

ILLINOIS DEPARTMENT ON AGING (IDoA)  
**DIVISION OF HOME AND COMMUNITY SERVICES**

<b>Title:</b> MCO Enrollee Requiring Waiver Services – updated January 1, 2018	<b>CREATED:</b> <b>By:</b> J. Jimenez	
	<b>ELECTRONIC FILE NAME:</b> MCO enrollee requiring services 01.01.18	
	<b>EFFECTIVE DATE:</b> January 1, 2018	
<b>OPERATIONS POLICY:</b> IDoA will implement policy and procedure for MCO enrollees that are now requiring home and community-based waiver services.	<b>Last Revisions:</b> July 23, 2013	<b>By:</b> M. Killough
	<b>Approved By:</b> J. Jimenez	<b>Date:</b> 01.01.18
<b>Search Word(s):</b> CCP Services Managed Care Organization MCO Eligibility Determination Interim	<b>Pertains to:</b> <input checked="" type="checkbox"/> CCU For Informational Purposes Only: <input type="checkbox"/> In-Home Service <input type="checkbox"/> Adult Day Service <input type="checkbox"/> Emergency Home Response Service <input checked="" type="checkbox"/> Other: Managed Care Organizations (MCOs)	
<b>REQUIREMENT:</b> Each Care Coordination Unit will follow IDoA’s policy and procedure for determining eligibility for MCO enrollees who require home and community-based waiver services.	<b>RULE REFERENCE:</b> <b>OTHER REFERENCE(S):</b>	
	<b>Rescinds Previous IDoA Policy:</b>	
	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes
	<b>Title:</b> Same	<b>Date:</b> 3/7/13 & 7/23/13

**PURPOSE:**

The purpose of this policy is to notify Care Coordination Units (CCUs) of the procedure for determining eligibility for home and community-based waiver services for Managed Care Organization (MCO) participants.

**POLICY:**

Participants enrolled in an MCO for medical services who develop an apparent need for home and community-based services, such as Community Care Program (CCP) services, will require a determination of eligibility by the CCU. Since participants under an MCO will receive their case management services through the MCO, a complete comprehensive assessment is not necessary to be completed by the CCU. The CCUs will only be required to complete a determination of eligibility (DOE). A

DOE will consist of the Mini Mental Status Exam (MMSE)/Determination of Need (DON) and the MCO Status form. CCUs are required to complete the following procedures within the timeframes outlined below.

## **PROCEDURE:**

The following procedures will be utilized by Care Coordinators.

- 1) If a participant contacts the CCU directly requesting in-home assistance, the CCU shall verify through the Participant Search Screen (PSS) that the participant is not currently enrolled in an MCO. If the participant is not currently enrolled in an MCO, the CCU shall proceed with a Comprehensive Care Coordination assessment (as appropriate). Refer to policy entitled, *New Referrals for Services – updated January 1, 2018*, for additional details. If the participant is currently enrolled in an MCO, the CCU shall complete the DOE in the timeframes and procedures outlined below in #3 through #8.
- 2) If the MCO makes the referral on behalf of the participant, the MCO will contact the Department's Benefits, Eligibility, Assistance and Monitoring (BEAM) unit with all requests for determination of eligibility on current MCO participants who now need home and community-based waiver services. MCO case managers must ensure that the participant clearly understands the CCP and is agreeable to receiving services. The participant having a clear understanding of the program and its restrictions will eliminate the need for unnecessarily assessments by the CCU.
  - a. If the participant lives in an area where the Illinois Volunteer Money Management Program (IVMMP) exists, and the MCO case manager feels the participant would benefit from IVMMP services, the MCO case manager can make a referral for money management services as well. Refer to policy entitled *Illinois Volunteer Money Management (IVMMP) Demonstration Project Eligibility and Managed Care Organizations Program (Revised January 1, 2018)* for additional details.
- 3) BEAM will then determine the appropriate CCU for the referral and will contact the CCU by email to request a DOE. Upon receipt of a request/referral for assistance from the BEAM unit, the CCU shall schedule a face-to-face meeting with the participant within 15 calendar days to complete the DOE, which consists of the MMSE/DON and the MCO Status form [IL-402-1150 (Rev. 7/2013)].
  - a. The DOE should be scored as you would for any other CCP client. The score should not be reduced for any CCP **waiver** services (i.e., In-home services, Adult Day services, Emergency Home Response services) that the participant is receiving through the MCO/CCP. Other non-waiver services the participant receives, or assistance from family members or other sources should continue to be considered when scoring the DON.
- 4) Once the DOE is completed, the CCU should forward the MCO Status form and the DON to the participant's MCO within **3** calendar days via password protected email. The MCO Status Form should be completed accurately and contain all valuable information the MCO case manager will need.

