

**Questions related to the referral and billing processes are contained below.**

The webinar outlining the changes to SAMS can be viewed on the LTLTI website. To access the LTLTI training portal, please click here

<http://www.lttrainingpa.org/lms/index.php?option=auth&task=login>.

After logging in to your training account (or creating an account for new users), you will be directed to the 'Dashboard'. From there, navigate the following path to access the SAMS Basic Training modules:

*Course Catalog > SAMS and Mobile Assessments Training and Reference Materials > SAMS Basic Training > SAMS - Basic Training Course*

Should users have questions or concerns related to logging into the LTLTI training portal or accessing the training modules, please contact Margot Troutman, LMS Specialist at [margot@lttrainingpa.org](mailto:margot@lttrainingpa.org).

The NHT Team will be presenting 4 sessions at the Pennsylvania Department of Aging "Supporting Individual Choice" Conference November 30<sup>th</sup>, December 1<sup>st</sup>, and December 2<sup>nd</sup>.

**Please check the NHT Program website for updates and training materials:**

<http://www.dhs.pa.gov/provider/nhtprgramfrprviders/index.htm>

## Questions for the Nursing Home Transition Program

Changes to the NHT Program are being implemented for a number of reasons. Currently, only a small percentage of individuals eligible to receive in-home community-based services complete the transition to the community. The primary goal of the NHT Program is to increase the number of nursing home transitions and to serve more individuals in the community. To accomplish this goal, additional NHT Coordination Agencies (NHTCAs) are needed. Making these changes also ensures participant choice, something currently missing from the NHT Program.

Question #	Comment/Question	Response
<b>Changes At A Glance</b>		
1.	What will be the referral process beginning on December 1, 2016 for individuals seeking to transition out of a nursing home?	All nursing homes are instructed to work with individuals expressing interest in transitioning out of the nursing home. The nursing home will provide the individual with a list of NHT coordination agencies (NHTCAs). Once the individual has chosen the NHTCA, the nursing home will contact the chosen agency to begin the process. Communications and a webinar are occurring with all nursing homes to assure an efficient and responsive referral process. In addition, OLTL will have a toll-free number for individuals to call about the NHT program and the referral process.
2.	I am currently a nursing home transition provider. What do I need to do with the changes occurring on December 1, 2016?	If they have not already done so, agencies already providing NHT services as an NHT partner agency must contact provider enrollment to indicate their intent to continue to provide NHT services by Nov. 21, 2016. Agencies need to indicate 1) whether or not they wish to continue providing NHT services, 2) if they want to add W7337 to their provider enrollment profile, and 3) if they are not currently providing service coordination whether they wish to become an SCE. Failure to notify provider enrollment of intent will result in disenrollment from NHT as of Dec. 1, 2016.
3.	How is the payment rate going to change starting on December 1, 2016?	Beginning with any NHT care enrollments opened on December 1, 2016 or later, the rates for NHT 01 and W7337 will increase. The amount of the unit rate will be dependent on the region of the state that the provider operates in. In addition, the outcome payments (NHT 03 – 05) will no longer be available for participants transitioned into a waiver program, Act 150 or the LIFE Program. Outcome payments will be available for all others if the individual remains in the

		community. Finally, NHT 02A NHT Outreach Form payment of \$250 will be available when the NHT provider works with the participant to complete the outreach form. Please see the NHT Guidebook for the specific rates. The NHT Guidebook can be found at the following link: <a href="http://www.dhs.pa.gov/provider/nhtprgramfrproviders/index.htm">http://www.dhs.pa.gov/provider/nhtprgramfrproviders/index.htm</a> .
4.	I am currently a Service Coordination agency and I am interested in doing nursing home transition. What do I need to do?	For those Service Coordination agencies not currently in the NHT program, you must first contact OLTL Bureau of Provider Enrollment at <a href="mailto:rahcbesenprov@pa.gov">rahcbesenprov@pa.gov</a> to obtain the necessary enrollment forms. Upon completion of the enrollment forms, the provider must then complete the required NHT training.
5.	I am unsure about how to bill for NHT services. Will I still need to use SAMS? I understand that in some cases I will need to bill PROMISEe?	All providers should continue to use SAMS to assure the proper recording of work completed by the NHT provider. NHTCAs who transition a participant to a waiver program will need to bill procedure code W7337 (Transition Service Coordination) in PROMISE for NHT 01 units. OLTL will inform providers when this will need to occur. Billing procedures are outlined in the NHT Guidebook which can be found at: <a href="http://www.dhs.pa.gov/provider/nhtprgramfrproviders/index.htm">http://www.dhs.pa.gov/provider/nhtprgramfrproviders/index.htm</a>

