

“CFC Application Process “At a Glance”

Step I: Application

1. An Application Form (form CFC 801) is completed and sent to the local DAIL LTCCC with a copy of current assessment if available (ILA, MDS, OASIS, CRA etc).
2. DAIL LTCCC responds within three (3) working days of receiving the referral to arrange for a face-to-face visit.
3. DAIL LTCCC completes a face-to-face clinical assessment and Options Education. If needed, LTC Medicaid financial application forms are given to the individual or representative.

Step II: Clinical Determination:

4. DAIL LTCCC determines clinical eligibility and sends “Clinical Certification” form CFC 803 (formerly 282B) to DCF, case manager (HB/ERC), ERC provider, or nursing facility/swing bed provider. LTCCC sends case manager a copy of clinical assessment and application if referral wasn’t through case management agency. DAIL LTCCC completes SAMS data entry for care enrollment status and setting at application (user field).
5. For the HB setting, a full assessment, personal care worksheet and Service Plan is completed by the case manager no later than 14 working days after receipt of the Clinical Certification.
6. For the ERC setting, the ERC provider completes a full assessment no later than 14 working days after receipt of Clinical Certification for current residents, OR 14 days after admission . The case manager obtains a copy of the ERC assessment and completes the Tier Score and Service Plan
7. For the HB & ERC setting, the case manager sends a copy of the assessment and Service Plan (including Tier worksheet for ERC and personal care worksheet for HB) to the DAIL LTCCC.
8. After receipt of the HB or ERC assessment and Service Plan, the LTCCC completes Utilization Review. If paperwork is incomplete, LTCCC returns all to case manager to be completed and resubmitted.
9. For HB setting, the LTCCC completes a “Clinical Certification and/or Highest Paid Provider Change Form” (CFC 812) and sends to the local DCF office. *LTCCC waits for DCF financial authorization.*

Step III: Financial Determination:

10. After receipt of Clinical Certification (CFC 803) and “Clinical Certification and/or Highest Paid Provider Change Form” (CFC 812-for HB setting), DCF completes financial eligibility determination and patient share (if applicable).
11. DCF sends Notice of Decision to individual, legal representative, LTCCC and highest paid provider. For the HB & ERC setting, the LTCCC sends a copy of the Notice of Decision to the case management agency. If necessary. DAIL LTCCC should receive email notification when the DCF notice is sent out. LTCCC reviews notice though the DCF intranet notice system.

Step IV: Final Authorization:

12. For HB & ERC setting, after receipt of the DCF Notice of Decision, the DAIL LTCCC authorizes Service Plan. Copy of Service Plan is sent to the individual and applicable providers. If Consumer or Surrogate directed services on HB plan, LTCCC faxes both sides of the service plan to ARIS (payroll agent).
13. DAIL LTCCC completes SAMS data entry (care enrollment, service plan) for all settings.

OTHER:

- Individuals meeting High Needs criteria with no funds available will receive a written notice of waiting list.
- Individuals found clinically or financially ineligible will receive denial written notice with appeal rights.