
Long Term Care

Payment for nursing facility services may be backdated for up to 3 months prior to the month of application, provided all of the conditions described above are met for that period.

EXAMPLE: An individual is a patient in a hospital. The physician recommends nursing facility care to the patient's family and completes a PAS-2005 dated 6/5/05. The family is undecided about placing the individual in a nursing facility and takes the patient home to provide care. They do not apply for Medicaid until 8/16/05 which is the date the client enters the nursing facility. Medicaid eligibility is established beginning 8/1/05, but the PAS-2005 has expired. A new PAS-2005 is not completed until 8/22/05. Medicaid nursing care payments begin 8/22/05.

EXAMPLE: Same situation as above except that the PAS-2005 is dated 6/25/05. A new PAS-2005 is not required, but nursing facility payments cannot begin until 8/16/05, which is the date he entered the nursing facility.

EXAMPLE: An individual enters a nursing facility on 8/16/05 and the PAS-2005 is signed 8/16/05. However, the client does not become Medicaid eligible until 9/1/05 due to excess assets. Payment for nursing facility services begins 9/1/05.

EXAMPLE: An individual enters a nursing facility on 10/10/05 and a PAS-2005 is signed on that date. On 11/25/05 his family applies for Medicaid to pay for his nursing care costs. Medicaid eligibility is backdated to 8/1/05 to cover the cost of his recent hospitalization. Payment for nursing facility services begins on 10/10/05.

3. Content Of The Interview

In addition to the requirements in Chapter 1, the Worker must screen the client according to the priorities listed in Section 17.9.C.

The Worker must also explain the applicability of Estate Recovery, **which is outlined on forms DFA-NH-RR-1 and DFA-RR-1. The Worker may use the Long Term Care Addendum, but the client is not required to sign it.** Questions about the Estate Recovery process must be referred to the toll-free number, 1-888-378-2836.

The Worker must explain to the client that the QMB approval is approval of a nursing facility case when Medicare is participating in the cost of nursing facility care. The Worker must also explain the asset policy so he is aware that his accumulated income, which he would normally pay for his care, may result in ineligibility due to excess assets.

B. REDETERMINATION PROCESS

Redeterminations are the same for nursing facility cases as they are for SSI-Related Medicaid, except that a redetermination is completed once a year, and a **face-to-face interview is required. The Worker receives an alert in RAPIDS when a redetermination is due.**

The redetermination is completed with the individual who is responsible for handling the client's affairs.

1. Representative Lives in Another State

If there is no one living in the State who handles the client's income and/or is knowledgeable about his affairs, the interview is conducted with the nursing facility staff member who has knowledge of the client's financial circumstances.

When the person handling the finances of a client lives too far to commute to a face-to-face interview, the Worker interviews the responsible person by telephone. The original **OFS-2** is mailed to the responsible person with a cover letter explaining the procedure for signing the form on the client's behalf. A copy is retained in the case record.

2. Representative Lives in Another County

When the representative to be interviewed lives in another county, the interview may be conducted in the office of the county in which he lives, at the nursing facility or in the office of the county in which the nursing facility is located. When the office in the county in which he lives agrees to conduct the interview, the procedure is as follows:

- The Worker sends the ES-23 to the county office in which the representative lives. The following information is included on the ES-23:
 - The month the redetermination is due

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- The amounts and sources of the patient's income as shown in the case record
 - The amount of the client's resource and his total contribution
 - Type and amount of the client's assets
 - Amount of the CSMA and FMA
- The Worker who receives the ES-23 completes the interview with the representative and obtains required verification. He must explore all financial aspects of the case. See Sections 17.9 and 17.10.
 - When the **OFS-2** is completed, the Worker in the county in which the representative lives records all pertinent information and returns the form to the originating county.
 - The Worker in the originating county completes the redetermination. If the client is no longer eligible for Medicaid, the case is closed. If the client remains eligible for nursing care services, **RAPIDS** is changed to reflect current circumstances and appropriate notification is sent.

**DUE TO THE DELETION
OF SOME MANUAL MATERIAL
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HAS BEEN RESERVED FOR FUTURE USE.**