**Billing**

❖ 6.	If you are both an NHTCA and SC Agency, can you bill for SC activities under NHTCA prior to discharge?	The NHTCA is the only agency that can bill for pre-transition activity. The SCE selected for support in the community can bill for post-transition activity only. The selected SCE may not back-date bill W7337 for any services they conducted during the pre-transition period nor can the selected SCE bill W1011 with a post-transition date for those service units which may have been conducted during the pre-transition period. A table of non-billable and billable activities can be found on pages 5-6 of Billing Attachment B found on the DHS website for Long Term Care Providers at: <a href="http://www.dhs.pa.gov/provider/longtermcareprov/index.htm">http://www.dhs.pa.gov/provider/longtermcareprov/index.htm</a>
❖ 7.	Is it true that Supports Coordination Agencies can't bill for any services provided to NHT participants until they have been discharged to the community?	The NHTCA is the only agency that can bill for pre-transition activity. The SCE selected for support in the community can bill for post-transition activity only. The selected SCE may not back-date bill W7337 for any

	<p>Can SC agencies utilize Community Transition Services to bill for services provided before discharge, such as initial intakes, entering information into HCSIS, phone calls, etc.?</p>	<p>services they conducted during the pre-transition period nor can the selected SCE bill W1011 with a post-transition date for those service units which were conducted during the pre-transition period. A table of non-billable and billable activities can be found on pages 5-6 of Billing Attachment B found on the DHS website for Long Term Care Providers at: <a href="http://www.dhs.pa.gov/provider/longtermcareprov/index.htm">http://www.dhs.pa.gov/provider/longtermcareprov/index.htm</a></p> <p>Community Transition Services (W7332-W7336) are only billable after the date of transition and only for activities identified in the NHT Program Guidebook. The service(s) would be paid in advance by the NHTCA prior to the date of transition. Upon transition the service is added to the waiver ISP by the selected SCE and is reimbursed through Promise.</p> <p>Compensation for activities conducted during the transition period was calculated into the existing Service Coordination (W1011) regional rates.</p>
❖ 8.	<p>In regards to the payment process for a Waiver Participant, how will the NHT activities be paid that occur prior to the consumers "Active Waiver" Care enrollment? Previously, the NHT 01 could begin being used at the time the consumer says they want to transition. If they have gone through the enrollment process and W7337 is to be used, it can't be billed through the Waiver care plan until the date the care plan is active and the service plan for W7337 is entered. There are many NHT activities that would occur before that point.</p>	<p>All transition coordination activities will continue to be billed in SAMS as an NHT 01 activity just as they are now. If a transition is considered unsuccessful, or the total length of time to complete the transition has exceeded 180 days a report will be run by OLTL. The NHTCA will either be paid through NHT 01, or units billable to W7337 will appear on the DocuShare reports and will be billed to the waiver Individual Service Plan (ISP) AFTER transition occurs. These units will be entered on the ISP by the selected Service Coordination Entity (SCE). These reports will be made through DocuShare just as they are now.</p> <p>Care plan is synonymous with Individual Service Plan (ISP).</p>
❖ 9.	<p>If we are to bill NHT 01 activities under W7337 if the consumer goes to aging waiver, is the IEB going to "back date" the care plan so that these units can be billed through the care plan?</p>	<p>No. NHT01 units will be entered into the SAMS service delivery and retained in SAMS as part of the participant record. Units billable to W7337 appear on the DocuShare reports and will be billed to the waiver Individual Service Plan (ISP) AFTER transition occurs. These units will be entered on the ISP by the selected Service Coordination Entity (SCE).</p>

❖ 10.	How soon after the transition occurs will the billing reports be run and received?	DocuShare reports are issued monthly, usually around the end of the month
❖ 11.	Will there be a process for providers to be paid if they provide service at discharge, before PA 162 received, and the consumer is determined NOT eligible for HCBS?	No. Payment for waiver service cannot begin until a PA 162 is received or waiver eligibility is verified in EVS and the participant is enrolled into the waiver. Any activity begun before this assumes the risk that service authorization depends on the participant being found eligible and may impact reimbursement.
12.	Can existing NHT providers continue to bill in SAMS just like non-SC agencies?	All NHTCAs will initially enter NHT 01s in SAMS the same way current NHT partners already are. However because transition service coordination was added to the waivers as a service and as a means of obtaining additional federal match for Pennsylvania so that the commonwealth may continue to rebalance our long-term care system and fund HCBS, W7337 eligible claims must be billed in PROMISE in order to obtain that federal match. Consequently, any NHTCA that is also an SC and therefore able to bill W7337 will be required to do so for any W7337 eligible transition participant.
13.	When recording completion of the NHT Outreach Form in SAMS Service Delivery, are we to use the service "NHT Outreach Form" for payment of \$250? What service do we use in SAMS Service Delivery for the "NHT Post-Transition Gap Coverage" for the \$250 payment?	OLTL NHT team is currently working with the Pennsylvania Department of Aging to add the necessary changes to the SAMS system to accommodate the billing changes to NHT. Further training on SAMS data entry can be obtained by accessing the recorded webinar aired on November 16 <sup>th</sup> at <a href="http://www.lttrainingpa.org/lms/index.php?option=auth&amp;task=login">http://www.lttrainingpa.org/lms/index.php?option=auth&amp;task=login</a> .
14.	What is billed under W7337?	W7337 is a procedure code utilized by any NHTCA that is also an SCE who has had W7337 added to their provider enrollment profile. The procedure code is for activity conducted prior to, and the day of, participant transition into waiver. This procedure code allows the commonwealth to claim additional federal match for services.
15.	Can you please clarify the allowable unit amount for NHT01? Is the max 240 for all participants (MFP or NON-MFP), with an exception hard cap of 480? Or is the max 240 for NON-MFP and 480 for MFP?	After December 1, 2016, the limit on units will be the same for waiver and non-waiver (MFP or Non-MFP) eligible cases. Units are limited to 240 units per participant unless an exception has been pre-approved. An exception can be requested by emailing ra-nht@pa.gov and must be documented in the SAMS journal notes. Exceptions will be hard capped at 480

