

MISSISSIPPI DIVISION OF MEDICAID

Eligibility Policy and Procedures Manual

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101.11 AUTHORIZING A NURSING FACILITY PER DIEM PAYMENT FOR SSI, FOSTER CHILDREN, MAGI-RELATED AND ABD AT-HOME ELIGIBLE RECIPIENTS

Individuals whose source of eligibility is SSI or eligibility through the foster/adoption assistance program or MAGI may enter a nursing facility, PRTF or ICF/IID facility. Although Medicaid eligibility exists, payment for room and board at the facility, referred to as the per diem payment, must be authorized by the regional office. The per diem payment is authorized only after the regional office places the required liability and long term care information in the system. The regional office will usually know of the placement via receipt of a DOM-317, Exchange of Information between Long Term Care Facility and Medicaid Regional Office. These placements require that the regional office register the case in the system and determine the individual's eligibility for long term care using long term care rules.

Any individual requesting long term care services is subject to the transfer of assets provision and the spousal impoverishment provision, regardless of their source of eligibility or coverage group. SSI recipients, foster/adoption assistance children, MAGI-related recipients and ABD at-home recipients who enter long term care in a nursing facility or ICF/IID facility are subject to the transfer of assets provision, meaning the 5-year lookback is applicable as well as a review of any subsequent months to determine if a transfer of assets occurred that could disqualify the individual from eligibility for a Medicaid per diem payment. Also, the spousal impoverishment provision applies which would allow transfers to the spouse and allocation of income to the spouse. Medicaid Income is payable, if applicable. An admission to a PRTF facility is considered an acute care admission and is therefore not subject to the transfer or spousal impoverishment provision.

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101.11.01 – SSI ELIGIBLE ENTERS LONG TERM CARE

An SSI recipient with income less than \$50 per month may continue to be eligible for SSI/Medicaid while in a nursing facility. While no separate application for Medicaid is needed, a review of the SSI recipient's financial factors of eligibility is required prior to authorizing the per diem payment to the facility. An "SSI-only" record is created in the system as a worker-entered COE so that needed liability and long term care data can be placed on file to authorize payment to the facility, provided the SSI-recipient is otherwise eligible for long term care services. Creation of the SSI-only record in the system is required upon receipt of the DOM-317 Form from the facility.

An SSI-Only case record is maintained for the duration of the LTC admission. The case record will consist of:

- The 317 form from the facility and a copy of DOM's 317 response to the facility.
- The Pre-Admission Screening (PAS) form from the nursing facility. A PAS is not required for an SSI recipient entering a PRTF or ICF/IID facility.
- A SVES response verifying SSI-only status.
- Any relevant resource information that becomes known to the RO.
- Notices to the SSI recipient.

Upon receipt of the 317 Form from the facility notifying the regional office of the SSI-only recipient's entry date, a financial review of the SSI-recipient's income and resources from the date of entry is required to determine if a transfer of assets has occurred and to determine if income is consistent with income reported on the SVES. Any income/resources that become known to the RO that would affect SSI eligibility must be reported to SSA. An example of unknown income may be sheltered workshop earnings.

If income/resources become known to the RO that would make the recipient ineligible for SSI, determine if the individual would be eligible using Medicaid LTC rules using Medicaid institutional income/resource limits.

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SSI ELIGIBLE ENTERS LONG TERM CARE (Continued)

If the SSI-recipient is Medicaid eligible either as SSI or under Medicaid rules, payment to the facility may be authorized in the system retroactive to the date of entry into the facility. Issue the 317 response to the facility and a notice approving long term care services to the SSI recipient or representative. The SSI payment is not countable as income so there would be no Medicaid Income for the SSI-only recipient. However, if income other than SSI is verified, then Medicaid Income may be payable to the facility and reported on the 317 response to the nursing facility, PRTF or ICF/IID provided the SSI recipient is eligible using Medicaid LTC rules.

Do not authorize the per diem payment to the facility if the SSI recipient would not be eligible for Medicaid due to excess income/resources, a transfer of assets that occurred within the 5-year look back period or any subsequent months or if a trust/conservatorship exists with excess countable income or resources that should be available to the recipient using Medicaid trust policy, or if any other Medicaid long term care provision causes ineligibility. Deny the payment to the facility, issue the 317 response to the facility denying the per diem payment issue a denial notice to the SSI recipient or representative explaining the reason for the denial of the per diem payment to the facility.

Report excess income and/or resources to the Social Security Administration via DOM-318, Exchange of Information Between Medicaid Regional Office and VA/DHS/SSA.

An annual review of SSI only cases is required using the Administrative Renewal process described in the 101.15, Redetermination or Renewal Process.

If SSI eligibility ends due to death, action must be taken to close the SSI-only record in the system thereby closing the liability and long term care data on file. If SSI closes for any other reason, a Medicaid application may be required to continue eligibility in the institution.

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101.11.02 CHILDREN IN CUSTODY OF DCPS ENTER LONG TERM CARE

A child under age 21 whose source of eligibility is the Department of Child Protection Services (DCPS) is eligible for a nursing facility per diem payment. NOTE: the Department of Human Services (DHS) is the agency that held custody prior to the creation of the new Department of Child Protection Services. Until systems changes are made, DHS and DCPS have the same meaning regarding children in foster care or adoption assistance. A “DCPS-only” record is created in the system as a worker-entered COE (as either 003 or 026, whichever applies) so that liability and long term care data can be placed on file to authorize payment to the facility, provided the child is otherwise eligible for long term care services.

