

N.H. Department of Health & Human Services (DHHS)
 Division of Long Term Supports & Services (DLTSS)
 Bureau of Elderly & Adult Services (BEAS)

105 Pleasant St.
 Concord, NH 03301

BEAS POLICY RELEASE (PR)	
PR NUMBER:	24-04
TO:	BEAS staff, BDS Staff, DLTSS Division Director, ServiceLink Resource Centers, Case Management Agencies
FROM THE OFFICE OF:	Bureau Chief of Bureau of Elderly and Adult Services (BEAS), Wendi Aultman
SIGNATURE:	
SUBJECT:	Revisions to BEAS Form 3845, Long Term Care Quick Guide
EFFECTIVE DATE:	Upon Release

SUMMARY

This Policy Release (PR) releases revisions to BEAS Form 3845, *Long Term Care Quick Guide*.

POLICY

No policy is being changed by the release of this PR.

NH EASY SYSTEMS PROCEDURES

NH EASY will have the revised version of BEAS Form 3845 available by August 2024, in the 'Forms' section.

FORMS INSTRUCTIONS

Remove and Destroy

BEAS Form #3845, *Quick Guide to Long Term Care*,
 Rev 2023
 1 double and 1 singled sided sheet

Insert/Replace

BEAS Form 3845, *Long Term Care Quick Guide*,
 BEAS PR #24-04 Rev 7/2024
 2 double sided sheets

New versions of BEAS Form 3845 will also be available electronically on the DHHS website at <http://www.dhhs.nh.gov/forms-documents-0>. BEAS Form 3845 will also be available internally, for Department staff only, on the N:\ drive upon release of this PR.

DISPOSITION

This PR may be destroyed once the content has been noted and the posting instructions carried out.

DISTRIBUTION

This PR will be distributed according to the electronic distribution list for BEAS policy releases. This PR will be available internally on the DHHS (N:) drive, in the BEAS folder for staff to access and on the DHHS website at <https://www.dhhs.nh.gov/programs-services/adult-aging-care> for public access.

DHHS Division of Long Term Supports and Services

Quick Guide to Long Term Care

	Scenario Descriptions	Form 800 – Application for Assistance needed?	Change of Status (COS) Needed?	Medical Eligibility Assessment (MEA) or Minimum Data Set (MDS), or Oasis, needed?	Form 3735 and Form 3740 Combined Consent for CFI and Authorization for Release of PHI signed	PASRR Needed?	Form 770 – Reimbursement Agreement and Acknowledgement needed?	Form 270 – Request for Skilled Nursing Facility Coverage Needed?	36-60 month Lookback needed?	Interview needed?	Legally Liable to the County?
1	Individual is open Qualified Medicare Beneficiary (QMB). Needs Medicaid coverage for co-insurance when on a Medicare approved Skilled Nursing Facility (SNF) rehab stay.	No	No	No	No	No	No	Yes	No	No	No
2	Individual is open Medicaid and needs Medicaid coverage for coinsurance when on a Medicare-approved (SNF) rehab stay.	No	No	No	No	No	No	Yes	No	No	Yes
3	Individual is open Medicaid (no Medicare) and needs coverage for a <u>(SNF) stay under Medicaid.</u>	Yes	Yes and: History and physical (H&P), PT/OT notes	Yes	No	Yes	Yes	No	Yes, unless they meet criteria for a Tier I lookback	Yes	Yes
4	Individual has Medicaid and wants Choices for Independence services (CFI).	Yes	No	Yes	Yes	No	Yes	No	Yes, unless they meet criteria for a Tier I lookback	Yes, unless SSP eligible for 3+ years	Yes
5	Individual is at a Nursing Facility and is open QMB only and needs coverage for the Nursing Facility stay (including coverage for a swing bed).	Yes	Yes and: H&P	Yes	No	Yes	Yes	No	Yes	Yes	Yes
6	Individual is receiving CFI services and needs Medicaid coverage for a Nursing Facility (NF) ICF stay.	No	Yes	No –with current valid MEA	No	Yes	Yes	No	No	No	Yes
7	Individual is receiving ABD or DD services and needs Medicaid coverage for a Nursing Facility (NF) ICF stay.	Yes	Yes	Yes	No	Yes	Yes	No	No	No	Yes