		units. If a participant has complex needs necessitating additional units above the hard cap to successfully transition, justification must be provided and units pre-approved.
16.	Is the \$250 NHT Post Transition Gap Coverage only for consumers that transition without any services? We often work with the consumer and provide significant leg work even with consumers that are connected to SC services and Waiver. Will we be able to bill this service for anyone enrolled into waiver services?	The NHT Post Transition Gap coverage (NHT 02B) is only available in specific circumstances in which formal or informal services have not yet begun upon transition. If services have begun, it is the responsibility of the SCE or care manager to address the participant's needs. However we have been made aware that there are instances in which there may be a delay in services that require the NHTCA to perform specific tasks to prevent re-institutionalization. Documentation for the use of this payment is required in the SAMS journal notes.
17.	Why is the NHT 02 payment being changed?	In response to requests to increase unit rates for transition coordination, the decision was made to increase the NHT 01/W7337 rate to mirror regional service coordination rates. This necessitated the loss of NHT 02 payment in order to make the rate increase sustainable.
18.	When NHT Providers request CTS (CTS or SNHTF) are we requesting funding based on estimated amounts we will spend on CTS items needed and then submitting receipts for approval? For instance, we would know the total amount for a security deposit (W7334)-but we wouldn't know the exact amount of essential furnishings/supplies (W7332) until we actually purchased them. If you can clarify this process.	<p>Expenditures of CTS funds (W7332 – W7336) or SNHTF must be authorized prior to claiming the expense. An estimate may be given on the NHT Funding Request Form. However the charge for the goods or service must equal the amount spent. Additionally, the amount charged for the goods or service may not exceed the authorized amount. The goods or service must be in the ISP.</p> <p>For waiver eligible participants, reimbursement of CTS occurs through PROMISE to the agency for the cost of goods or services provided.</p> <p>For non-waiver eligible participants or those who cannot access waiver CTS, SNHTF can be requested by submitting the NHT Funding Request Form, expenses are paid for by the agency, and then the agency bills for the SNHTF via SAMS and is reimbursed. OLTL or PDA reimburses the agency for SNHTF on a quarterly basis through state funds.</p>
19.	Will the SC units be reimbursed if the transition falls through? What about the	SC units are not reimbursed through NHT; however transition coordination units billed as NHT 01 in SAMS

	<p>\$4,000 CTS Funds-are they also reimbursed?</p>	<p>are paid even when a transition is unsuccessful. For waiver CTS already prior authorized by OLTL and expended by the NHTCA, the agency would submit a separate NHT Funding Request Form stating the participant transition failed, identify the reason for failure, and request reimbursement of “stranded cost”. This would be paid through SNHTF.</p>
<p>❖ 20.</p>	<p>It seems the non-SCE NHTCA is dependent upon the SCE to enter the info into SAMS in order for the NHTCA to be paid, but there appears to be no requirements for the SCE to cooperate. SCEs are encouraged to perform unpaid work, on which NHTCAs depend to some extent for revenue.</p>	<p>Compensation for assisting with activities within the transition period, such as developing the ISP, was factored into the Service Coordination (W1011) regional rates. It is in a chosen SCE’s best interest to participate in such activities as they will be the entity most impacted once the participant leaves the facility. As for transition coordination activities, the current non-SCE NHTCAs will continue to enter their own NHT 01 billing in SAMS and will not be dependent on the SCE to do this. There are, however, some instances when the NHTCA is dependent on the selected SCE to enter information, for example when the NHTCA provides funds for CTS and the selected SCE must enter this into HCSIS in order for the NHTCA to be reimbursed. This is not a change from the current process. If the NHTCA encounters problems in this reimbursement process, they are encouraged to communicate with the SCE. In cases where they must elevate a concern, they may contact the OLTL NHT Team via the <a href="mailto:ra-nht@pa.gov">ra-nht@pa.gov</a> box.</p>
<p>21.</p>	<p>Who will pay for the day 1 care plan if the process of approval is not completed prior to discharge?</p>	<p>Services will not be payable through the waiver until the individual is in the community, the ISP has been approved, and the PA 162 has been received or the individual is showing as waiver eligible in EVS.</p> <p>As part of the community living plan, the NHTC should take into consideration possible needed services and supports in the event that formal HCBS waiver services are not able to start day 1 in the community.</p> <p>These services may include Medicare, private pay, or other informal supports to prevent re-entry into the facility until waiver service/supports begin.</p>
<p>22.</p>	<p>We are a non-SC AAA doing NHT. We are currently developing the care plan and doing the CMI. We are notifying the SCE prior to discharge, but the SCE is not</p>	<p>Only SCEs who opt to contact Provider Enrollment and complete the provider enrollment form to become an NHTCA may bill W7337.</p>

