

# MEMORANDUM

**SUBJECT:** Community Care Policy Clarification CCAD 02001; RC 02001; CBA AL/RC 02001

**TO:** Regional Directors  
Long Term Care Services

**FROM:** Becky Beechinor  
Assistant Deputy Commissioner  
Long Term Care Services  
State Office W-511

**DATE:** January 9, 2002

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This policy clarification covers questions that have arisen as a result of compliance monitoring of Community Care for the Aged and Disabled (CCAD), Residential Care (RC) and Community Based Alternatives (CBA) Assisted Living/Residential Care (AL/RC) facilities.

## **Policy Question 1:**

If a CBA AL/RC or CCAD RC facility collects part of the co-payment by the 10th of the month, is Standard III, Question 1 (Form 3241) met or not met?

## **Policy Clarification 1:**

The Standard is not met. If an Assisted Living/Residential Care facility is collecting co-payment by the 10th of the month, but they are not collecting the entire co-payment amount, they have not met Standard III, Question 1. The AL/RC facility is required to collect the entire co-payment amount on or before the 10th of each month. If the client/authorized representative fails to pay any or all of the co-payment on or before the 10th, the facility is required to send a 2067 to the caseworker advising of this. If the facility is not collecting the total co-payment amount authorized on the 2065 by the 10th of the month, mark Standard III, Item 1, 1st part "No"; if the facility does not have a 2067 to the caseworker on the 11th, mark Standard III, Item 1, 2nd part "No". If the receipts reflect the actual amount of co-payment collected, and all other required information on the receipt is correct, the receipts would be considered "correct", and Standard III, Item 2 would be "Yes". Standard III is "Not Met" because both parts of Item 1 are marked "No".

This policy would also apply to CBA Room & Board (Standard IV). If the Form 2065 has the incorrect amount of co-payment or Room & Board listed, but the facility is collecting Co-payment and/or Room & Board per the 2065, they are collecting the "correct" amount of Co-payment and/or Room & Board, as they are collecting the amount **authorized**.

**Policy Question 2:**

For a CBA AL/RC or CCAD RC facility, how would Standard III, Question 3 (Form 3241) be read if the most recent 2065 given to the facility has a different co-payment amount than what is registered in Service Authorization System (SAS)?

**Policy Clarification 2:**

The amount of co-payment actually deducted from the claim is determined by the co-payment registered in the system; regardless of what the facility enters in their bill. If the facility has entered the amount of co-payment listed on the 2065 for the review period in question, they have met this standard, regardless of the amount deducted by the Claims Management System (CMS). The facility cannot control the amount of co-payment deducted from their claims. The contract managers will need to verify the amount the facility deducted from their claim prior to the monitoring visit

If you have any questions, please contact your regional contact person.

*signature on file*

Becky Beechinor

BB:ck

c: CMGRS  
LEAD RNs  
PMs  
REG & SO A&D Trainers  
SO STAFF