



Long Term Care Project Procedure Manual



SECTION I APPLICATION PROCESSING**Nursing Facility and CCSP Internet Application Processing**

Applications Not Processed by Long Term Care Project

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Introduction to the Online Application Process

Application Processing

APPLICATIONS NOT PROCESSED

The Long Term Care (LTC) Unit may receive applications that cannot be completed by the unit for various reasons. The following cases will not be processed by the LTC Unit:

- Nursing Home Internet applications when the applicant and/or spouse have an active Medicaid case in the county, excluding Q-Track cases.
- Community Care Services Program (CCSP) applications when the applicant and/or spouse have an active Medicaid case in the county, excluding Q-Track cases.
- Applications of any kind where there is a PENDING L-A D living arrangement application in the county.
- Applications of any type such that the LTC caseworker cannot process on SUCCESS. ie: F22, P01, S99 etc.

LTC staff will notify the appropriate county contact person, nursing home staff and CCSP staff why the LTC Unit cannot process the applications described above. The county has the responsibility to disposition pending cases.

The LTC Unit will forward any documents or materials received by providers to the appropriate counties that have the active or pending cases.

Processing Applications

1. Providers can apply using the online process by going to:

<https://www.galongtermcare.org/Home.aspx>

2. Providers can also check the status of applications and see which worker the application has been assigned to by going to the administration website which is:

www.galongtermcare.org/adminhome.aspx

LTC staff also use the administration website to download, print and update the application status.

Program Assistant Responsibilities:

1. Screen applicant on SUCCESS
2. Log Case
3. Register on SUCCESS within 48 hours of receipt and assign case
4. Make applicant folder and give case to LTC MES to process
5. Update the online STAT screen with the assigned MES and status as PENDING

MES Responsibilities:

1. Preview the application and make contact for telephone interview within 48 hours of receipt.
2. Discuss required verification during phone contact
3. Inform the nursing facility or CCSP staff and AREP if any additional verification is needed.
4. Allow 48 hours from the date the application is downloaded to receive the nursing facility or CCSP packet (verification)
5. Contact the nursing facility or CCSP contact on the 3rd day if packet is not received.

6. Send verification checklist to AREP and provider with a 10 day deadline.
7. After 10 day deadline, send, fax or email one final checklist giving an additional 5 days to turn in verification.
8. After 5 day final deadline, case will be brought to finalization by either approving or denying application.

Note: Please remember to process 3 months prior if necessary

Denials:

Hold denied applications in a central location for subsequent applications or inquiries.

Approvals:

Transfer approved cases on SUCCESS to the appropriate county staff person within 30 days following the month of approval.

CASE RECORD ORGANIZATION

See Medicaid Manual Section 2760

Note: Please remember to process 3 months prior if necessary.

VERIFICATION

WAIVED VERIFICATIONS

The following verifications have been waived in application processing for testing purposes. Documentation in SUCCESS is critical in support of waived verifications.

In order to expedite application processing the LTC MES shall:

1. Waive age verification of persons currently Medicare eligible (this excludes persons with renal failure – BIC code T). The Medicare number should be recorded on the LTC application if a copy of the Medicare card is not available. **DOCUMENT**
2. Waive the signature on the form 285. The signature page of the LTC application states that the information provided is true and correct. It also provides that the individual has received a copy of the Rights and Responsibilities. The Rights and Responsibilities have a section on Third Party Recover (TPR) assignment. The signed signature page will be attached to the completed 285 instead of sending a 285 for the RP to sign. **DOCUMENT**
3. Waive completion of the 285 on cases that the recipient has a Medicare HMO such as Blue Choice or Kaiser or a Medicare Supplement. The Incurred Medical Expense (IME) will still be allowed. **DOCUMENT**

SECTION II**Quality Assurance Follow-Up**

Case actions will be randomly reviewed to track the arrival, processing and disposition of Internet Nursing Home applications. Problem areas for ERROR cases or Deficiencies will be identified, staff will be informed, feedback will be gathered, and steps taken to reduce problems will be implemented