

ATTACHMENT II**Table of Contents**

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Section # 1 - Resource Attestation Insert Messages

There are five (5) new insert messages for Resource Attestation. These messages will be used with numerous Pre-Existing and several new Reason codes.

S0020 Community Coverage: No Long Term Care (Undercare)

Since you are not receiving long-term care services, we did not review proof of your resources and you will not be covered for the following long-term care services:

- Nursing home care, other than short-term rehabilitation
- Nursing home care provided in a hospital
- Home and community-based waiver services
- Hospice in a nursing home
- Managed long-term care in a nursing home
- Adult day health care
- Assisted living program
- Certified home health care, other than short-term rehabilitation
- Hospice in the community
- Managed long-term care in the community
- Personal care services
- Home and community-based services waiver programs
- Personal emergency response services
- Limited licensed home care
- Private duty nursing
- Consumer directed personal assistance program

If you need long-term care services, notify your social services district immediately. We will then arrange to review your resources to find out if you are eligible for Medical Assistance coverage for these services.

S0021 Community Coverage with Community-Based Long Term Care (Undercare)

Since you are not receiving nursing facility services, we did not review your resources for the past 36 months (60 months for trusts) and you will not be covered for the following nursing facility services:

- Nursing home care, other than short-term rehabilitation
- Nursing home care provided in a hospital
- Home and community-based waiver services
- Hospice in a nursing home
- Managed long-term care in a nursing home

If you need nursing home services, notify your social services district immediately. We will then arrange to review your resources for the past 36 months (60 months for trusts) to find out if you are eligible for Medicaid coverage for these services.

S0022 Not Eligible For/No Longer Eligible for Long Term Care (Openings & Undercare)

Since you did not provide proof of your resources, you will not be covered for the following long-term care services:

- Nursing home care, other than short-term rehabilitation
- Nursing home care provided in a hospital
- Home and community-based waiver services
- Hospice in a nursing home
- Managed long-term care in a nursing home
- Adult day health care
- Assisted living program
- Certified home health care, other than short-term rehabilitation
- Hospice in the community
- Managed long-term care in the community
- Personal care services
- Home and community-based services waiver programs
- Personal emergency response services
- Limited licensed home care
- Private duty nursing
- Consumer directed personal assistance program

This is because we must have proof of your resources to decide if you can get Medical Assistance for long-term care services. You failed to verify:

_____ (Worker fill)

If you need long-term care services, notify your social services district immediately. We will then arrange to review your resources to find out if you are eligible for Medical Assistance coverage for these services.

S0024 Community Coverage: No LTC (Openings)

Since you requested we determine your Medicaid eligibility for community coverage with no long-term care, we did not review proof of your resources and you will not be covered for the following long-term care services:

- Nursing home care, other than short-term rehabilitation
- Nursing home care provided in a hospital
- Home and community-based waiver services
- Hospice in a nursing home
- Managed long-term care in a nursing home
- Adult day health care
- Assisted living program
- Certified home health care, other than short-term rehabilitation
- Hospice in the community
- Managed long-term care in the community
- Personal care services
- Home and community-based services waiver programs
- Personal emergency response services
- Limited licensed home care
- Private duty nursing
- Consumer directed personal assistance program

If you need long-term care services, notify your social services district immediately. We will then arrange to review your resources to find out if you are eligible for Medical Assistance coverage for these services.

S0025 Community Coverage with Community-Based Long Term Care (Openings)

Since you requested we determine your eligibility for community coverage with community-based long-term care, we did not review your resources for the past 36 months (60 months for trusts) and you will not be covered for the following nursing facility services:

- Nursing home care, other than short-term rehabilitation
- Nursing home care provided in a hospital
- Home and community-based waiver services
- Hospice in a nursing home
- Managed long-term care in a nursing home

If you need nursing home services, notify your social services district immediately. We will then arrange to review your resources for the past 36 months (60 months for trusts) to find out if you are eligible for Medicaid coverage for these services.