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BEAS 3845
Rev 7/2024

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8	Individual is receiving CFI services and needs Medicaid coverage for a Nursing Facility (NF) SNF stay (no Medicare)	No	Yes and: H&P, and PT/OT notes	No –with current valid MEA	No	Yes	Yes	No	No	No	Yes
9	Individual is receiving DD or ABD services and needs Medicaid coverage for a Nursing Facility (NF) SNF stay (no Medicare)	Yes	Yes and: H&P, and PT/OT notes	Yes	No	Yes	Yes	No	No	No	Yes
10	Individual has NF coverage and wants CFI.	No	Yes	Yes	Yes	No	Yes, if not on file	No	No	No	Yes
11	Individual is open for Financial Assistance, SNAP or Medicaid (including Medicaid In and Out) and needs Medicaid coverage for a NF ICF stay.	Yes	Yes	Yes	No	Yes	Yes, if not on file	No	Yes, unless they meet criteria for a Tier I lookback	Yes, unless SSP eligible for 3+ years	Yes
12	Individual is open for Financial Assistance, SNAP or Medicaid (including Medicaid In and Out) and needs Medicaid coverage for a NF SNF stay (no Medicare).	Yes	Yes and: H&P, PT/OT notes	Yes	No	Yes	Yes, if not on file	No	Yes, unless they meet criteria for a Tier I lookback	Yes, unless SSP eligible for 3+ years	Yes
13	Individual is open Medicaid, in hospital, and requesting swing hospital bed for SNF or ICF	Yes	Yes and H&P PT/OT notes transition plan, UR form	Yes	No	No	Yes	No	Yes, unless they meet criteria for a Tier I lookback	Yes, unless SSP eligible for 3+ years	Yes
14	Individual is open for The Acquired Brain Disorder (ABD) waiver and would like to transition to CFI	Yes	No	Yes	Yes	No	No	No	No	No	Yes

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15	Individual is open for the Developmentally Disabled (DD) waiver and would like to transition to CFI	Yes	No	No	No	No	No	No	No	No	Yes
16	Individual is open for In Home Supports (IHS) and would like to transition to CFI	Yes	No	Yes	Yes	No	No	No	Yes	Yes	Yes
17	Individual is open for CFI and would like to transition to the DD Waiver	Yes	No	Yes	Yes	No	No	No	No	No	Yes
18	Individual is open for CFI and would like to transition to the ABD waiver	Yes	No	No	No	No	No	No	No	No	Yes

▪ **Applications and forms are available at:**

- The NH Easy Gateway to Services <https://nheasy.nh.gov/#/>
- The DHHS website: www.dhhs.nh.gov/apply-assistance.htm
- Call 1-844-275-3447 (1-844-ASK-DHHS) for application assistance
- Aging & Disability Resource Center (ServiceLink) locations <https://www.dhhs.nh.gov/servicelink/contact-servicelink>

▪ **Applications for Assistance (BFA form 800) can be submitted via:**

- NH EASY Gateway to Services: <https://nheasy.nh.gov/#/>
- In person at a local District Office <https://www.dhhs.nh.gov/about-dhhs/locations-facilities>
- At a local Aging & Disability Resource Center (ServiceLink) location or Via mail by completing a paper application <https://www.dhhs.nh.gov/servicelink/contact-servicelink>

▪ **What to expect once the 800 application has been submitted:**

- The applicant or the information supplier will be contacted to schedule an interview.
- The Family Services Specialist (FSS) confirms which HCBS waiver or waivers the individual is applying for (CFI/DD/ABD/IHS).

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- **If the individual is applying for CFI:**
 - Initiation of this service is via the 800 application.
 - The FSS will enter the request into New HEIGHTS and then an MEA is requested or an MDS and/or OASIS is secure.
 - The individual will be contacted by KEPRO to complete this step if they are not currently residing in a Nursing Facility (NF) or hospital.
 - If the individual is currently in a NF or hospital, the facility will complete this step.
 - Medical and lookback paperwork should be uploaded via NH Easy.
 - When an individual is transitioning from another waiver to CFI; from a residential setting to an independent living setting; they may be assigned transitional case management. If the individual is not transitioning from another waiver (and before CFI eligibility is confirmed), a transitional case manager can be assigned by the LTC Medical Eligibility Unit to assist the individual with transitioning from the institutional setting to a community setting (Transitional Case Management). (Additional information about transitional case management can be found in Provider Notice Manual (PNM) 23-31 at <https://www.dhhs.nh.gov/programs-services/adult-aging-care/home-and-community-based-care>).
- **If the individual is applying for CFI and is also receiving a different waiver service (such as ABD, DD or IHS)**
 - A LTC Medical Eligibility program specialist will contact the BDS liaison and BDS Program specialist to end date services in New HEIGHTS. They will set up a meeting with the Case Manager and Service Coordinator to ensure there are no gaps in coverage during this transition.
- **If the individual is applying to transition to ABD/DD/IHS**
 - Area Agency eligibility should already be established once the 800 application is submitted to DHHS.
 - If the individual is not yet working with an Area Agency, the FSS can contact BDS via bds@dhhs.nh.gov and request that BDS assist with an Area Agency referral for the individual.
 - The FSS will trigger a determination of financial eligibility in New Heights once they have determined which waiver the individual is applying for and that they have initiated services with the Area Agency.
 - The Area Agency will complete and submit the Functional Screen Assessment to New Heights/BDS which will trigger BDS to determine the medical eligibility for the ABD/DD and IHS waiver coverage.
 - If the individual was previously receiving CFI or NF services, the BDS liaison will contact the LTC Medical Eligibility Program Specialist unit to update the eligibility system. They will set up a meeting with the Service Coordinator and Case Manager to ensure there are no gaps in coverage during this transition.
- **A 36–60 month lookback for any Long-Term Care application begins with the date of the application.**
- **A Resource Assessment for individuals applying for Nursing Facility may be needed for married individuals before eligibility for Long Term Care services can be determined.**
 - Note: A Resource Assessment is not completed for married individuals applying for CFI, DD, ABD or HIS.