GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Long Term Care Project Procedure Manual

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Application Processing

APPLICATIONS NOT PROCESSED

The Long Term Care (LTC) Unit may receive applications that cannot be completed by the unit for various reasons. Do not process the following:

- Nursing Home Internet applications when the applicant has a spouse in the county with active Medicaid, excluding Q-Track cases.
- Community Care Services Program (CCSP) applications when the applicant and/or spouse are already active for Medicaid in the county, excluding Q-Track cases.
- Applications of any kind where there is a PENDING L-A D living arrangement application in the county.
- Applications of any type such that the LTC caseworker cannot process on SUCCESS.

Notify the appropriate county Medicaid Eligibility Specialist (MES) that currently has active or pending case(s) and the nursing home why the LTC Unit cannot process the applications described above. The MES has the responsibility to disposition pending cases.

Forward any documents or materials received by the LTC Unit for active county cases to the county.

Processing Applications

1. DOWNLOAD

To download, update and check the status of online applications go to

www.galongtermcare.org/AdminHome.aspx

Enter your assigned user id and password.
Click continue
Enter time frame to be reviewed
    Suggestion – begin time frame a week before the current date and end with the current date.
A box called Microsoft Internet Explorer appears
Click Yes
Locate application number
Click View Application
    Note if applicant is married
    Make sure box at right reads "Applicant"
    Screen print all applicant pages
    Change box that reads "Applicant" to read "Spouse"
    Screen print all spouse pages
After all application screens for applicant and spouse have been printed Click Next
Print Verification Checklist

Screen applicant on SUCCESS
Make applicant folder and give case to the eligibility worker to register on SUCCESS and assign case
Log case
Update the online STAT screen with the assigned MES and status as PENDING

Should an eligibility specialist go on leave for an extended period of time (exceeding three (3) days), that person will be taken off rotation for any assignments for three (3) days in advance of leave (when leave can be anticipated) or as soon as possible. Additionally, that same person will go back on rotation for assignment within three (3) days of return from leave or as soon as possible. This is to assure more timely processing of all work assigned.

CASE RECORD ORGANIZATION

See Medicaid Manual Section 2760

2. REGISTRATION

The LTC MES on rotation will register the application on SUCCESS on the same day that the application is downloaded and distributed.

See your SUCCESS manual for detailed instructions on case registration.

3. APPLICATION PROCESSING

PROCESSING – LTC goal is 25 day standard of promptness (SOP). The nursing facility is the primary contact for information.

- Within **two (2) business days** of application registration:
  1. Preview the application and verification checklist
  2. Inform the nursing facility if any additional verification is needed.
- Allow **ten (10) calendar days** from the date the application is downloaded to receive the nursing facility packet (verification)
- Contact the nursing facility on the 11th day if packet is not received.
- Give a written notice of an **additional ten (10) days** if requested
  1. Copy written notice to the Responsible Party (RP).

- Make telephone contact with RP when packet is received:
  1. Explain the LTC intake process
  2. Address any questionable items
  3. Request any additional verification and follow up with written request. Copy written request for NH
- If the packet and additional information has not been received, request verification from the responsible party on the **22nd day.**
  1. Inform the RP that the application will be denied if the information is not provided by a specified date (within the 45 day SOP).
  2. Copy the nursing facility.
  3. **Deny** the application on the **45th day**
  4. Update the online **STAT screen** within **twenty-four (24) hours** of the disposition date
  5. Hold denied applications in a **central location** for subsequent applications or inquiries.

Note: Please remember to process 3 months prior if necessary.

APPROVALS

Transfer approved cases on SUCCESS to the appropriate county staff person.

1. Transfer on the second (2nd) business day of the month following the month of approval.
2. Update the online STAT screen within twenty-four (24) hours of the disposition date

VERIFICATION

WAIVED VERIFICATIONS

The following verifications have been waived in application processing for testing purposes. Documentation in SUCCESS is critical in support of waived verifications.

In order to expedite application processing the LTC MES shall:

1. Waive age verification of persons currently Medicare eligible (this excludes persons with renal failure – BIC code T). The Medicare number should be recorded on the LTC application if a copy of the Medicare card is not available. **DOCUMENT**

2. Waive the signature on the form 285. The signature page of the LTC application states that the information provided is true and correct. It also provides that the individual has received a copy of the Rights and Responsibilities. The Rights and Responsibilities have a section on Third Party Recover (TPR) assignment. The signed signature page will be attached to the completed 285 instead of sending a 285 for the RP to sign. **DOCUMENT**

3. Waive completion of the 285 on cases that the recipient has a Medicare HMO such as Blue Choice or Kaiser or a Medicare Supplement. The Incurred Medical Expense (IME) will still be allowed. **DOCUMENT**

INCORPORATED FORMS

The following forms are incorporated into the Long Term Care application. Documentation is critical in support of the incorporated forms.

