

# Support for Loss of Eligibility during Redetermination

Long-Term Services and Supports (LTSS) Subcommittee Meeting

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# Outreach Script



The Triage Care Managers complete an outreach to Participants who switch from Nursing Facility Clinically Eligible (NCFE) to Nursing Facility Ineligible (NFI) and do not appeal the decision.

The team uses an approved script (shown here) to outreach these Participants.

The team makes three outreach attempts which includes two phone calls and one letter.

## **Scripted language for the calls to NFI Participants who did not appeal**

Good morning/afternoon, my name is \_\_\_\_\_ and I am calling from AmeriHealth Caritas Pennsylvania Community HealthChoices or Keystone First Community HealthChoices (depending on zone).

I'd like to speak with you about your services that recently ended. In (fill in month), 2024, you were assessed by your (plan name) Service Coordinator for continued services. As part of the assessment, we were required to obtain an updated script from your treating primary care physician (PCP), which was then sent back to our state partners. Upon receipt, it was determined that you continued to be ineligible for your waiver services. Our records show that a Notice of Ineligibility was sent to you on (use date from sheet) but that you did not appeal the decision.

# Outreach Script, continued

I'd like to understand why you did not appeal the termination; would you agree to answering a few questions? If YES, proceed:

1. Do you recall receiving a notice saying your services were terminated by the County Assistance Office?
2. Do you recall speaking with your Service Coordinator to discuss the status of your services?
3. Were you made aware of how to appeal the decision through the notice you received?
4. Is there a specific reason you and/or your representative did not pursue an appeal?
5. How are your needs currently being addressed?

# Outreach Outcome Analysis

After working through the outreach process with our Case Management team, we note the following information while talking to Participants:

- Unable To Reach calls decreased in April versus February and March.
- We found most Participants who were eligible for a different type of health plan were happy with the new health plan and did not want to appeal.
- We talked to several Participants who had filed an appeal and were in the appeal process in the months of March and April.
- We talked to more Participants in April who had been reinstated to NCFE.
- There were some Participants we contacted who were no longer interested in being on the health plan.
- The number of Participants who refused to appeal has decreased.

# Follow Up: Post Financial Termination (Home and Community-Based Services (HCBS) and Nursing Facility (NF))



- Upon notification that a Participant is in the timeline for Medical Assistance (MA) Renewal, Service Coordinators follow up and work with the Participant proactively, including, but not limited to, assisting with explaining how to complete their application, assisting with navigating Compass, meeting face-to-face to review and submit application, and facilitating conversations with local County Assistance Office, if needed.
- If a Participant becomes financially ineligible for waiver services, the Service Coordinator contacts the Participant to discuss the impending termination, assists in contacting the County Assistance Office to understand what information is needed, and helps with filing an appeal to the eligibility termination notice, as necessary.

# Follow Up: Post Financial Termination (HCBS and NF), continued



- Additionally, the Service Coordinator engages in conversation with the Participant and their Authorized Representative, if requested, to discuss plans for meeting their needs with Informal Supports, informal back up plans, and any assistance available through their primary insurance until such a time the eligibility may be reinstated.
- If the Participant resides in a NF, the Service Coordinator also contacts the NF business office and Social Worker, to discuss any follow up plans needed to confirm the Participant can continue to reside in the facility while eligibility is being addressed, in addition to Participant related engagement above.

# Follow up: Unable-to-Contact

Upon receipt of the post 60-day Functional Eligibility Determination (FED) report, Service Coordinators follow up with Participants who are identified as being Unable-to-Contact to engage in communication to discuss Aging Well outreach attempts:

- Service Coordinator attempts outreach to discuss the updated assessment and Aging Well's inability to reach the Participant.
- Service Coordinator encourages the Participant to participate in the assessment and to make themselves available.
- Service Coordinator confirms the Participant's contact information, including their current address and current phone number.
- Service Coordinator updates the 60-Day Post FED report to include the confirmed information which is then shared with the Office of Long-Term Living (OLTL).
- Service Coordinator will follow the Unable to Reach process (which includes staggered contact attempts, outreach to formal/informal supports, PCPs, Pharmacies, sending an Unable to Reach letter, and completing an unannounced visit) in the event contact with the Participant cannot be made.

Questions?

