



PROGRAM INSTRUCTION

SUA-21-PI-05

10/01/2020

TO: Subrecipients of the State Unit on Aging

FROM: Cynthia Brammeier, Administrator *Cym*
State Unit on Aging, Division of Medicaid & Long-Term Care

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SUBJECT: Aging Services Regulations Chapter 3 - Care Management Units Changes

CONTENT: Title 15 Aging Services regulations were signed by the Governor on 9/16/2020 and were effective September 21, 2020.

Title 15 Chapter 2 previously contained all regulations for Care Management Units. Care Management regulations remain in Title 15 and are now contained in Chapter 3. All definitions moved to Chapter 1, except for the Long-Term Care Ombudsman program.

The order of subjects within the chapter have been changed to reflect a logical sequence of events from Certification, the Plan of Operation, Denial of Plan of Operation, Appeal Process, Reapplication for Certification, Revocation of Certification, Recertification, the Fee Scale and Reimbursement.

Below is a summary significant changes to the Care Management regulations. Please review the entire chapter for all details.

Title 15 NAC 3 11.04 indicates the maximum reimbursable dollar amount per casework time unit follows the fee schedule as prescribed by the Department. This maximum reimbursable amount, as well as new Care Management rates and effective dates will be issued in a separate Program Instruction once the effective date is established.

If you have questions, please contact Ben at 402-471-4555 or Attn: Ben at DHHS.Aging@nebraska.gov

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Aging Regulations Reference and Summary: Title 15 Chapter 3 – Care Management

New Regulation # and Summary	Old Regulation #
<p>004.02(E) – The statement of philosophy must detail the approach to be used by the Care Management Unit is person centered.</p> <p>Change: The term person centered was added.</p>	006.01(A)(1)
<p>004.11(C)(ii) – A Care Management Unit Supervisor and Care Managers must have at least an equivalency of two years of related professional experience; paid or unpaid (employment; college internships; volunteering at philanthropic, community and social service organizations) in long-term care, gerontology or community health. Candidates will receive credit for all qualified experience.</p> <p>Change: Related professional experience; paid or unpaid as well as examples were added.</p>	006.02(C)(2)
<p>004.11(C)(iii) – A Care Management Supervisor must have at least two years of related, professional supervisory or management experience.</p> <p>Change: The words related and professional were added.</p>	006.02(C)(3)
<p>004.11(F)(v)(i) – Procedures must be compliant with CFR 45 sec. 160, Sec. 162, Sec., 164, and all applicable law.</p> <p>Change: CFR 45 sec. 160, Sec. 162, Sec., 164, and all applicable law (HIPPA and privacy related) were not a previous requirement.</p>	006.02(F)
<p>004.14(B) – The assessment document is to be completed in its entirety and to be used with the initial assessment and development of the Long-Term Care Plan as well as with subsequent annual reassessments and reviews of the Long-Term Care Plan.</p> <p>Change: The regulations did not previously specifically require the completion of the assessment in its entirety.</p>	n/a – this is a new addition; it is related to and builds upon 006.05
<p>4.15(A) – Each Long-Term Care Plan must outline procedures utilizing an interdisciplinary, person centered approach.</p> <p>Change: Person centered was not a previous requirement in the Long-Term Care Plan.</p>	006.06(B)

Aging Regulations Reference and Summary: Title 15 Chapter 3 – Care Management

New Regulation # and Summary	Old Regulation #
<p>4.15(F)(i) – The Care management Unit must have ongoing contact with each client to ensure that their service needs are being met. This includes a minimum of quarterly client contact with an least two face to face visits per year, one of which is to complete an annual client reassessment using the State Unit on Aging’s standardized assessment document, and review and update the plan of care.</p> <p>Change: Previously, regulations required the “regular exchange of ideas and comments”. Although there was no specific requirement, many Care Management Units practiced either monthly or quarterly contact with clients.</p> <p>The review of the client’s Long-Term Care plan is to determine its continued appropriateness and shall occur at least annually.</p>	n/a – this is a new addition; it is related to and builds upon 006.06(G) and 006.06(F)
<p>4.15(F)(ii) – Client contact, for purposes of reassessment and updating the Plan of care, must be made within 10 calendar days of notification of client returning to non-institutional setting of choice for continued Care Management services, after a significant change in health or functional status.</p> <p>Change: As a minimum, the Long-Term Care Plan should: Provide for reassessment upon change in client status.</p>	006.06(D)(7)
<p>11.04 – The maximum reimbursable dollar amount per casework time unit follow the fee schedule as prescribed by the Department, however, the maximum reimbursement must not exceed the cost of an actual casework time unit minus costs required to be paid for by the client or through other reimbursement specified in the act.</p> <p>Change: The maximum dollar amount per casework time unit was \$54.</p>	008.04
<p>11.06(A) – A Care Management Unit may seek reimbursement from the State Unit on Aging for otherwise allowable costs, except for costs required to be paid by the client or those that are paid by another person or entity.</p> <p>Change: The Department will not reimburse a Care Management Unit for any costs for which the Unit receives payment from an individual or client; or from other reimbursement by state of federal government programs or third-party payers; or from funds appropriated under the Nebraska Community Aging Services Act prior to the effective date of the Act, or from any other sources.</p>	008.06(A)
<p>*Please Note* Defined family, family income and income for purposes or use of the fee scale. Due to being definitions, these have been moved into Title 15 NAC 1 with all other Aging Services definitions.</p>	Title 15 NAC 2 007.01(A-E)