1. The Statement of Intent for Spousal Impoverishment is built into the LTC application. The signed signature page serves as authorization and alleviates the need for a separate form. **DOCUMENT**

2. A separate form DMA-59 will not have to be sent by the nursing facility. The form DMA-59 is built into the LTC application. **DOCUMENT**

3. The MAO Burial Designation form is built into the LTC application. The signed signature page serves as authorization and alleviates the need for a separate form. **DOCUMENT**

CCSP Medicaid Project

See CCSP procedure guide for complete instructions

The CCSP Registered Nurse (RN) or Social Worker (SW) will: Interview the applicant and complete the CCSP Medicaid application and send the Medicaid application and the following forms to LTC unit within seven (7) days of the applicant's admission to CCSP service:

- CCSP Medicaid application
- Medicaid Eligibility Information
- Patient Cost Share Budget Sheet
- Release of Information, Form 5459
- Third Party Liability (TPL) form, DMA-285
- Applicable cover sheet:
  yellow sheet with incomplete packet
  green sheet with complete packet
- Community Care Communicator (CCC) (only one)
- Level Of Care (LOC) page
- Copies of all income and resource verifications obtained
- Copies of Social Security and Medicare cards or the completed form verifying the Care Coordinator saw the cards, if available

Waived verifications for CCSP project:

- Proof of application for other benefits
- Other resources that do not effect eligibility or cost share
- View Social Security and Medicare cards if care coordinator submitted or if it is available in a related case

Mandatory verifications for the CCSP project:

- Income
- All resources that effect eligibility
- Bank accounts (accept verification for the most recent month at the time of the care coordinator's home visit)
- Health insurance

Applications with Mandatory Verifications

The CCSP care coordinator uses a **green cover sheet** to identify application packets with **mandatory verifications.** The MES will:

- Review the list of applicants and fax a copy of the list to the care coordination agency to confirm receipt of the Medicaid applications.
- **Process** the Medicaid eligibility in SUCCESS **within 10 working days** if all mandatory verifications are provided.
- Send Medicaid eligibility and cost share notice to applicant and CCSP care coordinator.
- Within five working days of receipt of the complete CCSP Medicaid application packet, requests the waived verifications and any additional information needed.

Applications without Mandatory Verifications

Application packets **without mandatory verifications** will have a **yellow cover sheet**. The care coordinator sends all verifications and completed forms obtained from the applicant to LTC MES with a list, statement, or comments regarding verifications not obtained. The packet will contain the following forms:

- CCSP Medicaid application
- Medicaid Eligibility Information
- Patient Cost Share Budget Sheet
- Release of Information, Form 5459
- TPL form, DMA-285
- Yellow cover sheet
- CCC (only one)
- LOC page
- Copies of all income and resource verifications obtained
- Copies of Social Security and Medicare cards or the completed form verifying the Care Coordinator saw the cards, if available

If the care coordinator sends the incomplete CCSP application packet to the LTC unit (yellow cover sheet), the MES obtains remaining information needed to determine the applicant's eligibility for CCSP Medicaid and begins the application process.

For applications with or without mandatory verifications the MES will complete the following within 90 days of the Medicaid application date:

1. Obtain waived verifications and additional information
2. Transfer the case to the county DFCS after the waived verifications are obtained.
3. Request additional information to determine eligibility for prior months if requested by the applicant.
4. Process returned verifications as a "special" and take appropriate action.

5. Call the care coordinator before denying a CCSP Medicaid applicant for failing to respond or provide additional information needed to process the application
6. Keep a manual record of these cases to enable the workgroup to analyze the data for effectiveness of the project

NOTE - If the CCSP Medicaid application is denied for failure to provide the necessary information/verification, the application may be reopened once the information/verification is obtained.

SECTION II

Quality Assurance Follow-Up

Case actions will be randomly reviewed to track the arrival, processing and disposition of Internet Nursing Home applications. Problem areas for ERROR cases or Deficiencies will be identified, staff will be informed, feedback will be gathered, and steps taken to reduce problems will be implemented

SECTION III

Documentation

The Long Term Care project is used as a testing site for various changes that may affect application processing statewide. Additional documentation on SUCCESS is needed identify the test items to county workers.

Verification
Document each type of verification waived.
Document each mandatory form that is waived and indicated what has replaced it.

See Verification section of LTC Procedure Manual for details of verifications waived

See the Medicaid Manual Appendix D for current documentation standards.