

## COMMUNITY HEALTHCHOICES (CHC)

### OPERATIONS MEMORANDUM #2019-05

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**SUBJECT:** **REVISED-** Circumstances When CHC-Managed Care Organizations (MCO) Must Transmit the Home and Community-Based Services (HCBS) Eligibility/Ineligibility/Change Form (PA 1768)

**TO:** CHC MCOs

**FROM:** Bureau of Coordinated and Integrated Services

**DATE:** ~~November 20, 2019~~ December 29, 2023

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#### **PURPOSE**

The PA 1768 (Attachment 1) is used to notify the County Assistance Office (CAO) when a CHC Participant is determined clinically eligible for CHC HCBS or when a CHC Participant, who is receiving HCBS, experiences a change affecting his or her eligibility for HCBS. The Independent Enrollment Broker (IEB) is responsible for transmitting the PA 1768 to the CAO when a Participant first applies for HCBS. This Operations Memorandum describes other situations in which the CHC-MCO will be responsible for transmitting the PA 1768 to the CAO in accordance with service coordination requirements found in Section V-J of the CHC Agreement, as well as participant coverage requirements outlined in Exhibit K.

#### **PROCEDURES**

The CHC-MCO must transmit the completed PA 1768 to the CAO via fax or the county specific Long-Term Care (LTC) resource email account (see Attachment 2). **If a Participant contacts the CHC-MCO after the CAO takes action on the PA 1768 to close the waiver, the CHC-MCO should refer the Participant to the PA IEB to determine HCBS eligibility for enrollment. The CHC-MCO should NOT send a PA 1768 to re-open a CHC waiver code.**

### **Change in Circumstances**

The CHC-MCO must complete and transmit the PA 1768 to inform the CAO of the following changes in a CHC HCBS Participant's circumstances.

#### **Stay in Nursing Facility (NF)**

The CHC-MCO must transmit a PA 1768 to the CAO when a CHC HCBS Participant is admitted to a NF. Upon discharge from the NF, if resuming CHC HCBS, the CHC-MCO will transmit the PA 1768 to the CAO to open the CHC waiver to ensure the CHC HCBS Participant may resume receiving HCBS as specified in the Participant's Person-Centered Service Plan (PCSP). This is the only circumstance in which a CHC-MCO should send a 1768 for the purpose of opening a waiver code.

An admission for respite care does not qualify as a stay in a NF. The CHC-MCO must not transmit the PA 1768 if the Participant is admitted to a NF for respite care only.

#### ***Relevant Section of PA 1768:***

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Upon admission to the NF, fill out section: HCBS RECIPIENT ADMITTED TO LTC FACILITY. If the Participant is expected to resume HCBS after discharge, check the "Short Term Admission" box on the PA 1768.

Upon discharge from the NF, fill out section: HCBS RECIPIENT TO BE DISCHARGED FROM LTC FACILITY.

**The following fields must be completed:**

- Date of anticipated discharge
- Select "HCBS should continue"

***For participants that meet Money Follows the Person (MFP) criteria, the following must also be completed on the PA 1768:***

#### **PART I – COMPLETE FOR NEW HCBS APPLICANTS**

- ELIGIBILITY/CODING (select the MFP Code based on the participants discharge location)
  - 16 MFP-Domiciliary Care (DC)
  - 17 MFP-Own Residence
  - 18 MFP-Family Member
  - 19 MFP Group Setting

**NOTE:** Ensure the NF also issues the Long Term Care Admission and Discharge Transmittal (MA 103) to the CAO upon discharge.

### **Admission to a Veteran's Home**

The CHC-MCO must transmit a PA 1768 to the CAO when a CHC HCBS Participant is admitted to a Veteran's home (MA Provider type/specialty 03/042).

*Relevant Section of PA 1768:*

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Fill out section: TERMINATION OF HCBS PROGRAM.

