

PUBLIC HEALTH EMERGENCY UNWINDING LONG-TERM CARE FINANCIAL RENEWAL PROCESS WEBINAR



Webinar held on October 24, 2022

Q1: When LTC facility applicants or recipients have monthly income exceeding \$2,523.00 (income limit in 2022), their semi-annual income must be compared to the semi-annual income limit of \$2,550.00. Will these income limits increase in 2023?

A1: The monthly income limit will increase effective January 1, 2023 to [\\$2,742.00](#) but the six-month income limit will remain \$2,550.00.

Q2: Is the Change Reporting Flyer (CM537) a new form? Is there a way for service coordinators to obtain copies of this flyer to give to PTPs if they request one?

A2: The Change Reporting Flyer (CM537) form is not a new letter, but it was recently revised. It is sent approximately 90 days prior to the recipient's renewal date to remind them that a renewal is due soon. The CM 537 as well as other valuable communications information/timelines can be found on the DHS PHE Landing Page at [PHE Individual Communications \(pa.gov\)](#).

Q3: Who receives the eligibility renewal outreach from DHS? Does the skilled nursing facility (SNF) receive a copy?

A3: The recipient or their deemed representative receives the renewal packet. The renewal packet can only be generated to one person or entity. The SNF can receive the renewal packet instead of the recipient or representative if the SNF is responsible to provide renewal information. The recipient or the recipient's representative must report this request to the CAO or to the Statewide Customer Service Center by calling 1-877-395-8930 or 1-215-560-7226 in Philadelphia.

Q4: As a provider, how can our company find out when each participants' renewals are due?

A4: The renewal packet is sent to the recipient or person/entity listed as having the right to represent the recipient. Providers can verify upcoming renewal dates by registering as a [COMPASS Community Partner \(CP\)](#). CPs can check recipient renewal dates in COMPASS using the recipient's county/record number and either their Social Security Number or Recipient Identification Number (RID).

Q5: How long will recipients have to complete renewals?

A5: The renewal process starts 90 days prior to the renewal due date with the Change Reporting Flyer (CM537), which prompts recipients to report changes in their information. The renewal packet is mailed approximately 60 days prior to the due date and can be completed through COMPASS starting at 60 days prior to the due date. The signed renewal and all necessary documentation must be received by the renewal due date listed on the renewal information letter. If the recipient is actively trying to provide the documentation but needs more time, the recipient or the recipient's representative should contact the CAO or the Statewide Customer Service Center at 1-877-395-8930 and or 1-215-560-7226 in Philadelphia to request more time. If all documentation needed to process the renewal is not received by the due date the recipient is no longer eligible for Medical Assistance. However, the recipient may request reconsideration. Recipients who do not submit the renewal timely or who do not submit all verification needed will receive a Reconsideration Period Letter (CM

642). This letter explains that if the recipient provides all necessary verification within 90 days of the benefit closure date and meets eligibility criteria, then the renewal will be completed and benefits will re-open without a lapse in coverage.

Q6: If a person was enrolled in July 2020 when would their renewal be due?

A6: If the recipient was enrolled in July 2020 and has remained in their most recent subsequent renewal they will be due for a renewal again June 30, 2023. If the same recipient missed their most recent renewal or were found ineligible during their most recent renewal before the end of the PHE, their renewal date may be scheduled to be due again on June 30, 2023, but this renewal date may change to coincide with operational priorities upon the end of the PHE. A recipient or COMPASS Community Partner can view the renewal date in COMPASS.

Q7: Will DHS seek overpayments from the end of the PHE until the recipients' renewal date if they are found to be ineligible upon renewal?

A7: Due to the federal requirement to maintain eligibility during the COVID-19 public health emergency (PHE) if the recipient was validly enrolled in long-term care services as of March 18, 2020, or later during the PHE, there will be no overpayment due to an increase of income that occurred during the PHE. Recipients are still required to report all changes that occur during the PHE. Reporting changes timely will ensure that coverage is correct when the PHE ends.

Q8: Is the facility allowed to sign (for a recipient)?

A8: The recipient or whomever has the right to represent the recipient can sign the renewal.

Q9: Does the COMPASS application include the Rights and Responsibility signature page or is it necessary to send the paper page in?