Section # 2 - Changes to Renewal Form, Question 12, Resources

Modifications have been made to Question 12 (Resources) on the Renewal Form (Reason code Z61) to accommodate RVI implementation:

1) IF THE RVI CODE EQUALS 1, 2, OR 4, AND THE CASE TYPE IS 20, PART A WILL PRINT

PART A:

RESOURCES

List all resources (resources include money in a bank or credit union, stocks, bonds, mutual funds, certificates of deposit, money market accounts, 401k plans, trust funds, the cash value of life insurance, or property that someone owns. Do not list your home).

You last reported:

<u>Resource Type</u>	<u>Value</u>
XXXXXXXXXX	\$ XXXXX.XX

What are your current resources?

<u>Resource Type</u>	<u>Value</u>	<u>Owner</u>	<u>Bank/Company</u>
Name			
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Do you want to continue to receive Medicaid coverage for long-term care services, such as home care or personal care services? Yes No

If yes, you need to send proof of your current resources.

2) IF THE RVI EQUALS 3 or 9, AND THE CASE TYPE IS 24 OR CASE TYPE 20, PART B WILL PRINT

PART B:**RESOURCES**

(Note: Pregnant women and child(ren) under the age of 19, do not have to answer this question, unless the person is participating in the Medicaid spenddown program, or the child is certified blind or disabled.)

List all resources (resources include money in a bank or credit union, stocks, bonds, mutual funds, certificates of deposit, money market accounts, 401k plans, trust funds, the cash value of life insurance, or property that someone owns. Do not list your home).

You last reported: (if code 91 is present in MBL, leave blank below; if other code and value present in MBL, print Resource Type and Value below; if MBL Resource field is blank, print \$0.00 below.)

<u>Resource Type</u>	<u>Value</u>
XXXXXXXXXX	\$ XXXXX.XX

What are your current resources?

<u>Resource Type</u>	<u>Value</u>	<u>Owner</u>
_____	\$ _____	_____
_____	\$ _____	_____

Section # 3 - Notice Attachments

E0028 Explanation of the Resource Documentation Requirements for Medicaid

This new attachment will go out with reason codes:

S83, S84, S64

(*see section # 5 for paragraph and definitions)

If you want Medicaid coverage of certain care and services, you must submit proof of your resources. The following explains the resource information that must be submitted in order to be eligible for coverage of certain care and services.

When you apply for Medicaid, you will be asked to choose one of the following:

1. Community coverage **without** long-term care;

2. Community coverage **with** community-based long-term care; or
3. Medicaid coverage for **all** covered care and services.

Note: Pregnant women, children under age one, and children between the ages of one and 19, who have incomes at or below the applicable federal poverty level, do not need to provide proof of their resources in order to qualify for Medicaid coverage for all care and services.

1. Community Coverage without Long-Term Care

Applicants/recipients who do **not** need nursing facility services or community-based long-term care may attest to the amount of their resources. If we find that you are eligible under this simplified review, you will get Medicaid coverage but **not** coverage for nursing facility services or community-based long-term care. If at some time you need nursing facility or community-based long-term care services, we will need to look at your resources before Medicaid can cover these services.

People who attest to the amount of their resources are eligible for short-term rehabilitation services. Short-term rehabilitation includes one commencement/admission in a 12-month period of up to 29 consecutive days of: nursing home care and certified home health care.

If we find the information you report is different from the information we get from investigating what you reported, you will be requested to give us proof of your resources.

2. Community Coverage with Community-Based Long-Term Care includes

- Adult day health care
- Limited licensed home care
- Certified Home Health Agency Services
- Hospice in the community
- Hospice residence program
- Personal care services
- Personal emergency response services
- Private duty nursing
- Consumer directed personal assistance program
- Assisted Living Program
- Managed long-term care in the community
- Home and community-based services waiver programs
- Residential treatment facility

To be eligible for community coverage **with** community-based long-term care services, you must give us proof of your current resources. If we find that you are eligible, you will get Medicaid covered care and services that include community-based long-term care services, but you will **not** get coverage for nursing facility services, except for short-term rehabilitation. If you later need nursing facility services, we will need to look at

your resources for up to the past 36 months (60 months for trusts) before Medicaid can cover these services (see #3 below).