	getting involved until the consumer is discharged home with Waiver services since, at this time, they cannot bill for SC until that consumer goes home. SCEs cannot bill for W7337 until after Dec. 1st, correct?	On another note, NHTCAs should not be completing the CMI. The IEB completes an abbreviated CMI. Completion of the CMI is not the responsibility of the NHTCA.
<b>Enrollment</b>		
23.	Must an agency be approved as an NHT provider? What is that process? If I am currently a Service Coordination agency and am interested in doing nursing home transition, what do I need to do?	Yes. Please contact OLTL Bureau of Provider Enrollment at <a href="mailto:ra-hcbsevenprov@pa.gov">ra-hcbsevenprov@pa.gov</a> .  The request to become an NHTCA can be submitted on or after December 1, 2016. Requests submitted before then will not be addressed until December 1, 2016
24.	If we choose to become NHTCA and SCE for all waivers, to whom and what do we need to provide to have these added to our profile?	Contact the OLTL Bureau of Provider Enrollment at <a href="mailto:ra-hcbsevenprov@pa.gov">ra-hcbsevenprov@pa.gov</a> to add waivers to the provider profile. OLTL suggests requesting all OLTL waivers be added to the profile to ensure the agency can serve the broadest category of participants.
25.	Do NHT coordinators have to be Service Coordinators now?	No. NHT partners who are providing NHT services currently (prior to December 1 <sup>st</sup> ) are not required to enroll as a service coordination entity. New providers who wish to begin providing NHTCA must be enrolled as a service coordination entity.
❖ 26.	If information has already been submitted to the Bureau of Quality and Provider Management Enrollment and Certification to have transition service coordination added to the provider profile, must it be done again?	No.
❖ 27.	Our agency currently provides NHT in two counties, and is an SCE in both of those counties. If we were to provide NHT services in additional counties in the future, would we need to be an SCE in those particular counties, as well?	Yes. Contact OLTL Bureau of Provider Enrollment to have the additional counties you wish to serve added to your provider profile.
❖ 28.	If we already sent a letter of intent to provide NHT services do we need to send another one?	No.
❖ 29.	For NHT provider enrollment, what type of agreement needs to be submitted?	OLTL intends to enter into provider agreements with NHTCAs in order to reimburse agencies for costs associated with non-waiver transitions.

❖ 30.	Does an AAA who is an NHT partner and an SCE need to complete a new provider Enrollment form to add Transition Service coordination W7337?	A new enrollment form would be needed if you want to add waiver services to your provider profile. SCEs are strongly encouraged to enroll to provide services in all OLTL waivers. If an SCE does not enroll as a provider for all OLTL waivers, <u>they are assuming the risk of non-payment for Transition Coordination Services</u> provided to an individual who enrolls in a waiver for which the SCE is not enrolled as a provider. In this case neither W7337 nor NHT 01 may be billed.
31.	Can SCEs enroll as an NHT entity? And if so, should we establish a whole new entity or can we provide both services under one umbrella? Do we enroll through OLTL enrollment department?	An SCE may contact provider enrollment at <a href="mailto:ra-hcbsevenprov@pa.gov">ra-hcbsevenprov@pa.gov</a> to begin the enrollment process to provide NHT services. This would become effective December 1 <sup>st</sup> once all requirements for enrollment have been met. There is no requirement for SCEs and NHTCAs to be separate entities
32.	Must current NHT providers do anything to continue providing NHT?	Current NHT partners must contact provider enrollment and indicate 1) whether or not they wish to continue providing NHT services, 2) if they want to add W7337 to their provider enrollment profile, and 3) if they are not currently providing service coordination whether they wish to become an SCE.
33.	Can current agencies that do not do NHT enroll to provide NHT and transition coordination? If so, can this be in any county?	Beginning December 1, 2016, any SCE may contact provider enrollment at <a href="mailto:ra-hcbsevenprov@pa.gov">ra-hcbsevenprov@pa.gov</a> to begin the enrollment process to provide NHT services. This would become effective once all requirements for enrollment have been met. The SCE should indicate on the Provider Enrollment Form which waivers and counties they wish to provide NHT and SC services in.
34.	If we are an SCE in multiple counties, will it be clarified that it is ONLY for NHT, not for Aging Waiver?	<p>If you are a current NHT partner and your agency is not an SCE then you may continue to provide NHT only.</p> <p>However if your agency is an SCE, you must provide SC as well. If you are a new agency looking to provide NHT, you would need to provide waiver SC as well in the counties you choose to serve.</p> <p>SCEs are strongly encouraged to enroll to provide services in all OLTL waivers. If an SCE does not enroll as a provider for all OLTL waivers, <u>they are assuming the risk of non-payment for Transition Coordination Services</u> provided to an individual who enrolls in a waiver for which the SCE is not enrolled as a provider. In this case neither W7337 nor NHT 01 may be billed.</p>