If the child enters a nursing facility for an extended stay, the child may lose eligibility certification through DCPS. If/when eligibility terminates through DCPS, a Medicaid application for LTC is required.

- While eligibility is present on the MMIS through the source “DCPS,” create a “DCPS-only” case record for the 317/PAS from the facility and any notices issued.
- A PAS is required for a nursing facility placement of children in the custody of DCPS. A PAS is not required for a placement in a PRTF or ICF/IID facility.
- ***Medicaid Income is not payable for a foster/adoption assistance child in a long term care facility since the child’s eligibility is determined using MAGI rules and Medicaid Income is not payable for a MAGI child or adult.*** The liability (Medicaid Income) that would normally be calculated by the system using ABD rules is not applicable for a MAGI-related eligible individual in a long term care facility.
- Notice must be issued to the DCPS address on file regarding the foster/adoption assistance child’s approval of the per diem payment to the facility.

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CHILDREN IN CUSTODY OF MCPS ENTER LONG TERM CARE (Continued)

- Once a child reaches age 21, or if DCPS releases a child from foster care between the ages of 18 – 21, the child is systematically placed in the “protected foster child” category of eligibility until age 26, which is COE-007. Treat adults in COE-007 the same as children eligible as foster children, i.e., no Medicaid Income is payable even if there is income that would otherwise be used to calculate Medicaid Income.
- Annual renewals for foster/adoption assistance cases are generally not required because a child is rarely institutionalized for over 12-months. However, if the child remains in a nursing facility, PRTF or ICF/IID facility for more than 12 months, the case would need to be reviewed administratively to ensure the child remains institutionalized.
- When a child in the custody of DCPS leaves the facility or is determined ineligible for DCPS-related eligibility, take action to close the “DCPS” case record thereby closing the liability and long term care data on file. If the child remains in the facility upon closure, review the case for Medicaid-only long term care.

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101.11.03 MAGI ELIGIBLE CHILD/ADULT ENTERS LONG TERM CARE

A child or adult whose source of Medicaid eligibility is MAGI-related may enter a nursing facility, ICF/IID or PRTF for a temporary or indefinite period of time. Handle as follows:

- If a MAGI child or adult enters a nursing facility, the 317 form from the facility and the PAS become part of the MAGI case record.
- If a MAGI child enters a PRTF, no PAS is required. The facility will send a 317 to the appropriate RO or to the Central Office for certain facilities.
- ***Medicaid Income is not payable for a MAGI child or adult in a long term care facility.*** The liability (Medicaid Income) that would normally be calculated by the system using ABD rules is not applicable for a MAGI-related eligible individual in a long term care facility. Notice must be issued to the MAGI head of household regarding the MAGI-eligible individual's approval of the per diem payment to the facility.
- If the MAGI-related individual is eligible as a pregnant woman, her eligibility would end at the end of her post-partum period. If still institutionalized as of the end date, determine eligibility for ABD institutional eligibility.
- If the MAGI-related individual is eligible as a parent/caretaker, eligibility would end in COE-075 if the parent/caretaker is in the facility for more than a temporary absence, i.e., an admission that last more than 90-days. Take action to determine eligibility using ABD institutional rules, leaving the COE-075 open while the ABD application is processing. If eligible, change MAGI eligibility to ABD eligibility and notify the individual of the change in COE.
- Prior to authorizing a per diem payment on a MAGI-related eligible in a nursing facility or ICF/IID, review for any possible transfers of assets within the 5-year lookback period and any subsequent months.

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101.11.04 ABD AT-HOME ELIGIBLE ENTERS LONG TERM CARE

An ABD at-home eligible who enters a long term care facility is treated differently than someone whose source of eligibility is other than ABD Medicaid-only. An ABD at-home eligible cannot remain in an at-home COE and have a payment to a long term care facility authorized by the system. The system requires that the individual be changed to a long term care COE, even for short-term admissions, in order to authorize a per diem payment to the facility. **Exception:** a child eligible as a Disabled Child Living At-Home or in the Healthier MS waiver can have a per diem payment authorized to a **PRTE** while remaining in COE-019 or 045.

- If the ABD at-home eligible individual has income less than 135% FPL, the 30-consecutive day requirement does not have to be met but a special review must be completed on the at-home case to change the individual to the appropriate COE designated as “would be eligible at home,” i.e., COE-013 (nursing facility), COE-014 (hospital) and COE-015 (swing-bed). The system will automatically place an ABD at-home eligible in the appropriate COE if the individual’s income is less than 135% FPL and an institutional time period is entered with a change in living arrangement.
- For individuals whose income is greater than 135% FPL, the individual must meet the 30-consecutive day requirement and a special review completed to change the individual to the appropriate long term care COE allowing eligibility under 300% of the SSI FBR.
- If an at-home individual is eligible in one of the Medicare cost-sharing groups (QMB, SLMB or QI) and enters long term care, it is necessary to verify resources prior to placing the individual in a long term care COE. Do not leave a Medicare cost-sharing eligible in COE-031, 051 or 054 while institutionalized unless the individual has excess resources that would not allow eligibility in a long term care COE.
- The transfer of assets and spousal impoverishment provisions are applicable to all ABD eligible individuals who enter a facility, regardless of the length of the admission.