

## INTERPRETIVE MEMO

Rule Interpretation

Medicaid Procedure Instruction

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Facing page P-2430 B1 Date of this memo 2/19/09 Page 1 of 7

This memo:  is new  Replaces one dated \_\_\_\_\_

Vermont Department of Corrections  
NEW Application Procedures (detailed)

**Challenging placements may require developing a new service provider,  
which may take several weeks.**

*Note: Process should start six (6) months prior to date of release.*

**STEP 1:** It is recommended that the correctional facility Case Worker contact DAIL staff (Adele Edelman) as soon as possible to assist in the discharge planning process.

**STEP 2:** Department of Corrections (DOC) case worker will identify, with the Treatment Team, the appropriateness of the individual who may meet level of care eligibility for Choices for Care. DOC case worker may use the CFC Clinical Assessment form (orange sheet) to make this pre-assessment determination.

**STEP 3:** An application form (CFC 801) is completed by DOC case worker and sent to the local Long Term Care Clinical Coordinator (LTCCC) (Jennifer Genung) with a copy of a current assessment if available (Independent Living Assessment-ILA, nursing home assessment - MDS, home health assessment- OASIS, DOC assessment).

**STEP 4:** LTCCC reviews the application and assessment (if available) and responds to the applicant or legal representative and the DOC case worker within **three (3) working days** of receiving the referral to arrange a face-to-face visit.

LTCCC calls DOC case worker to arrange for a face-to-face visit with the applicant and/or the DOC case worker. LTCCC offers **Options Education** materials and discusses choice of case management from the Area Agency on Aging or Home Health Agency if the individual is seeking care in a community setting. LTCCC completes:

- Clinical Assessment;
- Release Form; and
- Clinical Worksheet (once all clinical information has been gathered).

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If the individual meets the **Highest Needs** clinical criteria or **High Needs with funds available**, the LTCCC completes **Clinical Certification** form and sends to local DCF office with a copy to **DOC case worker**. A copy also goes to the selected Choices for Care (CFC) case management agency with a copy of the application and assessment.

LTCCC will send a **written denial letter** to individuals who do not meet the clinical criteria for Choices for Care. A copy of the denial letter shall also go the DOC case worker. LTCCC offers **Options Education** and referrals for other services as appropriate, including DCF for other public benefits (Community Medicaid, VHAP, Food Stamps, and other public benefits).

**STEP 4a:** **DOC case worker** and **LTCCC** will together review the LTC setting options available to the applicant.

If standard LTC settings are not an option the following steps should be taken:

### **Determine need for placement options:**

- a. Need for special rates
- b. Qualify for furlough special rate through Ira Sollace by DOC case worker
- c. Identify what is needed to make furlough funding available to nursing facilities. This requires discussion with Department of Licensing and Protection (Deb Coutu).
- d. If furlough is option, DOC case worker will contact facility willing to accept applicant.
- e. If furlough is no an option, DOC case worker will contact Deb Coutu (DLP) to explore if applicant and facility will qualify for a special rate.
- f. DOC case worker will contact Adele Edelman (DAIL) regarding possibility of 24 hour placement/provider.

**STEP 4b:** **DOC case worker** and DAIL staff and CFC case manager confer on potential placements.

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**STEP 4c: DOC case worker** makes a referral to the local DCF/ESD office for financial review. **DOC case worker** assists individual or legal representative to complete the DCF financial application for LTC Financial Medicaid and submits application to local DCF office. If the individual does not have a legal representative, DOC case worker will list the DOC case manager and their mailing address on the application form. If proof of citizenship and/or identity is needed, DCF/ESD staff will mail this request to the DOC case worker. (See attachment B on Citizenship and Identity Process).

After receiving the Clinical Certification, **DCF/ESD** processes financial eligibility determination and patient share (if applicable). If needed, **DCF/ESD** contacts the individual or legal representative and DOC Case Worker to obtain information needed for financial application.

**STEP 5: DCF/ESD** will process the application and will notify DOC case worker, and potential provider ( if identified) if applicant appears to be eligible. ESD will not do final approval until informed by DOC case worker of discharge. **DOC case worker** will email the notice of release to ESD local staff ( Mary Freedman/ Seth Watson). DCF/ESD staff will determine the individual's potential financial eligibility and "hold" the pending application for sixty (60) days. A final determination will not be made until a placement can be found and the individual is released. If after 60 days no placement is found DCF/ESD will deny the case.

If within 60 days of denial an appropriate placement is found for the applicant, upon receipt of an updated signature page, ESD will process the case based upon the original application after the individual and DOC case manager reviews and verifies the financial circumstances have not changed and the information remains accurate. If changes have occurred, the applicant will provide updated information and verification as required.

**STEP 6:** After receiving the Clinical Certification, the CFC **case manager** completes and sends an **ILA, worksheet and Service Plan** to the LTCCC.

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**STEP 7:** After receiving the ILA and Service Plan , the LTCCC **completes Utilization Review** and waits for Medicaid LTC financial eligibility approval.

**STEP 8:** DCF sends **Notice of Decision** re: LTC Medicaid financial eligibility to individual, DOC case worker or assigned probation officer (if applicable), LTCCC and highest paid provider.

**STEP 9:** LTCCC authorizes **Service Plan** and sends a copy to applicable providers and DOC case worker or probation officer.

NOTE: IF A PLACEMENT IS UNABLE TO BE OBTAINED WITHIN SIX MOONTHS OF INITIATING THIS PROCESS A REFERRAL WILL BE MADE TO THE SPRINGFIELD FIELD SERVICES DIRECTOR FOR FOLLOW UP.

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Attachment A:

CONTACTS

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Attachment B

### CITIZENSHIP AND IDENTITY PROCESS

*Note: Federal regulations require proof of citizenship and identity for Medicaid.*

1. Please include a copy of their prison ID with each application.
2. When the application is entered on the DCF computer system, the applicant will be screened to see if their citizenship can be confirmed through one of the two data bases ( Vermont birth records).
  - a. If there is a possible match, the case is shipped for data matching which takes approximately 3-5 days.
  - b. If there is no possibility for a match, a Request Notice is generated that night.
3. If a birth certificate is found, they will be ready to grant if otherwise eligible upon their release.
4. If birth record is unable to be confirmed, A Request Notice will be sent to the individual designated on the application. When they receive the notice, they need to call Health Access Member Services at 1-800-250-8427. This is important for three reasons:
  - a. They need to ask for an 'extension" on getting DCF the information. An extension gives them 90 days to provide a birth certificate and/or ID. It also allows Medicaid to be granted upon the inmate's release if they are otherwise eligible ( while the documentation is being pursued.
  - b. Member Services has information and forms for obtaining birth certificates from other states if the inmate was born somewhere other than Vermont. DCF will pay for any fees required if the client is unable to cover the cost.
  - c. If the applicant refuses to disclose their place of birth, Member Services will advise what other types of documentation can be used.