Working Healthy (with or without WORK) to Institutional Care - Permanent Stay

For instructions when a Working Healthy/WORK recipient enters a nursing facility for a Temporary Stay, please see **Working Healthy (with or without WORK) to Institutional Care - Temporary Stay**.

Complete the Following Steps:

- 1. Access the case through **Person Search** or enter the **Case Number** in the quick search field from Task Navigation and click **Go**.
 - a. If the consumer is on a program block with an active spouse, or any other active household member, the consumer will need to be moved to their own medical block. See Add New Program or Reapply Program.
 - b. If the consumer is on a medical program block with no other persons:
 - i. Add/Update Requested Medical Type to LTC with a Begin Date the month Institutional Care begins.
 - ii. Add/Update Administrative Role if there is a community spouse or additional correspondent who needs to receive notices. If there is a medical representative, they can be added at this point using the Resource Databank.
- 2. Select **Eligibility** from Global Navigation. Select **Customer Information** from Local Navigation. Select **LTC Data** from **Task Navigation**.
- Click the Add button on the LTC Data List page. The LTC Data Detail page displays.
 - a. Select the consumer's name from the **Name** drop-down menu.
 - b. Select *Institutional Care* from the **LTC Type** drop-down menu.

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- c. Enter the date the information is being recorded in the **Recorded Date** field using the <mm/dd/yyyy> format or the calendar icon.
- 4. Complete the Facility Information block.
 - a. Click the Select button in the Facility Information block. The Select Provider Resource page in the Resource Databank displays. To search for and select the correct Facility Name/Location:
 - i. Enter the Provider ID using the Active Nursing Facility (NF) List.
 - ii. Select **Active** under **Status**.
 - iii. Click the **Search** button.
 - b. Click the radio button for the desired **Facility Name/Location**.
 - c. Click the Select button. The provider selected populates on the LTC Data
 Detail page.

NOTE: If the Agency or provider is not found or needs to be updated, see **Requesting an Addition or Change to the Resource Databank**.

- 5. Using the **MS-2126 Notification of Facility Admission/Discharge** received from the facility, complete the required fields.
 - a. Enter the Admission Date using the <mm/dd/yyyy> format or the calendar icon.
 - b. Select *30 days or more* from the **Anticipated Length of Stay** drop-down menu.

NOTE: If the **Admitted From** is a facility (including a hospital) the page will ask for the **Previous Admission Date**; however, this field is not required. The **Previous Admission Date** is used to determine the Community Spouse Resource Allowance (CSRA) start date, if applicable.

- c. Select the Current Level of Care in Your Facility using the drop-down menu.
- d. Enter the Cost of Care.

NOTE: The amount used for the **Cost of Care** depends on the consumer's income:

- i. If income does not meet the 300% rule on LTC-NF cases, use \$9,999 as the **Cost of Care**.
- ii. When the **Cost of Care** meets or exceeds 300% of the FPL for LTC-NF cases, use the Nursing facility daily rate (from KMMS or KDADS) x 31 days.
- iii. For PRTF **Cost of Care** use \$9,999.
- e. Complete the **CARE Screening** information using the provided information from KDADS. Under **Care Screening**, select *Yes* if the consumer meets the **CARE Screening** requirements, if they do not meet the CARE Screening requirement select *No*. Enter the **Date Screening Completed** using the <mm/dd/yyyy> format or the calendar icon.

NOTE: In some situations, the consumer may be exempt from a CARE Screening. In this scenario the user should enter *Yes* for **CARE Screening Met** and the date the consumer became exempt from the screening requirement.

- 6. If allocating income, complete the **Dependents of LTC/Applicant/Member or Dependents of Spouse** block. See **Income Allocation** for more information.
- 7. Click the **Save and Return** button when all necessary information is recorded.

NOTE: If the consumer was previously open on a program block with another active household member and is now being approved on their own LTC program block, the consumer will need to be closed on the old program block in the come-up month. This will need to be done prior to running EDBC on the new program block for coding to send to KMMS correctly. See **Deny or Discontinue a Program or Person** for more information.

NOTE: Check KMMS to confirm if any <u>WH</u> months have already been billed through premium billing. If appropriate, see **Adding an Expense in KEES (ks.gov)** to add the expense.

- Run EDBC for the appropriate program block the month Institutional Care begins. See Running EDBC - Medical (ks.gov) or Running EDBC (ks.gov) for detailed steps.
 - a. If necessary, select Yes for a **Timely Notice Exception** and a **Reason** of LTC Late Change.
- Click the Medical hyperlink with a Run Status of Not accepted on the EDBC
 List page. The Medical EDBC Summary page displays.
 - a. In the **Eligible Budgets** section, a 300/DS or 300/OA aid code with IC/NF level of care details displays. (Note: The SOBRA/Inmate and facility LOC identifiers were intentionally left out from this example.)
- Click the Override Medical Summary button. The Medical EDBC Override List page displays.
 - a. Select Administrative Decision for EDBC Override Decision.
 - b. Click in the box to display a check-mark next to *Medically*Needy under **Test**.
 - c. Click the Override button. The Medical EDBC Override Detail page displays.
 - i. In the LTC Details section, click the Edit button. The Medical EDBC LTC Override Detail page displays. In the Override Detail section, update the Liability \$ field value to \$0. Click the Save and Return button.

NOTE: When processing a Permanent Stay for a Working Healthy/WORK recipient and admission occurs on any date that is NOT the 1st day of the month, you must enter the WORK LOC details for the dates prior to the date of entrance to the nursing facility (NF). This will only need to be done for the month of entrance. This ensures the consumer will retain the WORK LOC for the days in the month until the date of permanent admission to the NF.

Example: WORK recipient enters the NF for a permanent stay on 3/21. Add the WORK LOC details for 3/1-3/20 as shown below:



NOTE: This will need to be done prior to editing any other fields in this screen.

ii. The **Medical EDBC Override Detail** page displays. In the **User Override** section, select the following:

(i) Test: LTC

(ii) Test Result: Pass

(iii) FPL %: 0

- (iv) **Premium**: The WKH premium determined in the month Institutional Care begins
- (v) Start Date: First day of the month EDBC is being run, using the <mm/dd/yyyy> format or the calendar icon
- (vi) End Date: Last day of the month EDBC is being run, using the <mm/dd/yyyy> format or the calendar icon
- (vii) Aid Code: Select the correct Working Healthy aid code (Disabled, Blind, Medically Improved, or Medically Improved Blind)
- (viii) Click the Save and Continue button.
- iii. The Medical EDBC Override Detail List page displays.
 - (i) Select Administrative Decision for EDBC Override Decision.

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- (ii) Click in the box to display a check-mark next to the *LTC* under **Test**.
- (iii) Click the Save and Return button.
- 11. The Medical EDBC Summary page displays.
 - a. Review the aid code, LOC details, and premium that are now displayed in the **Eligible Budgets** section with an *LTC* test.
- Click the Accept button if the EDBC Result is correct. The EDBC List page displays.
- 13. Click the **Save and Continue** and button.
- 14. Send *Notices*. See Manual NOA Generation and Generating a Form for an Institutional Care Facility for detailed steps on sending the notifications.
- 15. Create a **Journal** entry documenting the changes.