**Procedural**

❖ 35.	Who develops the Waiver care plan to submit for OLTL approval, the NHTCA or the SCE?	The development of the community living plan and ISP is a joint effort by the NHTCA, nursing facility, the participant and finally the SCE. The primary responsibility to ensure that all aspects of the individual's needs are met falls to the NHTCA.
36.	What happens when managed care comes? If MCOs refuse to work/contract with SCEs, then they would have to do all the NHT as well. Is that correct?	Upon implementation of Community HealthChoices, the MCO will be responsible for NHT for their participants. The MCOs may choose to contract with current NHTCAs and SCEs.
❖ 37.	If the 600L is held until the confirmed date of discharge, there may not be enough time for the CAO to process the application. What happens if this delays discharge and/or causes folks to go home without day 1 services?	Part of the community living plan developed by the NHTCA should be planning for the event that waiver services may not be able to be in place at day 1 in the community. Whenever possible, a contingency plan should be developed which may include temporary services funded by Medicare, private pay, or other informal supports.  OLTL continues to work with OIM to address this issue.
38.	Where can the Community Living Plan be found?	There is not a specific form or SAMS entry for the community living plan. The community living plan is a term used to identify the processes developed by the NHTCA to address physical needs, mental health and substance abuse needs, specialized medical equipment, home adaptations, formal and informal services to successfully transition the participant. This plan should be shared with the SCE and is a collaborative effort by the NF, NHTCA, SCE, and the participant. This plan should be outlined in the SAMS journal notes.
39.	Does the NHT worker enter the W7337 into the waiver plan? At what point will the waiver plan be available because currently the IEB does not enter it until the enrollment is complete?	Procedure code W7337 is entered by the selected SCE, similar to Community Transition Services (W7332-W7336). The selected SCE will enter the Individual Service Plan (ISP) and must be approved prior to the participant's discharge from the nursing facility.
40.	If the consumer chooses another agency for SC, is the chosen SCE responsible to add the W7337 units to the ISP with the NHTCA as provider for that particular service?	Yes, if the participant chooses an SCE that is not the NHTCA, the chosen SCE will add the procedure code W7337 units to the ISP with the NHTCA as the provider.

41.	Does the SCE enter the ISP into SAMS/HCSIS and send it to OLTL for approval as the NHT Initial ISP? How will this work for cross county transitions if the NHTCA is not a provider in the receiving county?	The ISP is submitted to OLTL by the selected SCE. Moving forward there will not be more than one NHTCA working on a transition. If the individual is moving to an area not covered by the selected NHTCA, the selected NHTCA will work with the selected SCE in cases where the individual is applying for Medicaid waiver services. In cases where the individual is not waiver eligible, the selected NHTCA will work with the care manager to arrange Options, FCSP, or the service coordinator for Act 150. In instances in which the individual is not eligible or in need of any services, the NHTCA will work with the informal support system.
42.	How will NHT participants be identified?	The nursing facility social worker or designated staff will receive NHT referrals. This includes section Q referrals and referrals from family, friends, AAA's, CIL's, and any other interested party. They will provide the participant with a listing of NHTCAs for the participant to choose from. The nursing facility social worker or designated staff will document the participant's choice of NHTCA and will pass the referral to the chosen NHTCA. OLTL will also staff a hotline for nursing facilities and individuals to call with questions about the program and referrals.
43.	Can a new SC agency doing NHT sub contract with an existing NHT provider?	No, NHT services cannot be subcontracted.
❖ 44.	Does the LOCA get done at the same time as request for Physician Certification?	For participants who will be transitioning to waiver, the Independent Enrollment Broker (IEB) will request the Level of Care Determination (LCD) from the Area Agency on Aging (AAA) at the same time the Physician Certification is requested
45.	If a participant is canceled after being active with NHT how can you complete the NHT Outreach Form? There is no information pertaining to this in the NHT Outreach Form.	Currently, sections 1 and 2 of the NHT Outreach Form are required when an NHT case is opened. If the case is closed prior to a successful transition, the NHT Outreach Form should be completed up to and including section 3.A. and question 5-
46.	Why is there a need for 30 day SC when the IEB should be sending the 1768 on discharge date and services are started on the discharge date? Participants not getting services in place the day they are discharged are going to end up immediately readmitted.	Services will not be payable through the waiver until the individual is in the community, the ISP has been approved, and the 162 has been received or the individual is showing as waiver eligible in EVS.  As part of the community living plan, the NHTC should take into consideration possible needed services and

