WGIUPD GENERAL INFORMATION SYSTEM

DIVISION: Office of Long Term Care

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TO: All Local District Commissioners, Medicaid Directors, Long Term Home

Health Care Program Coordinators

FROM: Mark Kissinger, Deputy Commissioner

Office of Long Term Care

Long Term Home Health Care Program Waiver Renewal

EFFECTIVE DATE: Immediately

CONTACT PERSON: Office of Long Term Care

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The purpose of this GIS is to advise LDSS staff that the State has obtained a 60-day extension, through March 1, 2009, from the Centers for Medicare and Medicaid Services (CMS) to continue operating the current Long Term Home Health Care Program, a 1915(c) home and community based Medicaid waiver. DOH continues to work with CMS to resolve their concerns and provided additional information on the LTHHCP renewal application submitted to CMS September 29, 2008.

The use of post eligibility spousal impoverishment rules remains a critical concern for CMS. Legislation to discontinue the use of post eligibility spousal impoverishment rules was included in the Governor's deficit reduction bill. LDSS staff should continue to accept and process applications for enrollment in the LTHHCP using current eligibility criteria. LDSS staff must advise individuals applying for the LTHHCP, where current post eligibility spousal impoverishment rules are used, of the discontinuance of this methodology in the near future. The Department recommends that LDSS staff identify individuals previously authorized for participation in the LTHHCP who have been determined Medicaid eligible with spousal impoverishment budgeting and maintain a listing of those individuals.

To be eligible for participation in the LTHHCP, an individual must meet the following criteria:

- A DMS-1 score of 60 or greater;
- An assessment confirmation that the individual's needs can be met safely at home;
- A physician verification that the individual is able to remain at home;
- A substantiation that the individual requires coordination of services and case management;
- A service plan where costs fall within the budget cap for the level of care for which the individual is approved (SNF or HRF)

The Department will provide further information and instructions when resolution is reached.