care. The CARES notice is suppressed if CARES is unable to put the correct information on the system-generated notice. For example, the case manager should suppress the CARES notice when more than one column is completed for changes in deductions that affect the monthly available income for the cost of care (e.g. deductions for non-covered services).

DHMH 4241-A Revised 3/07 – Notice to Review Medical Assistance Eligibility for SSI – LTC

- This manual notice is sent to SSI recipients to advise them that their Medical Assistance eligibility under SSI needs to be reviewed and that they have 10 business days to report any changes in their circumstances.

DHMH 4245 – Physician Report

- This form is completed by the applicant/recipient's physician to indicate how long the physician anticipates the individual will remain in the LTCF. It is used to evaluate home property and the residential maintenance allowance.

DHMH 4246 (LTC) – Notice of Medical Review Decision – Home Property

- This form is completed by the Utilization Control Agent (UCA). The UCA determines if an individual is able to resume living in his/her home property in order to determine if the home property is an excludable resource.

DHMH 4255 (LTC) – Exclusion – Statement of Intent

- This form is completed only when a person has home property to indicate the institutionalized person's intent to return to the home property. It is used to determine the home's excludability and the applicability of the lien process, as well as how to evaluate the applicant's resources.

DHMH 4343 – Declaration of Joint Bank Account Ownership Interest

- This form is completed and signed by the applicant/recipient and any co-owners who have a bank account(s) or other liquid assets in common. The owners must also indicate their ownership interest in each account.

DHMH 4354 – Resource Evaluation for Married Applicants Institutionalized on or after 9/30/89

- The worksheet is used to assess the resources of a married applicant and the spouse for: the month of institutionalization, the month of application, and the post eligibility transfer period.

DHR/FIA 1052-LTC – Long Term Care Request for Information to Verify Eligibility

- This form is used by the Medical Assistance LTC case manager to request information necessary to determine Medical Assistance eligibility for the applicant or recipient.

206-C – Interface Correction Report

- This form is sent DREP to: correct changes on MMIS that were unable to be transmitted from CARES; for multiple transactions; for changes to income or resources; to report a death; when an individual is discharged from a LTCF or is transferred from one facility to another; to report provider changes; to document multiple spans for MMIS screen 4 (Long-Term Care Spans), and for other purposes related to MMIS

C-TAD – Certification / Turnabout Document

- This form is sent to DREP to establish MA eligibility on MMIS screen 1 or to change the eligibility data on screen 1.

DHR/FIA 461 – Service Referral

- The LDSS completes this form when it is determined that a service referral is required.

DHMH 1159C – Maryland Medical Assistance Program Lien Worksheet

- The case manager completes this form only for institutionalized recipients who own home property to determine if the Medical Assistance Program may impose a lien. The DHMH 1159C (LTC), rev. 5/88, Worksheet for Institutionalized Persons, makes this point clear. If the lien worksheet (Part II) indicates the lien provision is not applicable, file it in the MA case record. If the worksheet (Part IV) indicates the lien provision is applicable, forward a copy of the worksheet to MACA, Division of Recoveries, for appropriate action relating to the imposition of a lien.

DHMH 1169 – Notice of Potential Recovery

- This form is completed by the case manager to report to MACA, Division of Recoveries all potential third party recoveries for recipients in areas including:
 - a. Liability (e.g. an automobile accident, malpractice suit, or an accidental injury sustained on the premise of another individual);
 - b. Workman's Compensation;
 - c. Assault;
 - d. Recoverable Resources;
 - e. Paternity;
 - f. Child Support;
 - g. Estates; and
 - h. Important payments due to error.

DHMH 4242 – Lien Memorandum

- This is a multi-purpose memorandum that is used to transmit and exchange information, documents and forms associated with the lien and recovery process between the case managers and MACA and its various divisions. Included in its uses are those of MACA, Division of Recoveries, informing the case manager when the lien has been imposed, when property has been sold and of the proceeds from the sale, and the remaining resource, if any, after the recovery requirement has been satisfied.

DHMH 4243 – Referral for Investigation

- This form is completed by the case manager to refer to MACA, Division of Field investigation, for all cases involving client or representative error associated with not reporting, delayed reporting, or erroneous reporting of information that may have resulted in improper Medical Assistance Program payments.

DHMH 4244 – Maryland Medical Assistance Program Explanation of Lien

- The case manager completes and provides this notice to all institutionalized recipients who own home property. It explains the meaning of a lien and the circumstances under which the Medical Assistance Program will impose a lien on the home and other real property.

DHR/FIA 9709 – Eligibility Determination Document (EDD) for Institutionalized Adults

- This form is the application that is completed when a person is applying for Long-Term Care Medical Assistance.

FORMS NOT REQUIRED FOR LTC

The following forms should not be used for the purposes of determining LTC eligibility:

- DHR/FIA 491 - Change Form**
- DHR/FIA 704 - Consent for Release of Information**
- DHR/FIA 730 - Application Eligibility Notice (Obsolete Form)**

INQUIRIES:

For policy questions, contact the DHMH Division of Eligibility Policy and MCHP at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463). For CARES questions, contact Debbie Simon at 410-238-1363.

cc: DHR Executive Staff
DHMH Executive Staff
FIA Management Staff
DHMH Management Staff
Constituent Services
DHR Help Desk

Attachment

Request for Non-Covered Services

To: Office of Eligibility Services
Department of Health and Mental Hygiene
201 West Preston St, Room SS-10
Baltimore, Maryland 21201-2399

From: _____ Jurisdiction

Address _____

Date _____

Please include the following information:

Case Manager _____

Contact Number _____

Case Name _____

Client ID/MA Number _____

Application Date _____

Current Certification Period _____

Retro Period (if applicable) _____

Type of Expense (place a check mark next to appropriate type)

_____ Dental Bill

_____ Hearing Aid Bill

_____ Vision Bill

_____ Podiatry

_____ Nursing Home Bill

Months being requested _____

_____ Other (please specify) _____