Allocated Income Clean-up for COLA Instructions

Overview – At the time of conversion, many cases with allocated income did not convert appropriately. Instead, the LTC recipient on the case was also listed as their own dependent on the LTC Data Detail page. Many of these cases have not been touched since conversion and therefore still have inaccurate information and incorrect allocated income being applied. It is important to review the consumer's current assistance for accuracy.

Follow the steps outlined below to determine whether a consumer with LTC is on their own separate program block, ensure that the correct individuals are listed as dependents, and review the expenses to determine the correct allocated income.

1. Access case and review Case Summary-determine if LTC recipient(s) is in a program block by themselves.
   a. If not, from Task Navigation select <New Program> and create a new program block for the LTC recipient. The RMT will be Medical. Use the current date as the Application Date and the first day of the application month as the Beginning Date of Aid. After the Program block is created, the worker will need to go to the Medical Program Detail page and Edit the RMT to LTC. Repeat for each LTC recipient who needs to be in a program block by themselves.

      Note: If the LTC recipient has already received LTC benefits on a different program, when running EDBC for the new program block the worker should run EDBC for the 1st unpaid month to authorize LTC benefits, then go back and run EDBC using a Negative Action reason of 'Voluntary Withdrawal' to deny the application month. This will avoid 'Pending' (gap) months on the new program block.
   b. Note the review date on the current program block for future reference.
   c. Then, from Task Navigation select <Negative Action> and discontinue the incorrect program block with a reason of 'Duplicate Application'.

      Note: If there is a community spouse on the prior program block and they are receiving current assistance, Negative Action would only be taken for the LTC recipient on this program block. The worker will run EDBC on this program block for the month the LTC recipient was approved on the program block created in step 1a. This will discontinue only the LTC recipient's coverage on the previous program block and keep the community spouse open to assistance.
2. Check Journal for Post-Conversion Clean-Up entry. Do post-conversion clean-up on case per instructions in the KEES User Manual if it has not been done yet.
3. Check LTC Data page: select <Edit> at the end of the LTC record. On the LTC Data Detail page review the Dependents section.
   Note: The worker should also review the Anticipated Length of Stay field for correctness. A previous batch that was run may have accidentally updated this field to "Less than 30 days". This will need to be reviewed and updated to "30 days or More" if it is a long-term stay.
   a. If the LTC consumer is listed in this section, note the Begin Date and select the consumer's name. This will bring up the Dependent detail; select the consumer from the dropdown

field and enter the previously noted Begin Date in both the Begin Date and End Date fields. Select <Save and Return>.

    b. From the LTC Data Detail page, select the Add button in the Dependents section. Choose the dependent to whom income will be allocated. Enter a Begin Date of the first day of the come-up month. Select <Save and Return>.

    c. If there are other dependents, repeat step b. for each one.

    d. Once all dependents have been added, select <Save and Return> on the LTC Data Detail page to return to the LTC Data List page.

4. Pay particular attention to Income and Expense pages; end date any Miscellaneous/Allocated Income or Medical Expense/Allocation of Income or Medical Expense/Override Allocation of Income with the last day of the month before the come-up month.

Note: if there is a spouse on the case who is also receiving medical assistance, then the Override Allocation of Income Medical Expense may be correct and more research will be required. The worker should review other expenses on the page for correctness and end date all expenses that have been applied and are now exhausted. Only Health Insurance Premiums should be entered as ongoing monthly expenses without an end date.

5. Run EDBC for the come-up month. If the liability/obligation changes, send a form to the consumer and any other person with an administrative role.

    a. If this is an Institutional Care case, go to Document Control and locate the Facility Notice - Change in Patient Liability (Form C-N-S972). Review the form to be sure it contains the correct information and send to the facility listed on the LTC Data Detail page.

    b. If this is an HCBS case, send a 3161 reporting the change in client obligation to the MCO.

End Process