3. Medicaid Coverage for All Covered Care and Services includes

- Nursing home care
- Nursing home care provided in a hospital
- Home and community-based waiver services
- Hospice in a nursing home
- Managed long-term care in a nursing home
- Intermediate care facility

To be eligible for these services, we must review your resources for up to 36 months (60 months for trusts) prior to your application. If we find that you are eligible, you will get **all** Medicaid covered care and services including the nursing facility services listed above and the community-based long-term care services listed under #2 above.

Applicants/recipients who do not need nursing facility services now may choose to apply only for Community Coverage with Community-Based Long-Term Care (#2 above) or Community-Coverage **without** Long-Term Care (#1 above).

If you become in need of a service for which you have not received coverage, contact your worker immediately for assistance.

E0010 Explanation of Optional Pay-In Program

The language for the following attachment has been modified to accommodate Resource Attestation language.

Sentence deleted at bottom of paragraph 3:

“Please read the enclosed “Explanation of the Excess Income Program” for information about coverage for long-term care services. The information will also tell you what you need to do in order to have coverage for inpatient hospital care, home care or nursing care.”

E0002 Explanation of Excess Income Program

In Section A of the language paragraph the *italicized*/bolded sentences have been deleted:

If you did not provide proof of your resources when we determined your eligibility for Medical Assistance, you will not be eligible for coverage of outpatient long-term care services, *such as adult day health care, personal care services, and the Assisted Living Program*. In order to be determined eligible for such services, you must supply proof of

your current resources. If you need home care for an expected period of less than 30 days, you do not need to supply proof of your resources. However, you must contact your worker immediately *and supply medical proof that you need the service for an expected period of less than 30 days.*

In Section B the paragraph that read:

“If you did not provide proof of your resources when we determined your eligibility for Medical Assistance...”

Has been changed, it now reads:

“If you did not provide proof of your resources when we determined your eligibility for Medical Assistance, you will not be eligible for coverage of long-term care services. In order to be determined eligible for such services, you must supply proof of your resources.”

Section # 4 - Changes to Informational Notices

Reason Code	Paragraph #	Description	Notice Ind.
T01	S0001	Spenddown Met-Bills/Receipts Or Combination Bills/ Receipts And Pay-In	A
T02	S0002	Spenddown Met (Pay-in Only)	A

The sentence in message #2 that read:

“Coverage for all benefits (outpatient and inpatient) has been authorized for this period”

Has been changed, it now reads:

“ Coverage for both outpatient and inpatient care and services has been authorized for this period”

The following Resource Attestation insert messages have been added to the language:

Worker will choose one of the following messages:

Message #1 – Community Coverage: No LTC (S0020)

Message #2 – Community Coverage with Community Based LTC (S0021)

Message #3 – None of the Above

Section # 5 - New Reason Codes Due To Resource Attestation

Discontinuance:

Reason Code	Paragraph #	Description	Notice Ind.
S63	C0248	Discontinuance/ Failure to Provide Information to Clear up Discrepancy	T

**The worker will enter: Documentation failed to verify
Owner of resource
Date information requested**

Undercare:

Reason Code	Paragraph #	Description	Notice Ind.
S64	U0150	All Covered Care and Services To Community Coverage with No LTC Due to Failure to Provide Doc. of Resources, No Spenddown (for use at Recert)	T

The worker will enter: Documentation failed to verify.

S65	U0152	Continue MA Unchanged (Ltd Benefit Pkg. Due to Resource Documentation)	T
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Worker will choose one of the following messages:

Message #1 – Community Coverage: No LTC (S0020)

Message #2 – Community Coverage with Community Based LTC (S0021)

Message #3- Not Eligible For/No Longer Eligible for LTC (S0022)

Openings:

Reason Code	Paragraph #	Description	Notice Ind.
*C24	Y0055	Community Coverage W/Community-Based LTC	A
*No Fill Code			
S82	Y0056	Community Coverage Without LTC	A

Worker will choose one of the following messages:

Message # 1 – Community Coverage: No LTC (S0024)

Message # 2 – Not Eligible For/No Longer Eligible for LTC (S0022)