### **Admission to a State Facility**

The CHC-MCO must transmit a PA 1768 to the CAO when a CHC HCBS Participant is admitted to a state facility, defined as a public psychiatric hospital or a state LTC unit located at a state mental hospital.

*Relevant Section of PA 1768:*

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Fill out section: TERMINATION OF HCBS PROGRAM.

### **Admission to a Personal Care Home that Does Not Provide Residential Habilitation**

The CHC-MCO must transmit a PA 1768 to the CAO when a CHC HCBS Participant is admitted to a Personal Care Home that does not provide residential habilitation (res hab). If the Personal Care Home does not provide res hab, it is not an appropriate setting for CHC HCBS.

*Relevant Section of PA 1768:*

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Fill out section: TERMINATION OF HCBS PROGRAM.

## **Change of Address**

The CHC-MCO must transmit a PA 1768 to the CAO when a CHC HCBS Participant moves from one address to another in the same county, from one county to another county in a CHC zone, or out of state.

*Relevant Section of PA 1768:*

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Fill out section: CHANGE OF ADDRESS.

~~Until the final phase of CHC is implemented on January 1, 2020, CHC MCOs who are aware that a Participant plans to move out of a CHC zone into a non-CHC zone must refer the CHC Participant to the IEB using the Inter County Transfer Form (Attachment 3), to avoid a gap in services.~~

## **Death of Participant**

The CHC-MCO must transmit a PA 1768 to the CAO if a CHC HCBS Participant dies. The PA 1768 must include the date of death.

*Relevant Section of PA 1768:*

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Fill out section: INFORMATION REGARDING DEATH OF HCBS RECIPIENT.

## **Incarceration**

The CHC-MCO must transmit a PA 1768 to the CAO if a CHC HCBS Participant is incarcerated.

*Relevant Section of PA 1768:*

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Fill out section: TERMINATION OF HCBS PROGRAM.

## **Voluntary Termination**

A CHC Participant may choose to voluntarily terminate HCBS and disenroll from CHC HCBS. The CHC-MCO must inform the Participant of the consequences of voluntary termination from the CHC HCBS waiver and obtain the Participant's signature on a Voluntary Withdrawal Form (Attachment 7). The CHC-MCO must transmit the PA 1768 to the CAO to disenroll the CHC Participant.

*Relevant Section of PA 1768:*

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Fill out section: TERMINATION OF HCBS PROGRAM.

## **CHC HCBS to Office of Developmental Programs (ODP) HCBS**

When the ODP Administrative Entity (AE) has identified a CHC HCBS Participant to be enrolled in an ODP HCBS waiver, the ODP AE will notify the CHC-MCO via email and confirm capacity in the ODP HCBS waiver. For Participants who are transitioning from the CHC HCBS waiver to an ODP HCBS waiver, the CHC-MCO will complete and send the PA 1768 form. The CHC-MCO must coordinate the waiver transfer with the ODP AE to determine an appropriate end date for CHC HCBS waiver Services.

*Relevant Section of PA 1768:*

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Fill out section: TRANSFERRING HCBS PROGRAMS.

## **Disenrollment**

~~The processes outlined in this Disenrollment section apply to all Participants except those transitioning into Phase 3 that do not have a PCSP authorized earlier than one month prior to implementation or those in the Continuity of Care period as defined in the CHC Agreement, Section V-C-2.~~

The CHC-MCO must transmit a PA 1768 to the CAO to disenroll a CHC HCBS Participant from the CHC HCBS waiver in the following circumstances.

### **Unable to Contact**

If the CHC-MCO is unable to contact the Participant after attempting to contact the Participant by phone three times on three different days at three different times of the day (e.g., morning, afternoon, and evening), the CHC-MCO must send the Participant's Service Coordinator (SC) or other CHC-MCO representative to visit the Participant in-person at his or her home. If, after 30 days, the CHC-MCO is still unable to contact the participant, the CHC-MCO will then provide the Participant with written notice of the contact attempts and pending termination of HCBS via a certified letter (Attachment 4). The letter must provide the Participant with at least 10 days to respond prior to the issuance of the PA 1768.

