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| <p>The purpose of this Manual of Procedure (MOP) page is to describe for BEAS staff the internal procedures to be followed regarding the rule, policy, or business operation under review.</p> <p>MOP pages are reviewed by supervisory staff and adopted by the individual BEAS unit. MOP pages are meant to be an accurate, concise, up-to-date representation of internal BEAS procedures and are revised on an as-needed basis. Questions regarding MOP pages should be directed to the individual(s) listed in the “Reviewed by” section of the header.</p> | Number: LT MOP 006 |
| | Effective Date: 4/15/2021 |
| | Revision Date: |
| | Revision Number: |
| | Reviewed By: Kristina Ickes Karen Campbell |

Procedure Title: Authorization of special rates for individuals with varying dementia levels Manual of Procedure (MOP)

Purpose: The purpose of this MOP is to clarify the authorization of special dementia level rates for individuals living in residential care or assisted living facilities.

Definitions

(A) Dementia Levels

- a. **Residential Care:** Residential care performed by a licensed facility. Services include 24 hour per day supervision, non-medical transportation, and limited medical transportation.
- b. **Residential Care Dementia Level 1:** Residential care performed for people whose clinical needs include greater service and oversight determined on the basis of a standard assessment (Level of Care Sheet, BEAS Form 3775) performed by the facility; and the level of need the assessment identifies.
- c. **Residential Care Dementia Level 2:** Residential care performed for/provided for people whose clinical needs are for greater service and oversight than Residential Care Dementia Level 1 determined on the basis of a standard assessment (Level of Care Sheet, BEAS Form 3775) performed by the facility; and the level of need the assessment identifies.¹

(B) New Hampshire Medical Eligibility Assessment (MEA) means a tool used to perform an initial clinical determination and subsequent re-determination of clinical eligibility for LTC services made in accordance with RSA 151-E:3, I.

Procedure

- (A) Case Management agencies will request an increased dementia level rate by submitting a service authorization with a comment noting that the Level of Care Sheet is uploaded as a miscellaneous document.
- (B) CMA must also submit a Level of Care Sheet completed by a Supported Residential Care Facility. The completed Level of Care Sheet may be uploaded using the generic document upload on the NH EASY LTSS Dashboard. The document should be entered as miscellaneous document.
- (C) For Service Authorizations requesting Dementia Level 1 or Dementia Level 2 Rates, Program Specialists must verify that RCF or ALF requesting higher rate has an active license as a “Supported Residential Care Facility” under He-P 805. License Information can be found here: <https://forms.nh.gov/licenseverification/Search.aspx?facility=>. *Figure 1 below shows a screenshot from the License Information website; the eligible license is highlighted in green; licenses of care facilities that are not eligible for the higher rate are highlighted in orange.*

¹ Residential Care Special Rates may be available for individuals grandfathered into the system who opened for eligibility prior to the adoption of the dementia level rates policy. Special Rates are not available to newly eligible individuals.

- a. Residential Care Facilities with the following licenses are not eligible for Dementia Level 1 or Dementia Level 2 Rates:
 - i. Assisted Living/Residential Care Facility He-P 804;
 - ii. Adult Family Care He-P 813;
 - iii. Adult Day Care He-P 818;
 - iv. Community Residence He-P 814;
 - v. Nursing Home He-P 803; and
 - vi. Hospice House/Support Residential Care He-P 824.

FIGURE 1

*Profession: Health Facilities

License Type: All

License Status: Acute Psychiatric Res Treatment

Business Name: Adult Day Care

Business Name: Adult Family Care

License Number: Ambulatory Surgical Center

Owner: Assist Living/Residential Care Facility

DBA: Birthing Center

City: Case Management Agency

County: Collecting Station

State: Community Residence (4+ beds)

Zip Code: Educational Health Center

Emergency Permit

End-Stage Renal Dialysis

FED OPT

FED RHC

Freestanding Megavoltage Radiation Thera

Home Care - Durable Medical

Home Care Service Provider

Home Health Agency Hospice

Home Health Care Provider

Hospice House / Support Res Care

Hospital

ICF/MR

Individual Home Care Service Provider

Laboratory

Non-Emergency Walk-In Care Center

Nursing Home

Residential Treatment and Rehab

Substance Use Disorder Res Treatment

Supported Residential Care Facility

(D) Program Specialists verify that the individual has a documented dementia diagnosis or medical documentation has been uploaded to the individual’s e-folder.

- a. If there is no dementia diagnosis Program Specialists must contact case manager and request documentation.

(E) Program Specialists must verify that the BEAS Form 3755 *Level of Care Sheet* is completed by the Residential Care Facility or ALF and uploaded to the individual’s e-folder:

- a. If the Level of Care Sheet is not in the e-folder:

- i. If the ALF or Residential Care Facility is licensed correctly as “Supported Residential Care Facility,” reach out to case manager and ask them to upload the level of care sheet.
 - ii. If the ALF or Residential Care Facility is not licensed as “Supported Residential Care Facility,” inform the case manager that the facility does not qualify for the higher rate. The facility can work with licensing if they would like to apply for higher licensing;
- b. If the Level of Care Sheet was uploaded to the e-folder approve the individual at the following rate was submitted was if the service authorization matches the following score:
- i. Residential Care Rate if the individual score 0-8 on the level of care sheet;
 - ii. Residential Care Dementia Level 1 if the individual scored 9-17 on the level of care sheet;
 - iii. Residential Care Dementia Level 2 if the individual scored 18-39 on the level of care sheet.
- c. Eligibility for the increased dementia level rate cannot be before the date of the Level of Care Sheet.
- d. If the Level of Care Sheet was uploaded to the e-folder but the level requested on the service authorization does not match the individual’s level on the level of care sheet, Program Specialists will send the service authorization back to the case manager and ask them to void the authorization and put in a new service authorization for the correct level.

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| <u>Responsibility:</u> Program Specialist IV |
| <u>Resources:</u> |
| <u>Attachments:</u> BEAS 3755 <i>Level of Care Sheet</i> |