		<p>supports in the event that formal HCBS waiver services are not able to start day 1 in the community.</p> <p>These services may include Medicare, private pay, or other informal supports to prevent re-entry into the facility until waiver service/supports begin.</p>
❖ 47.	How new must the MA 51 be? If an LCD for Medical assistance, which has an MA 51 provided, was performed within a few months, would that be approved?	For participants who will be transitioning to waiver, the MA 51 must last have been completed within 12 months. The LCD is valid for 12 months, or may be submitted sooner if the participant has experienced a significant change in condition or situation.
48.	How can NHT providers assist the consumer in making a referral to the IEB?	<p>The referral process has been restructured. The IEB will not make referrals for transition services.</p> <p>In the case of making a referral to the IEB <u>for waiver enrollment</u>, the selected NHTCA is expected to assist the NHT participant in the enrollment process to the extent necessary. This includes assisting by being present when the individual contacts the IEB by phone, helping to gather needed documentation, assisting in completing the application, following up on the status of the physician certification, and facilitating communication between the IEB, SCE, NF and other entities.</p>
49.	The IEB requests the discharge date before any contact occurs with the SC. Will this continue?	Yes, a tentative discharge is required by the IEB. This date may change and, if so, the change should be conveyed to the IEB.
50.	Is there a way to know PRIOR to discharge from a facility if the person will be financially eligible for the waiver program? This is a huge risk for the consumer and the SCE.	<p>OIM LTC Handbook Chapter 404.3 states:  <b>“NOTE:</b> Current MA recipients are not required to submit a new application form. However, the CAO must complete a partial renewal. The partial renewal should include, but is not limited to, verification of intent to return home and any transfer of assets within the required look back period.”</p> <p>If the participant is not currently receiving MA and would have to submit a new 600L application, the income/resource verification process would have to be completed before financial eligibility could be determined.</p>
❖ 51.	Why is the IEB waiting for a date of discharge before sending the PA 600L	The anticipated date of discharge can be a fluid target which can change daily based on the participant’s condition/situation. While the 600L can be submitted

	application to the CAO when that is often times the process that takes the longest?	before or after an assessment for HCBS is made, the CAO cannot process the 600L without a completed PA 1768 and a MA 103 with the participant's discharge date. Reference OIM LTC Handbook 404.22.
❖ 52.	If the PA 600L is not being sent until after the participant has been discharged home, how are participants to receive Waiver services upon their return home? They will not have been determined eligible to receive those services. If they are ultimately found to be ineligible, how would the services they receive be paid?	<p>A PA 600L, if required, should be completed during the IEB visit with the participant. The IEB will also send the PA 1768 to the CAO with the anticipated date of discharge from the facility. This activity occurs prior to discharge. A verification of discharge date from the nursing facility is required by the CAO to process the 1768, 600L and to send out the PA 162.</p> <p>Waiver services cannot begin until a PA 162 is received or waiver eligibility is verified in EVS and the participant is enrolled into the waiver. The selected SC assumes the risk that any services begun prior to authorization may not be reimbursed if the participant is found ineligible for waiver.</p> <p>If the participant has not been enrolled into a waiver and waiver services will not start on the first day in the community, the NHTCA should 1) work with the NF discharge planner to have Medicare services in place (if eligible), and/or 2) notify informal supports that there will be a delay and see if other supports are available, and/or 3) explore the potential of private pay for services until waiver services can begin. The NHTCA would be able to bill NHT Post Transition Gap Coverage for a payment of \$250 for conducting this activity.</p>
53.	Will a list be provided of all active NHT agencies that consumers can select from beginning December 1, 2016? If a consumer wishes to select a different NHT agency during the transition how is this handled? Should the IEB be contacted or does the current NHT agency complete a provider choice and send this referral out?	The website will be updated with available NHTCAs by region as they come on board. In instances in which the individual opts to change NHTCA or when the NHTCA is not able to continue assisting the individual towards transition, the referral should be returned to the nursing facility social worker or designated staff. The participant's next choice of NHTCA would then be contacted with the referral.
❖ 54.	How is financial eligibility for Aging Waiver being guaranteed if the consumer is returning to the community before the PA600L is sent to the CAO, and the PA 162 is not received? What happens if the consumer is found to be financially	Waiver service cannot begin until a PA 162 authorizing waiver is received or waiver eligibility is verified in EVS and the participant is enrolled into the waiver. Any activity begun before this assumes the risk that service authorization depends on the participant being found eligible and may impact reimbursement.

