17.1 INTRODUCTION

This Chapter describes the Department's policies and procedures f determining long-term care eligibility. Nursing facility (long-term care) services are provided to eligible Medicaid individuals who reside in a nursing care or ICF/MR facility.

In addition to providing nursing facility services to eligible Medicaid recipients, two coverage groups are eligible for alternative long-term care services by virtue of their need for nursing care and the availability of home-based or community-base nursing care services. These two coverage groups are part of the same Title XIX Waiver, even though they were begun at different times. The coverage group for elderly or disabled people is the HCB Waiver; the other is for mentally retarded or developmentally disabled individuals who live in facilities within their own communities and is the MR/DD Waiver.

This Chapter is organized the same way the entire Income Maintenance Manual is. Information in other sections of the Manu that also apply here are not repeated. Instead, reference is mad to such information.

In determining eligibility for payment of nursing or alternative care, the Worker must ensure that the client, or his representative, is fully informed of the policies and procedures. This is necessary so that the client, his family or his representative is able to make informed decisions about the client's financial affairs.

However, the Worker must not, under any circumstances, suggest or require that the client, or representative, take any specific action in financial matters. The Worker must not act as a financial planner or make suggestions about the client's current future financial situation. This includes comments about Estate Recovery. The Worker may respond to general questions, but must refer the client, or representative to BMS, for specific information. The Worker must not contact BMS on behalf of the client, but must refer the client or representative to BMS.

The Worker must refer all inquiries about billing issues from the nursing or ICF/MR facility to the LTC Unit in BMS. The Worker mu not contact BMS on behalf of the provider, but must refer the provider to BMS.

Questions from county staff about any aspect of long-term care cases must be directed to the IM Policy Unit in OFS, not to BMS.