A9: Yes, the COMPASS application/renewal includes the Rights and Responsibilities page. A recipient or Community Partner has the ability to e-sign the application/renewal. By e-signing the recipient acknowledges they have read and understand their rights and responsibilities. If the recipient chooses not to e-sign, then they must print this page of the COMPASS application/renewal, sign it, and return it to the CAO.

Q10: Can renewals be submitted through the ra-ltc email account?

A10: Renewals should not be submitted through the RA-LTC accounts. The RA-LTC email accounts should be used to submit documents related to applications, renewals, and the case in general. It is recommended that entities register as COMPASS Community Partners and submit renewals through the COMPASS Community Partner Portal. This allows the Community Partner to track the submission and progress of the renewal and has other added benefits. You can view a list of community partner benefits and register to be a [Community Partner here](#). Renewals may also be submitted by dropping off the signed renewal and documentation at the local CAO, or by mailing the signed renewal and documentation to the CAO. Renewals for individuals receiving both HCBS and other benefits such as Supplemental Nutrition Assistance Program (SNAP) may also be submitted by calling the Consumer Service Center at 1-866-550-4355. Verifications can also be submitted using the myCOMPASS PA mobile app.

Q11: Does PA PROMISE show which participants are maintained as a result of the PHE and not because they are in an ongoing eligibility period?

A11: No. PROMISE will show a recipient is no longer eligible but will not specify that the recipient had been maintained due to the COVID-19 PHE.

Q12: Can case managers/support coordinators be able to know if renewal packages were sent out to consumers' rep payee?

A12: The renewal packet is sent to the recipient or person/entity listed as having the right to represent the recipient. Case managers and service coordinators can verify upcoming renewal dates by registering as a [COMPASS Community Partner \(CP\)](#). CPs can check recipient renewal dates in COMPASS using the recipient's county/record number and either their Social Security Number or Recipient Identification Number (RID).

Q13: Will the Nursing Facilities receive a list of upcoming renewals for their residents from the CAO?

A13: The renewal packet is sent to the recipient or person/entity listed as having the right to represent the recipient. Nursing facilities can verify upcoming renewal dates by registering as a [COMPASS Community Partner \(CP\)](#). CPs can check recipient renewal dates in COMPASS using the recipient's county/record number and either their Social Security Number or Recipient Identification Number (RID).

Q14: Will we have to do renewals for all of our LTC residents at once when the PHE ends?

A14: All renewals for recipients maintained in eligibility as a result of the PHE will occur over a 12-month unwinding period.

Q15: Will the renewal process for recipients that receive benefits from DHS in addition to MA be different from MA only recipients?

A15: If a recipient is receiving other benefits such as Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), the caseworker must manually choose to send the renewal packet from the Department's eligibility system with the date and time for a renewal interview because a telephone or in-person renewal interview may be required for other benefits.

Q16: How do recipient appeals work?

A16: Recipients have the right to appeal a Departmental decision. All notices include appeal paperwork. Recipients wishing to appeal a decision should complete the fair hearing paperwork contained in the notice and mail it to the CAO. Once received, the CAO will schedule a pre-hearing conference with the recipient to discuss the issue. If the issue cannot be resolved, then an appeal hearing will be scheduled between the recipient, CAO, and a Bureau of Hearings and Appeals Administrative Law Judge. The administrative law judge will hear testimony of the recipient and CAO, review pertinent regulations, and make a decision. If the recipient's appeal request is made/received within 15 days of the notice date, then the recipient will continue to receive Medical Assistance benefits pending the result of the appeal. If the appeal paperwork is received 16-30 days from the date on the notice, the appeal request is valid, but the recipient will not continue to receive the same level of benefits while waiting for the appeal hearing decision. Recipients who appeal between 16-30 days from the date on the notice will receive benefits back to the termination date with no lapse in coverage if the administrative law judge rules in their favor.

Q17: Is appeal information provided in Spanish?

A17: Yes. Forms are available in Spanish including the application for benefits as well as renewals. Notices generated to recipients are issued in Spanish when Spanish is listed as the preferred language on the application.

Q18: Do we have to provide the Social Security Award letter with the renewal if you already have it for the annual COLA?

A18: Usually Social Security information is verifiable via the Department's data exchange with the Social Security Administration. Although uncommon, the award letter would be required at renewal if information on the data exchange is questionable.