

PLEASE DO NOT RESPOND TO THIS LISTSERV MESSAGE

TO: County Directors of Social Services
Medicaid Supervisors and Caseworkers

FROM: Carolyn McClanahan, Deputy Director
Member Operations

RE: LTC Evidence Changes Prior to Eligibility Determination

DATE: September 8, 2022

The Division of Health Benefits (DHB) would like to alert counties that caseworkers can now enter and apply changes to Level of Care (LOC) and/or Medical Institution evidence which will trigger disenrollment from managed care prior to the LTC eligibility determination.

NC FAST communicated this to county staff via NC FAST Economic Benefits Weekly Communication Summary Alert beginning September 6, 2022. NC FAST has added an enhancement to allow caseworkers to update and apply changes to Level of Care evidence and/or Medical Institution evidence in NC FAST without the LTC determination being completed.

Caseworkers should enter and apply changes to LOC and/or Medical Institution evidence within 5 days of being notified of the change. Changes include but are not limited to: Change in Circumstance Report, change being reported to DSS by nursing facility (NF), Authorized Representative (AR), beneficiary, or any other means of reporting.

This will allow more timely health plan (PHP) disenrollment. Beneficiaries should be disenrolled from their managed care plan the first of the month following the 90th day in the nursing facility.

Reminder: If beneficiary leaves the NF prior to the 90 days the beneficiary is not disenrolled from a managed care health plan. This includes the beneficiary going to the hospital or being discharged home. The 90 days will start with day one again if readmitted to NF. It is important to update the LOC and Medical Institution evidence within 5 days of receiving any change.

If you have any questions regarding this material, please contact your [Medicaid Operational Support Team \(OST\) Representative](#).