S83	Y0044	Instit. Individ. Ancillary Only Failed to Provide Doc. of Resources, Exc. Inc Spenddown Not Met	A
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**Worker will enter: Documentation failed to verify
Monthly Excess Income Amount****Worker will enter documentation failed to verify for the following codes:**

S84	Y0034	Instit. Individ. Ancillary Only Due to Failure to Provide Doc. of Resources (No Excess Income)	A
S85	Y0048	Community Coverage W/Community Based LTC Due to Failure to Verify	A

Section # 6 - Changes to Language/Messages and Addition of Resource Attestation Inserts to Pre-Existing Reason codes:

The two subsequent codes have the same changes both in the language and the messages including the insert messages.

Reason Code	Paragraph #	Description	Notice Ind.
X86	U0080	FHP to MA, S/CC	T
X88	U0120	FHP to MA, FNP Parent, and FP	T

The following sentence has been deleted:

“This means that you will be eligible for all Medical Assistance covered services including services that were covered by the Family Health Plus Program.”

The Resource Attestation inserts have been included in the language:

Worker will choose one of the following messages:

Message #1 – Community Coverage: No LTC (S0020)

Message #2 – Community Coverage with Community Based LTC (S0021)

Message #3 – Not Eligible For/No Longer Eligible for LTC (S0022)

Message #4 – None of the Above

Changes to Messages are as follows:

The changes have been *italicized* to indicate additions and changes to the messages.

Message #1- A sentence has been added to the end of the paragraph:

“You are currently enrolled in _____health plan. You will remain in that plan under the Medical Assistance Program Your health plan will be notified that you will receive Medical Assistance instead of coverage under the Family Health Plus Program. ***Under the Medical Assistance Program, even if you are enrolled in a health plan, you will get your pharmacy benefits by using your Medicaid Benefits card at any drug store that accepts Medicaid.***”

Message #2- Has been changed, it now reads:

“You are currently enrolled in a health plan under Family Health Plus Program. Since you are now eligible for Medical Assistance, you will have to join another health plan. ***You can pick your own health plan. You should have received or will receive a health***

plan information package and plan enrollment form for Medical Assistance. The completed plan enrollment form must be received by the date indicated in the information package. If you do not choose a health plan by that date, one will be chosen for you. Until you are enrolled in a health plan, you can use your Medicaid card at any doctor’s office or clinic that accepts Medicaid. If you need additional information about available Medical Assistance plans, call the Managed Care Unit at your local Social Services office”.

Message #3- The following paragraph is what remains for this message:

“Under the Medical Assistance Program, you will no longer be enrolled in the health plan that you were enrolled in under the Family Health Plus Program. Instead, you will have to receive medical services from Medical Assistance providers you choose instead of from the health plan. You can begin using the services covered under Medical Assistance as of the effective date on this notice.”

The remainder of message 3 has been deleted.

Message #4- Has been changed, it now reads:

*“You are currently enrolled in _____health plan under Family Health Plus. Since you are now eligible for Medical Assistance, you have selected _____as your health plan under Medical Assistance. **You will receive a new benefit card from your health plan. If you need health Care Services before you receive your card, contact your health plan or the Managed Care Unit at the general number on page one of this notice. Under the Medical Assistance Program, even if you are enrolled in a health plan, you will get your pharmacy benefits by using your Medicaid Benefit card at any drug store that accepts Medicaid.**”*

Reason Code	Paragraph #	Description	Notice Ind.
V80	U0099	FHP To MA, Spenddown Not Met, Under 65	T

A third message has been added to this reason code:

Message #3: FHP Equivalent Insurance

In the last paragraph the sentence that read:

“You can become eligible for Medical Assistance for all covered medical services (inpatient and outpatient) if you become hospitalized.....”

Has been changed, it now reads:

“You can become eligible for Medical Assistance for both inpatient and outpatient coverage if you become hospitalized.....”

The paragraph that begins with the following sentence and all subsequent paragraphs have been deleted.

“Since we did not review proof of your resources.....”