	ineligible after returning home and Waiver services have already started?	
❖ 55.	How do you complete the NHT Outreach form if the participant leaves Against Medical Advice?	For a participant who leaves a facility AMA, the NHT Outreach Form should be completed up to and including section 3.A. question 5.
❖ 56.	If someone already has MA in place in a category that will already transfer to Waiver, why is there a need for a new 600L?	OIM LTC Handbook Chapter 404.22 states: “If an individual transfers from an LTC facility to a HCBS program, a new application is not required. When the CAO receives a MA 103 verifying the facility discharge date and PA 1768 to verify HCBS, the CAO will issue a notice to the individual and LTC facility and HCBS agency listed on the <u>PA 1768</u> .” OIM LTC Handbook Chapter 404.3 states: <b>“NOTE:</b> Current MA recipients are not required to submit a new application form. However, the CAO must complete a partial renewal. The partial renewal should include, but is not limited to, verification of intent to return home and any transfer of assets within the required look back period.”
57.	How is an NHTCA notified that they are chosen as the provider?	Because the nursing facility social worker or designated staff will receive NHT referrals, they will provide the participant with a listing of NHTCAs for the participant to choose from. The nursing facility social worker or designated staff will document the participant’s choice of NHTCA and will pass the referral to the chosen NHTCA. An NHTCA may also at times receive self-referrals from individuals who have accessed the NHTCA lists on the DHS NHT website. In all cases, the NHTCA should check SAMS for any already active NHT care enrollment, explain the Freedom of Choice Form to the participant and have them sign it so that it can be retained in their SAMS record as a file attachment to serve as their consent that they have chosen the NHTCA to work with towards transition.
58.	Can you please clarify how the NHT process will work if someone is discharged from a hospital to the community?	A comprehensive listing of NHTCAs will be available at <a href="http://www.dhs.pa.gov/citizens/alternativestonursinghomes/nht/">http://www.dhs.pa.gov/citizens/alternativestonursinghomes/nht/</a> . If the person meets the NHT participant definition, they will need to choose an agency from the listing of NHTCAs and may either contact the agency direct or contact OLTL for assistance. The NHTCA (chosen by the participant) may begin transition activities to assist the participant to return to the community instead of returning to a

		<p>nursing facility. A key component is meeting NHT participant criteria.</p> <p>An individual is considered an NHT participant if they are not scheduled to leave the facility via the normal discharge process (including short term rehabilitative services), have expressed a desire to relocate from the facility <u>and</u> meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Participant has resided in an inpatient facility for a period of 90 consecutive days and is receiving MA services for one day <u>and</u> transition is completed through Transition Coordination activities.</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• Participant has a documented barrier that was overcome through Transition Coordination activities regardless of nursing facility payer source or length of nursing home stay (except those indicated as being short term rehab who will transition via the normal discharge process).</li> </ul>
❖ 59.	<p>If a consumer is transitioned home on Waiver with pre-approval, and is not determined Waiver eligible at the time of the transition, providers will not be able to bill for their services until the approval is granted. This puts the consumer at risk of having providers stop services due to nonpayment, or having the consumer responsible to pay back the cost of services provided if they are found ineligible.</p>	<p>Waiver service cannot begin until a PA 162 is received or waiver eligibility is verified in EVS and the participant is enrolled into the waiver. Any activity begun before this, under the assumption the waiver will be approved, assumes the risk that service authorization depends on the participant being found eligible and may impact reimbursement.</p>
❖ 60.	<p>How is a home adaptation provided when an NHTCA does not do SC?</p>	<p>The NHTCA would pay for the home adaptation prior to transition. Once the home adaptation is completed and the individual approved for waiver services the adaptation is billed to the ISP by the selected SCE for reimbursement to the NHTCA. If a participant is not waiver eligible, a request for Special Nursing Home Transition Funds (SNHTF) would be submitted using the Funding Request Form for reimbursement to the NHTCA. If the individual does not transition for any reason a request for “stranded costs” may be</p>

		submitted to <a href="mailto:ra-nht@pa.gov">ra-nht@pa.gov</a> using the Funding Request Form.
❖ 61.	Where is the NHT Funding Request Form located?	The NHT Funding Request Form is currently being converted to a web-based fillable form. Until it is available, please request the form at <a href="mailto:ra-nht@pa.gov">ra-nht@pa.gov</a> .
❖ 62.	Does NHT continue to do Level of Care Determinations?	No. For participants transitioning to waiver, the IEB requests the LCD from the AAA. This is a part of the IEB contract.
❖ 63.	If an MA51 was completed already in the NF by an MD, is this acceptable? If not why would they need an MD to complete an MD certification form as duplicate?	Yes. The MA 51 must have been completed within the last 12 months. The MA 51 is an acceptable alternative to a physician certification or a physician prescription.
❖ 64.	The AAA already does LCD assessments for participants in a Nursing Facility who needs MA payment. Will the AAA be able to use this LCD for the IEB or have to complete a new one?	The LCD is valid for one year or if there has been a significant change in the participant's status.
❖ 65.	So NHT consumers who are discharged and enrolled in a waiver can't actually receive waiver services until their financial eligibility has been determined. Is this correct?	Yes. The requirements for services to start are as follows: -Must have an approved ISP -Must reside in the community -Must have an authorized 162 or show as waiver eligible in EVS
66.	NHT cannot provide on-going assistance such as bathing cleaning designated care, for what was mentioned to assist with NHT. We do not have the staff to complete this. How are we to succeed for the participant, without services to start immediately? This would be unsafe.	Services will not be payable through the waiver until the individual is in the community, the ISP has been approved, and the 162 has been received or the individual is showing as waiver eligible in EVS.  As part of the community living plan, the NHTC should take into consideration possible needed services and supports in the event that formal HCBS waiver services are not able to start day 1 in the community.  These services may include Medicare, private pay, or other informal supports to prevent re-entry into the facility until waiver service/supports begin.
❖ 67.	How is the FDIS list reviewed?	FDIS was made available to NHTCAs as a starting point to begin looking for potential NHT candidates. FDIS is not a required source for identifying transition candidates.