- 5) If the participant is denied for services for any reason, the CCU must notify the MCO on the MCO Status form and follow the same process for notifying the participant of the denial as they would for a denial of services for any CCP participant. If the participant did not score the required minimum 29 points on the DON, the CCU is required to notify the participant in writing of the denial of services. The participant has the right to appeal the CCU's DON score (or any other eligibility criteria) and therefore must be notified of their denial and their rights to appeal. The MCO Status form sent to the MCO must also clearly indicate the reason why the participant is not eligible for waiver services so the MCO has the required information.
  - a. If a participant that the MCO has referred to the CCU is uncooperative with the assessment or cannot be located to complete the assessment, the CCU should communicate with the MCO prior to issuing the denial in case the MCO case manager has additional information or can assist in any way to make the participant more cooperative. Communication between the CCU and the MCOs is imperative.
- 6) If the participant scores a total of 29 or above on the DON, the CCU shall activate the participant under the MCO program using a Program Type 15 Case Authorization Transaction (CAT) with the Type Action/Action Reason (TA/AR) of 01/000 and a billing code of 050 (056 for translation). The Eligibility Determination Date (EDD) should be equal to the date of the DOE conducted by the CCU. The CCU must also authorize the appropriate MCO contract number in the service section of the CAT using a service start date equal to the date of the DOE conducted by the CCU. The CCU is required to enter and transmit the CAT within 7 calendar days of completion of the DOE. [The CCU should also authorize any IVMMMP services, if appropriate, on this CAT, see IVMMMP policy mentioned above in 2)a.)]
- 7) If the participant did not score a total of 29 or above on the DON, services should be denied using a Program Type 15 CAT with the TA/AR of 20/022 (insufficient point count) with a billing code of 050 (056 for translation) and an EDD equal to the date of the DOE conducted by the CCU. CCUs are required to enter and transmit the CAT within 7 calendar days of completion of the DOE.
  - a. If the DON is denied for any other reason (i.e., participant refuses assessment, participant died, participant cannot be located) the CCU should use the appropriate TA/AR codes and billing code of 050 (056 for translation) if an assessment was completed and is appropriate.
- 8) **Interims (participant lives in the assessing CCUs area):**
  - a. If a CCU is called to a hospital to complete a prescreen on a participant enrolled in an MCO and the screening ends up resulting in the CCU diverting them from nursing home placement onto CCP services, the CCU case manager should ONLY complete the DOE. CCU case managers should not be establishing the plan of care or arranging services.
  - b. The CCU should send the DON and the MCO Status form, clearly marked as an interim referral, to the MCO indicating in the email title that the referral is an interim assessment.
  - c. The CCU shall complete the interim follow up DOE in the participant's home, as required by CCP rules, to ensure the participant is still eligible

for services. The CCU may elect to waive the follow-up DON if the case manager feels the participant's eligibility will not change if the DON was conducted in the participant's home environment (i.e., the participant will still receive a minimum score of 29 on the DON). If this assessment is waived the CCU must document the reason in the participant's case notes.

- d. The interim assessment should be entered using a Program Type 15 CAT with the TA/AR of 01/066 (Presumptive Eligibility) and a billing code of 050 (056 for translation) and an EDD of the date the DOE was completed. When the interim follow-up DOE is completed the CCU should bill a 01/000 with a billing code of 050 (056 for translation). However, if the CCU plans to waive the interim follow-up assessment then the CAT for the hospital based interim assessment should be entered as a 01/000 (initial assessment) with a billing code of 050 (056 for translation) so that the CCU is not held out of compliance for not completing the initial assessment and so that the computer system identifies the participant as an active CCP participant.
- e. The MCO will authorize the appropriate interim services and develop the care plan. The CCU will be responsible for completing the participant's annual DOE to ensure eligibility for continued waiver services.

9) **Out of Area Interims:**

- a. If the CCU is completing an out of area interim on a participant that lives in another CCU's territory the hospital based CCU will follow #8)a-b above (the CCU should clearly indicate on the MCO Status Form that the client lives in another CCUs area) and will also need to send the "Home" CCU a copy of the DON and the MCO Status so they can enter the DOE into their CMIS system and establish the participant under their CCU contract (see c) below)
- b. The "assessing" CCU will enter a CAT using Program Type 15 with a TA/AR of 25/002 and a billing code of 050 (056 for translation) and an EDD equal to the date the DOE was completed.
- c. The "home" CCU will need establish the participant in their CMIS system as a new participant. This CAT would be entered using a Program Type 15 CAT with the TA/AR of 01/066 (Transfer case – Receiving CCU) with a billing code of 000 since no assessment was done by the "Home" CCU and an EDD equal to the date the hospital based CCU completed the DOE.
- d. The "home" CCU should complete a new DOE within 15 calendar days of notification to verify that the participant is still eligible for services in their home environment. However, if after reviewing the participant's file from the "accessing" CCU, the "home" CCU may elect to waive the follow-up DON if the case manager feels the participant's eligibility will not change if the DON was conducted in the participant's home environment (ie, the participant will still receive a minimum score of 29 on the DON). If the assessment is waived the CCU must document the reason in the participant's case notes. If a DOE is completed the "home" CCU would bill for the DOE by entering a Program Type 15 CAT with the TA/AR of a 01/000 with a billing code of 050 (056 for translation) and an EDD of the date the "Home" CCU completed the new DOE. If the

follow-up assessment is waived, the CCU should change the TA/AR on the CAT mentioned in 9)c) above to a 01/000 so that no compliance issues arise when the follow-up is not completed.

- e. The MCO will authorize the appropriate interim services and develop the care plan. The "home" CCU will be responsible for completing the participant's annual DOE to ensure eligibility for continued waiver services.
- 10) If an MCO participant relocates to a new CCU's territory, the participant's CCP file should be transferred according to CCP guidelines and timeframes for transferring a participant. The participant's current CCU should notify the CCU that serves the participants new residence that they will be transferring the case. The current CCU should send a copy of the case file to the new CCU. The current CCU shall enter a 40/048 transfer CAT in Program Type 15 to close the case in their system. The new CCU will need to establish the participant in their CMIS system by entering a 01/002 in Program Type 15. The new CCU is required to complete a new DOE to ensure that the participant meets eligibility standards in their new home environment. The new CCU shall send the DOE and MCO Status Form, indicating that the participant has moved and is being served by a new CCU, within 3 calendar days of the completion of the DOE.