

**Overview of AL Reform (Phase I)****1. What happens on November 1st?**

- a. All established LTSS beneficiaries qualified as Category F clients will roll over as Beneficiary Tier B. All other established LTSS beneficiaries will roll over as Beneficiary Tier A.
- b. Current facility status for assisted living Medicaid providers will also be grandfathered in: Cat. F facilities will automatically roll over to be Facility Tier B, while “Basic” certified facilities will roll over to Facility Tier A.

**2. How will payments to ALRs be impacted on November 1st?**

- a. The new payment arrangements for Phase I (Initial Implementation of Beneficiary Tiers A and B) go into effect, so all Medicaid ALRs will receive a rate increase for each of their LTSS residents.

**Beneficiary Tier Determination****3. Who is involved in the Beneficiary Tier Determinations?**

- a. CAP Agency case managers, acting as a neutral third party, conduct non-biased assessments of Assisted Living residents. After leaving the facility, the case manager inputs the details from the assessment into the Beneficiary Tier Calculator and sends to the state for review/approval. The state makes the final determination.

**4. How is the Beneficiary Tier established for a new beneficiary?**

- a. Upon applying for LTSS eligibility, a resident will be assessed, and the Beneficiary Tier will be designated as either Beneficiary Tier A or Beneficiary Tier B based on their acuity. Any new LTSS-eligible beneficiaries will be designated and reimbursed at their appropriate Beneficiary Tier.

**5. What is the process in the instance an ALR does not agree with the CAP agency assessment or the designated Beneficiary Tier of the resident (e.g. appeal process)?**

- a. A beneficiary (resident) may appeal their Medicaid Level of Care determination; however, the Beneficiary Tier determination for Assisted Living is not appealable.

**6. Who is eligible to request a Beneficiary Tier redetermination?**

- a. Tier B Facilities may request a Beneficiary Tier redetermination if a resident has a change in need that could potentially change their Beneficiary Tier according to the acuity criteria.
- b. Tier A Facilities can only bill for the Tier A rate, regardless of the resident’s acuity level.

**7. What is the process to request a Beneficiary Tier redetermination for clients with a change in need/health status?**

- a. ALRs may request that the CAP agency complete an assessment if a resident has a change in need that could potentially change their Beneficiary Tier according to the acuity criteria.
- b. Requests for Beneficiary Tier redetermination will be completed by the CAP Agency within 90 days. If the Tier has changed, the payment will be effective back to the date of the ALR's Beneficiary Tier redetermination request.
- c. Reminder: In this initial roll out of Phase I, the resident's Beneficiary Tier status remains unchanged. That is, all former Category F residents will be reimbursed at the Tier B rate, so Tier redeterminations are not necessary for former Category F residents.

**8. Will the beneficiary or their responsible party receive a letter indicating their Beneficiary Tier?**

- a. No, the beneficiary or responsible party will not receive a letter indicating the resident's tier because the Beneficiary Tier does not impact the services that they receive. It is strictly used to determine the rate that the facility is paid.

**9. In Phase I, how will internal staff know what Beneficiary Tier a beneficiary is?**

- a. *For new LTSS applicants:* The DHS Clinical Team will enter a case note in Bridges and in the comment box of the Level of Care screen to indicate the individual's Beneficiary Tier.
- b. *For existing assisted living beneficiaries:* OCP and the DHS Clinical team will keep a shareable excel document and add a case note to keep track of Beneficiary Tier determinations.

**10. What is the longer-term plan for system updates to know what Beneficiary Tier a beneficiary is?**

- a. In the future, there will be updates to Bridges and MMIS to indicate in both systems the Provider and Beneficiary Tiers.
- b. The Beneficiary Tier will be viewable in the Provider Portal.

**Assessments and Beneficiary Tier Calculator**

**11. Should a Tier Calculator always be completed every time a CAP agency does an assessment (UCAT or Enhanced Care) for an AL resident?**

- a. Yes, the Beneficiary Tier Calculator should always be completed (outside of the Assisted Living facility) after conducting the assessment.

**12. Does the ALR get a copy of the Beneficiary Tier Calculator?**

- a. No, this is done to ensure conflict-free assessments and case management.