The following Resource Attestation inserts have been added:

Worker will choose one of the following messages:

Message #1 – Community Coverage: No LTC (S0020)

Message #2 – Community Coverage with Community Based LTC (S0021)

Message #3 – Not Eligible For/No Longer Eligible for LTC (S0022)

Message #4 – None of the Above

Section # 7- Resource Attestation Inserts Added to Paragraph Language

The following are pre-existing codes that have had Resource Attestation insert messages added with no other changes to the language:

Worker will choose one of the following messages:

Message #1 – Community Coverage: No LTC (S0024)

Message #2 – Community Coverage with Community Based LTC (S0025)

Message #3 – Not Eligible For/No Longer Eligible For LTC (S0022)

Message #4 – None of the Above

Openings:

Reason Code	Paragraph #	Description	Notice Ind.
S20/AA	X0001	Excess Income, Spenddown Met	A
S20/AB	X0006	Provisional Coverage, Excess Income Adults Only	A
S20/AC	X0002	Excess Income, 6 Month Spenddown Met	A
S20/AD	X0003	Excess Resources Spenddown Met	A

Reason Code	Paragraph #	Description	Notice Ind.
S20/AE	X0004	Excess Income and Resources - Both Met	A
S20/AF	X0007	Excess Income and Resources, Resource Spenddown Met	A
S20/AG	X0005	Excess Inc/Resources, Resource and 6 month Spenddown Met	A
S20/BA	X0149	Child 1-19 Over 133% Excess Income Spenddown Met	A
S20/BC	X0157	Child 1-19 Over 133% Exc. Inc., 6-Mo Spenddown Met	A
S20/BE	X0154	Child 1-19 Over 133% Exc. Inc & Resources, Spenddown Met	A
S20/BG	X0151	Child 1-19 Over 133% Exc. Inc/Resources, Resource and 6-Mo. Spenddown Met	A

Undercare:

Worker will choose one of the following messages:

Message #1 – Community Coverage: No LTC (S0020)

Message #2 – Community Coverage with Community Based LTC (S0021)

Message #3 – Not Eligible For/No Longer Eligible for LTC (S0022)

Message #4 – None of the Above

Reason Code	Paragraph #	Description	Notice Ind.
S10	X0011	Change in Figures Used To Calculate Exc. Inc. Amount	A
S19/AAK	X0020	Increase in Excess Income Amount	T

Reason Code	Paragraph #	Description	Notice Ind.
S19/BAB	X0016	MA to Exc. Inc. Spenddown Not Met	T
S19/BAE	X0019	Continue Exc. Res. Spenddown Met	T
S19/ECB	X0068	Child Turning 1 at 200% over 133% and MA level-Excess Income-Spenddown Not Met	T
S19/FAB	X0070	Child 1-19 @133% Over MA level Excess Income-Spenddown Not Met	T
S28	X0018	Spenddown to at or Below MA Level	T

***Note: Reason Code S28 was formerly used as No-Fill code E25. Because of the addition of the Resource Attestation Language it was necessary to change the code to a Fill code. The Language and Paragraph number remain the same.**

S31	X0201	MA to Exc. Inc. Spenddown Not Met After 60 Day Post-Partum /Not Eligible for FHP	T
U75	X0021	No Change in Excess Income Amount	A
U95	X0202	FHP to MA Exc. Inc. Spenddown Not Met, Over 65	T
X76	X0126	Decrease In Excess Income Amount	A
X80	X0208	MA to Exc. Inc. Spenddown Not Met Not Under 65 Not FHP Eligible	T

**Section # 8 Addition of Resource Attestation language to MBI-WPD
Codes**

The following MBI-WPD codes have had the following resource attestation language paragraph inserts added:

Worker will choose one of the following messages:

Message #1 – Community Coverage: No LTC (S0020)

Message #2 – Community Coverage with Community Based LTC (S0021)

Message #3 – Not Eligible For/No Longer Eligible for LTC (S0022)

Message #4 - None of the Above

Reason Code	Paragraph #	Description	Notice Ind.
U12	X0226	MBI-WPD to MA Excess Income Spenddown Not Met	T
U30	U0154	MBI-WPD to Spenddown, Non –Financial Reasons, Spenddown Not Met	T