



ISSUE DATE

November 21, 2012

EFFECTIVE DATE

November 21, 2012

NUMBER

55-12-02

SUBJECT:

Procedures and Timeframes Related to Performance of Level of Care Assessments and Independent Enrollment Broker Responsibilities

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Deputy Secretary, Office of Long-Term Living

PURPOSE

This bulletin establishes uniform procedures and timeframes for Area Agencies on Aging (AAAs) to follow to complete Level of Care Assessments (LOCAs), and sets forth the responsibilities of the Independent Enrollment Broker (IEB).

SCOPE

This Bulletin applies to LOCAs performed by AAAs for the Office of Long-Term Living's waiver programs.

BACKGROUND/DISCUSSION

This bulletin will ensure compliance with the 90-day federal requirement for Medicaid waiver eligibility determination. See 42 CFR 435.911. It establishes the requirement that LOCAs be completed within a fifteen (15) calendar day period and provides for additional timeframes for the completion of tasks.

PROCEDURE

When a AAA receives a request from the IEB for a LOCA to be performed, the AAA shall perform the LOCA within fifteen (15) calendar days, in accordance with the following procedure:

1. When a referral is received by a AAA from the IEB for a LOCA and the AAA makes contact with the applicant by phone or mail, the AAA must send a confirmation letter to the applicant (SEE ATTACHED SAMPLE LETTER #1) within three (3) business days confirming the date and time of the scheduled LOCA.
2. When a referral is received by a AAA from the IEB for a LOCA and the applicant has a valid telephone number but cannot be reached on the first call, the AAA shall:
 - Initiate three phone contacts (including the initial call) with the applicant to schedule their LOCA. Calls must be made not less than two days apart and cannot extend more than five (5) business days. If contact has not been made

via phone by the third call, a letter is to be sent by the AAA to the applicant informing them of a date by which the applicant must contact the AAA to schedule their LOCA. The date by which the applicant must respond should be no more than five (5) business days from the date on the letter. The letter may be sent on the day that the last call was placed to the applicant by the AAA and will inform the applicant that their application will be terminated if they do not call to schedule a LOCA by the required date. (SEE ATTACHED SAMPLE LETTER #2.)

If the applicant does not respond, the AAA will inform the IEB no later than twenty (20) days after receiving the referral to terminate the application by faxing the LOCA request form back to the IEB, noting 'incomplete LOCA' on the form.

3. When a referral is received by a AAA from the IEB for a LOCA and the applicant does NOT have a valid telephone number, the AAA shall:

- Send a letter to the applicant requesting that the applicant contact the AAA to schedule their LOCA no more than five (5) business days from the date on the letter. (SEE ATTACHED SAMPLE LETTER #3.)

If the applicant does not respond, the AAA will inform the IEB no later than twenty (20) days after receiving the referral to terminate the application by faxing the LOCA request form back to the IEB, noting 'incomplete LOCA' on the form.

4. If, after a LOCA has been scheduled, the applicant calls to reschedule his or her appointment, the AAA must offer to reschedule the appointment and must inform the applicant that if they do not appear for the rescheduled appointment, their application will be terminated and they will have to reapply, thus delaying possible services.

If the applicant does not respond, the AAA will inform the IEB no later than twenty (20) days after receiving the referral to terminate the application by faxing the LOCA request form back to the IEB, noting 'incomplete LOCA' on the form.

If a LOCA is not completed and submitted to the IEB within fifteen (15) calendar days from the date on which it was requested, the IEB will send a reminder to the AAA, with a copy to OLTL fifteen (15) calendar days after requesting the LOCA. The IEB shall provide a AAA with a second reminder within five (5) calendar days after the first reminder if the LOCA has not been received by the IEB.

The fifteen (15) calendar day requirement for completion of LOCAs also applies to the Aging Waiver.

Questions concerning this bulletin should be directed to the Bureau of Individual Support at 717-787-8091

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Department of Aging/Office of Long-Term Living
Bureau of Individual Support
P.O. Box 2675
Harrisburg, PA 17105
(717) 787-8091

LETTER #1

Dear _____:

This letter is to confirm that you have scheduled an appointment on _____, 20__, at _____ for a Level of Care Assessment by the (insert agency name) to be conducted at (insert location LOCA to be done).

This assessment is a step in the eligibility determination process to determine whether or not you qualify for long-term living services provided under the medical assistance program. It is important, therefore, that you not miss this appointment.

If, however, an emergency arises and you must reschedule this appointment, please contact _____ at () ____-_____ as soon as possible.

Sincerely,

LETTER #2

Dear _____:

The (insert agency name) recently received a referral for you to receive a Level of Care Assessment for long-term living services. This assessment is a step in the eligibility determination process to determine whether or not you qualify for long-term living services provided under the medical assistance (MA) program. It is important, therefore, that you schedule an appointment.

We have attempted, but been unable to reach you by phone. Please call us at () ____-_____ by _____ (insert date which is 5 business days from the date your agency received the referral from the IEB) to schedule your appointment.

If you do not respond by _____ (insert date which is 3 business days from the date of this letter), your application for MA funded long-term living services will be terminated, which means that you will have to reapply for services.

Sincerely,

LETTER #3

Dear _____:

The (insert agency name) recently received a referral for you to receive a Level of Care Assessment for long-term living services. This assessment is a step in the eligibility determination process to determine whether or not you qualify for long-term living services provided under the medical assistance (MA) program. It is important, therefore, that you schedule an appointment.

We have attempted to reach you by phone but the number we were given is not correct. Please call us at () ____ - ____ by _____ (insert date which is 5 business days from the date your agency received the referral from the IEB) to schedule your appointment.

If you do not respond by _____ (insert date which is 3 business days from the date of this letter), your application for MA funded long-term living services will be terminated, which means that you will have to reapply for services.

Sincerely,