

Technical Questions Re: Notices and Adviseements Final

1. What is the difference between notice and adviseement?

Response:

The LTC 803 form is used to notify a client of an approval or adverse action. It also advises the client of their appeal rights. It is used when the action taking place is regarding eligibility for a waiver (not for Medicaid) and/or services under the waiver and the client has the right to appeal the action.

An adviseement letter is generally sent out when the termination is because the client does not meet the financial criteria for Medicaid or the termination is voluntary by the client. An adviseement letter is sent when the action does not require a notice of Medicaid appeal rights (the LTC 803).

2. When an individual is enrolled in a waiver and they lose their Medicaid eligibility through the county, what is the appeal process and who is required to provide notice?

Response:

The County will send notification to the client and the CCB of the termination and their appeal rights. The client must be given 10 days notice prior to discontinuing service. Upon receipt of notification, the CCB will send an **adviseement letter** to the client notifying them that due to the loss of their Medicaid, they will no longer be eligible for Waiver Services.

3. If someone is terminated from the waiver due to the loss of Medicaid, what does the CCB do if they did not receive timely notice from the County DHS?

Response:

The client must be given ten days notice prior to discontinuing services. If the CCB did not receive adequate notice by DHS to meet this requirement before Medicaid is discontinued, the DHS office must reopen the case so that payment for services is covered and discontinue the Medicaid again.

- 4. CCBs often don't receive notice of Medicaid termination until they have billed and been denied. Particularly this is the case if for the SLS consumer. Is there a process that can be developed and/or followed in order for this communication with the county DHS to happen? What is the process to get the case reopened in the event that they don't get proper notice?**

Response:

The CCB Case Manager and the County IMT are required to share information with each other regarding a client who is receiving services under Medicaid. The CCB is required to send the County Notification form at the time of enrollment. This informs the county which CCB is providing services to which consumers. The CCBs are required annually to document and verify from the county IMT the client's income and Medicaid eligibility status. If this status changes during the year and the county determines the client ineligible for Medicaid, the county IMT must send notification to the CCB.

- 5. A provider agency terminates an individual, requiring the case manager to look for a new agency. The services will stop until a new provider is found. Would the CMA be required to send the LTC 803 form or is another process used?**

Response:

This does not require the use of an LTC 803 form since the client's eligibility for services has not been affected. The LTC 803 is used to notify a client regarding his or her eligibility for Medicaid waiver services or a benefit under Medicaid.

This would be appealable through the DHS appeal process. The provider would need to provide notice pursuant to DDD rules 16.320 and 16.323.

- 6. I found an old HCB-DD-19 "Denial of Enrollment Request" for Comp Services. Is this no longer a valid form?**

Response:

That is correct, this form is no longer in use. An LTC 803 form is used for all Medicaid Notices of Appeal.

7. **Case Managers are required to complete the 803 Notice on all Medicaid appeals. Does this mean the provider no longer sends notice letters providing a rationale for the change and an effective date? For example, if a day program decides to reduce services from 4 days to 2 days per week, what if anything is sent and by whom?**

Response:

No, this does not mean that the provider no longer sends notices. The decision by a provider to decrease the number of hours that they are available to provide services does not require the use of an LTC 803 form since the client's eligibility for services has not been affected. If the provider is making the change, it is their responsibility to notify all parties with respect to changes in their operations that may affect client services. The provider agency is required to comply with DHS regulations (DDD rules 16.320 and 16.323) when providing notice.

8. **The 803 Notice in the BUS generates an effective date 10 days out from the date of the letter. This is problematic in emergencies when the effective date is sooner or when the effective date is farther in the future. There does not appear to be an override. How do we handle the discrepancy between the 803 and actual date in other documents?**

Response:

The Case Manager enters the effective date on the LTC 803 in the BUS. The BUS simply gives a warning when the effective date is more or less than the ten days. Once finalized, the notice will have the effective date that was entered by the Case Manager.

9. **What is the difference between change of service and change of setting? An example is when someone moves from an apartment setting to a host home that will now provide increased supervision (more restrictive environment). Is an LTC 803 sent or would it be appealed through DHS?**

Response:

The example above would be considered a change of setting and is not an action that would require an LTC 803; an appeal could be made through the DHS appeal process.