*Relevant Section of PA 1768:*

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Fill out section: TERMINATION OF HCBS PROGRAM.

### **Refusal of HCBS Services**

If the Participant refuses to receive services, the CHC-MCO representative must discuss the consequences of refusing HCBS with the Participant or Participant's representative, power of attorney (POA), or guardian over the phone or in-person. The CHC-MCO must continue to attempt providing services. If for 30 days, the Participant has refused to receive HCBS services, the CHC-MCO must provide the Participant with written notice of the pending termination of HCBS via a certified letter (Attachment 5). The letter must provide the Participant with at least 10 days to respond prior to the issuance of the PA 1768. If the Participant does not respond to the letter from the CHC-MCO within the required 10 days, the CHC-MCO must proceed with disenrollment.

*Relevant Section of PA 1768:*

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Fill out section: TERMINATION OF HCBS PROGRAM.

## **Refuses Comprehensive Needs Assessment**

If the Participant refuses to obtain a comprehensive needs assessment for a period of 30 days or more, the CHC-MCO must notify the Participant in writing that the Participant must complete the comprehensive needs assessment to receive HCBS. The CHC-MCO must provide this written notice via a certified letter (Attachment 6). The letter must provide the Participant with at least 10 days to respond prior to the issuance of the PA 1768.

*Relevant Section of PA 1768:*

PART II - COMPLETE FOR HCBS RECIPIENTS REPORTING AN UPDATE, CHANGE, TRANSFER, OR TERMINATION.

Fill out section: TERMINATION OF HCBS PROGRAM.

### **Other Scenarios**

The CHC-MCO is not required to issue a PA 1768 in these circumstances, but still must take action:

### **~~SC Units Only~~**

~~If the Participant has Service Coordination (SC) Units only on their PCSP and the PCSP was authorized earlier than three months prior to the CHC Zone Implementation Date (e.g., prior to October 1, 2018 for the Southeast Zone), the CHC-MCO must refer the Participant to the IEB for follow-up. The comments in the referral should indicate that the Participant was "SC Only Prior to 10/1."~~

### **Loss of HCBS Eligibility**

If a Participant is found clinically ineligible for HCBS following their annual level of care redetermination, the Independent Assessment Entity (IAE) will issue a PA 1768 to the CAO disenrolling the Participant. The IAE will send a copy of the PA 1768 to the CHC-MCO. The CHC-MCO must confirm that the Participant's loss of HCBS eligibility is correctly reflected on the Daily 834 File. The CHC-MCO must also monitor the Daily 834 File to confirm that the Participant did not appeal and become eligible during the appeal process.

Following receipt of the PA 1768 indicating disenrollment, the CAO should take action to update the Participant's status within 5 days, but this timeframe may vary depending on CAO location and workload at the time of receipt. Participants who file an appeal within 15 days of the mail date of the PA 162 Advance Notice of Determination letter will be re-enrolled in the CHC HCBS waiver while the appeal is pending, and services must continue during this appeal period, unless the participant requests they not continue. The CHC-MCO must check the 834 Daily File to monitor if the Participant has been re-enrolled.

### **NEXT STEPS**

1. Review this Information with appropriate staff.
2. Contact the Bureau of Coordinated and Integrated Services if you have questions.

### **ATTACHMENTS**

[Attachment 1: Home and Community-Based Services \(HCBS\) Eligibility/Ineligibility/Change Form](#)

Attachment 2: CAO LTC Email Addresses \*Redacted due to internal information\*

[Attachment 3: Intercounty Transfer Referral Form](#)

[Attachment 4: CHC HCBS Termination Letter- No Response](#)

[Attachment 5: CHC HCBS Termination Letter- Refusal of Services](#)

[Attachment 6: CHC HCBS Termination Letter- Refusal of CNA](#)

[Attachment 7: CHC HCBS Termination Letter- Voluntary Withdrawal](#)

[Attachment 8: MFP Criteria](#)