Policy Memo	
KDHE-DHCF POLICY NO: 2016- 12-02	**From: Jeanine Schieferecke, Senior Manager**
Date: December 29, 2016	**KEESM Reference: 8200.4, 8272 & subsections**
	KFMAM Reference: N/A
RE: HCBS Termination – Special Project	**Program(s): All Medical Assistance Programs**

This memo provides implementation instructions regarding prospectively ending Home and Community Based Services (HCBS) coverage based upon a special project approved by KDADS and KDHE. These policies and processes are effective upon receipt.

1) **POLICY**

KDADS has identified individuals who are currently receiving benefits as HCBS recipients in KEES/MMIS who are no longer eligible for such services. The individuals have been determined ineligible for HCBS services for a variety of reasons, including non-recipient of approved services for a specified period of time or failure to meet HCBS screening criteria at the last annual review. Leadership staff at both KDADS and KDHE has agreed this must be addressed immediately. Because a large number of individuals have been identified over all HCBS waivers, special processes are being implemented for this one-time clean up.

Cases impacted by the project will be identified on a series of reports issued by KDADS. KDADS staff are responsible for ensuring all recipients listed on the report have indeed failed a functional criteria/condition of waiver eligibility. Note the processes outlined in this memo apply strictly to individuals appearing on these reports.

The following policies are in effect for this one-time project:

A) **ES-3161**: Ordinarily, the MCO responsible for HCBS delivery is required to submit an ES-3161 to the KanCare Clearinghouse when a functional HCBS termination is necessary. This requirement is waived for persons appearing on this report. If an ES- 3161 was previously submitted for these individuals, a task may exist on the case. All existing tasks associated with 3161s shall be reconciled as action is taken on this report. These tasks may appear as Incoming Document tasks or LTC Communication tasks.

B) **Effective Date of Termination**: HCBS Level of Care (LOC) shall be terminated effective the end of the last paid benefit month (see MMIS monthly in the KEES dispatch for dates).

Unless an exception is noted, retroactive LOC termination does not apply for persons impacted by this project. Note that timely and adequate notice is still required for all actions impacting eligibility.

Example 1: SSI recipient Jane Doe appears on the report as a FE (Frail Elderly) client who last received services in October. The effective date of LOC termination is based on the date action is taken. MMIS monthly is December 21, 2016. If action is taken on December 15th, the LOC is updated with a termination date effective 12-31-16. However, if action is taken on December 23rd, the HCBS termination date is 01-31-17.

Example 2: HCBS client John Doe has Social Security of $1,000/mo. He appears on the report as a PD (Physically Disabled) client who last received services in August. On December 27th, the LOC is updated with a termination date effective 01-31-17.

Note: An exception is made for deceased recipients or persons changing from one LTC living arrangement to another LTC living arrangement (NF entrance, moving to PACE, MFP, etc.). Regular rules apply to these populations.

2) PROCESS
The following processes apply to this special project:

A) Client died
   a. Review case and images for verification of Date of Death.
   b. Enter date of death on Individual Demographics page.
   c. Enter HCBS termination date (the DoD) on LTC Data Page.
   d. Run EDBC for month of death through come up month.
   NOTE: if there are more than six months between the DoD and the come up month, run EDBC for month of death and come up month. Send an email to Policy Manager and Business Analyst to correct LOC in MMIS.
B) Client living arrangement change
   a. Check case and images for 3161, 2126, CARE score, etc. Request any information needed.
   b. Process case per current procedures for living arrangement changes.
C) HCBS terminating per KDADS
   a. Access case; enter last day of month as termination date of HCBS if monthly medical has not run. If monthly medical has run, make the last day of month following the calendar month the HCBS termination date.
   b. Run EDBC for month of termination.
   c. Review case for Review issues and Medically Needy.
      i. If review has not been returned: check Program Block for Medical Representative then check Distributed Documents to determine if 1) a review was sent to the client and 2) if a review was sent to the Medical Representative. If review was sent, run Negative Action with a reason of

'Failure to Return Review'. If review was not sent to appropriate persons, send a pre-populated review and give the client 15 days to return.

ii. If client had a review due: review Image Now to see if review has been returned. If it has, process review for MSP or other medical programs except Medically Needy with a spenddown. If client does not qualify for any program except MN, close case. MN should not be approved without a request from the client.

iii. If there are no review issues; check to see if there is a spouse with an open program block. If so, then run EDBC for the month following closure through the come up month to add the client to that program block. Then negative action the HCBS program block as duplicate application.

iv. If there is no spouse on the case or spouse doesn't have coverage; check if client has Medicare. If client has Medicare, change RMT to MSP for come up month. Run EDBC. Send NOA of MSP or discontinuance as needed.

v. If client being discontinued from HCBS is a child,
1. If there is MAGI for other children, add child to that case for month following HCBS termination.
2. If there is no open MAGI case, mail client an application to apply for other medical for the child.

3) JOURNAL

Update the Journal as appropriate.
A) Include when client died, when HCBS terminated and what months of EDBC were run.
B) Include when client moved to IC, name of facility, whether the stay was temporary or permanent, and client's liability.
C) **Include the following in the Journal entry.**
"Worker notified by KDADS that HCBS should terminate. Entered termination date of 12/31/16 on LTC Data page. Ran EDBC for December. NOA sent."
Then add:
"Client interprogram transferred to MSP; approved (QMB, LMB, e-LMB <choose one>) for January and following months. NOA sent."
Or add:
"Client added to spouse's medical case in PB *** effective **/**/****." Information will need Included on changes to MSP type or spenddown amount.

4) CONCLUSION FOR QUESTIONS OR CONCERNS RELATED TO THIS DOCUMENT, PLEASE CONTACT ONE OF THE KDHE MEDICAL POLICY STAFF LISTED BELOW.

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