**13. How often will a beneficiary be assessed by the CAP agency?**

- a. Beneficiaries will be assessed by the CAP agency upon the beneficiary's annual reassessment date, following today's existing process.
- b. Beneficiaries may also be reassessed, upon request from the ALR, if there is a change in need that may potentially change the Beneficiary Tier. The CAP agency should complete reassessments within 90 days of the ALR's Beneficiary Tier redetermination request. (*See Question 7 under "Beneficiary Tier Determination" for more information*)

**14. If the Beneficiary Tier Calculator details are not received in the LTSS application package, what should DHS do?**

- a. The DHS clinical team will finalize LOC determination without confirming Beneficiary Tier, and they will note that the application package did not contain Beneficiary Tier Calculator details in the case note and comment box of the LOC screen (where the approved Beneficiary Tier would typically be entered).
- b. The beneficiary will automatically be designated as Beneficiary Tier A, so the HCBS-2 Turnaround form will state Beneficiary Tier A with a note that the Beneficiary Tier Calculator details were missing.
- c. If the CAP Agency or ALR believes the beneficiary should be placed in a higher Beneficiary Tier, the CAP Agency will complete the Beneficiary Tier Calculator (using inputs from the recently completed UCAT assessment) and send the calculator details to OCP for Beneficiary Tier review and approval via secure email.
- d. The Beneficiary Tier calculator is only a tool used for billing purposes, so missing Beneficiary Tier calculator details should not hold up eligibility and LOC determination.

**15. Does RI DOH licensure relate to the Beneficiary Tier Calculator?**

- a. No, the Beneficiary Tier Calculator is a tool developed for Assisted Living Medicaid recipients. This tool is independent from RI DOH licensure regulations.

**LOC Redeterminations****16. Does a new UCAT assessment and Tier Calculator need to be completed every time a LOC redetermination is needed?**

- a. Yes. However, the DHS Clinical Team will accept the existing UCAT assessment if it was done within 3 months of the LOC redetermination.

**17. Given that Assisted Living (AL) is part of HCBS, will beneficiaries need a new LOC when they go through program changes? (e.g. moving from shared living to AL)**

- a. No, beneficiaries only need an LOC redetermination if their current LOC is older than a year old. If beneficiaries need a LOC determination, the DHS Clinical Team will review and approve the Beneficiary Tier calculator details at the same time.

- b. For anything that does not require a new LOC, OCP will review and approve the Beneficiary Tier calculator details.

### **Reimbursement for ALRs**

#### **18. What if a beneficiary is designated as Beneficiary Tier B and the ALR is only certified as a Tier A provider?**

- a. The ALR will only be eligible for reimbursement at the Tier A rate. The ALR should consider becoming certified as a Facility Tier B provider.

#### **19. What happens during the Interim Period if an ALR wants to seek new certification?**

- a. ALRs that wish to participate in Medicaid's new payment arrangement will be eligible to receive the increased reimbursement rates if they become certified with the Beneficiary Tier A (previously "Basic") certification level or the Beneficiary Tier B (previously "Enhanced") certification level, effective on November 1. In these cases, interested applicants should contact the Office of Community Programs.

#### **20. Is the facility certification related to RI DOH licensures?**

- o RI DOH Assisted Living licensure is distinct from EOHHS's certification process for participating in the Medicaid Assisted Living program. The initial roll out of EOHHS's elimination of Category F and initiation of Tiers is not related to RI DOH licensure activities.

#### **21. Will the revenue cycle be slowed down by the CAP agency assessment and follow up review by DHS/OCP?**

- a. The State does not expect the revenue cycle to be slowed down by the CAP agency assessment and follow-up.
  - i. For requests for a Beneficiary Tier redetermination, reassessments will be completed within 90 days. If the Beneficiary Tier has changed, the payment will be effective back to the date of the ALR's Beneficiary Tier redetermination request.
- b. There may be a slight time delay in receiving the higher rate due to the time lag in CMS approval and system configuration.

#### **22. How will providers know what Beneficiary Tier a beneficiary is?**

- a. In the short term, for new beneficiaries or new Tier Determinations, ALR providers will be notified of a Beneficiary Tier via the HCBS-2 Turnaround Form and will need to bill with the correct modifier.
- b. In the long term, the Beneficiary Tier will be viewable in the Provider Portal after system updates have been made.

**23. How will we ensure providers are billing the correct rate?**

- a. A manual audit process will take place to look at claims reports and compare it to the Beneficiary Tier assignment that is listed in case notes to prevent fraud.