		<p>To clarify, the MDS section Q process is mandatory; however review of the FDIS list is not. When MDS section Q is completed, NFs are to ask a resident if they would like to speak to someone about returning to the community. If they answer “yes” and do not have an active discharge plan, they are to be referred to the Local Contact Agency, which is currently the NHT partner. The FDIS results are informed by the responses given on the MDS, but it is not the same thing.</p> <p>Beginning Dec, 1, 2016, FDIS reports will no longer be available to NHTCAs to run, however OLTL will continue to utilize the data to monitor and improve the NHT process.</p>
68.	Is it a conflict for an SC agency to become an NHT provider?	<p>55 PA Code Section 52.28 prohibits an SCE from also providing direct services. However it does not prohibit an SCE from also providing nursing home transition services.</p> <p>The identified conflict of interest is between the SCE and the direct care provider because the SCE recommends the amount and frequency of direct care and, therefore, there is a conflict if the SCE is also providing that care.</p>
❖ 69.	How should the situation be handled if a CAO requires a new PA 600L to be completed if the person is discharged to home and does not use the one completed at the skilled nursing facility for HCBS?	<p>OIM LTC Handbook Chapter 404.22 states: “If an individual transfers from an LTC facility to a HCBS program, a new application is not required. When the CAO receives a MA 103 verifying the facility discharge date and PA 1768 to verify HCBS, the CAO will issue a notice to the individual and LTC facility and HCBS agency listed on the <u>PA 1768</u>.”</p> <p>OIM LTC Handbook Chapter 404.3 states:  <b>“NOTE:</b> Current MA recipients are not required to submit a new application form. However, the CAO must complete a partial renewal. The partial renewal should include, but is not limited to, verification of intent to return home and any transfer of assets within the required look back period.”</p>
<b>Training</b>		
70.	What trainings will be provided to new NHT/SCEs to ensure the health and safety	Training for Service Coordination Entities who opt to become NHTCA’s will be provided online in the near future. This training will include the OLTL NHT online

	of someone leaving a nursing facility and to keep them home long term?	modules, SAMS, HCSIS, Billing/documentation, and protective services training. Other training related to housing will also be available.
71.	Will training on SAMS be available?	The recorded webinar of the SAMS training is available on the LTLTI website at <a href="http://www.ltltrainingpa.org/lms/index.php?option=auth&amp;task=login">http://www.ltltrainingpa.org/lms/index.php?option=auth&amp;task=login</a>
72.	As a whole, the elderly population and their families are not familiar with the term NHT or nursing home transitions and may not be asking for a referral to the program. How will the nursing facility social workers and consumers be educated on the program to ensure that referrals continue?	OLTL will also be providing additional outreach and education to nursing facilities about NHT in early December. In addition, OLTL will have a resource account and an 800 number available to assist facilities and consumers as needed.
❖ 73.	Are the qualifications for NHTCA changing? Are they the same for SCE?	There are no changes in the qualification standards for NHTCAs. There is additional training an SCE must complete to become an NHTCA. This training will include the OLTL NHT online modules, SAMS, HCSIS, Billing/documentation, and protective services training. Other training related to housing will also be available.
❖ 74.	Is training available to learn HCSIS? How is access to HCSIS gained to be able to do ISPs and to complete billing?	You will need to contact OLTL Bureau of Provider Enrollment at <a href="mailto:ra-hcbsevenprov@pa.gov">ra-hcbsevenprov@pa.gov</a> to add the under 60 waivers to your provider profile so you can be granted access to HCSIS. A self-paced training curriculum is available on the HCSIS website at: <a href="https://www.hcsis.state.pa.us/hcsis-ssd/default.aspx">https://www.hcsis.state.pa.us/hcsis-ssd/default.aspx</a>
❖ 75.	Is training available to learn about the other Waiver programs, including what services are covered, etc.?	There is no training available specifically on waivers. You can learn more about each waiver on the DHS website at: <a href="http://www.dhs.pa.gov/citizens/healthcaremedicalassistance/supportserviceswaivers/index.htm">http://www.dhs.pa.gov/citizens/healthcaremedicalassistance/supportserviceswaivers/index.htm</a>
<b>Independent Enrollment Broker</b>		
76.	What is the role of the Independent Enrollment Broker (IEB) for the NHT process?	The IEB is responsible for overseeing the enrollment process for Medicaid waiver services. This includes requesting and coordinating the LCD with the AAA, requesting the physician certification, completing the Quality of Life Referral form and Consent Form for those who are MFP eligible, completing and sending the PA 1768 as part of the waiver enrollment process

		and working collaboratively with the NHTCA and Selected SC with the exchange of information.
<b>General Comments</b>		
77.	Does the agency have to have a full-time NHT person to continue providing NHT?	No, however historically the agencies which have had the most successful NHT programs have had devoted, full-time NHT staff.

❖ Notates questions/responses that represent no change to the process as it currently exists.