

Residential Care Assistance Program (RCAP) Provider Guide

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Census Form

1. What is the purpose of the census form?

- a. The purpose of the census form is to accurately track the status/location of each RCAP resident to ensure accuracy in reporting for billing and payment purposes to each facility.

2. Where do I get the facility census form?

- a. A facility's monthly census form is generated by FSSA claims management and emailed to the contact person designated by each facility.

3. When is the census emailed to the facility?

- a. The census form is emailed on the 24th day of each month.

4. Where do I submit my completed census?

- a. Completed census forms should be emailed to the RCAP Coordinator at rcap.provider@fssa.in.gov. Census forms should not be emailed to any other email address.

5. When is the census due?

- a. The census form is due no later than the fifth business day of the month.

6. What happens if I do not submit my monthly census by the fifth business day of the month?

If census forms are not submitted by the due date, provider payment may be delayed or put on hold until the required census documentation has been received and reconciled.

Status Change Form

1. What is the purpose of the status change form?

- a. The purpose of the status change form is to accurately track the status of each RCAP resident for coordination billing purposes.

2. When is a status change form required?

- a. A provider is required to submit a status change form when the status or location of the resident has changed.

Examples of when to submit a status change form include the following:

- resident withdrew from the program;
- resident admitted to the hospital;
- resident admitted to a nursing facility;
- resident arrested;
- resident moved – transferred to another RCAP facility;
- resident used Leave of Absence (LOA) day;
- resident income change;
- resident name change;
- change in residents level of care needs
- address change
- discharge from RCAP facility to community, facility ,etc....
- death of the RCAP resident.

Examples of How and When to Complete Status Change Form:

- a. If the resident goes home for the weekend with family this would be reported as an LOA day on the status change form. The form would reflect the date the resident left and returned to the facility.

The image shows a blank RCAP Resident Status Change Form. The form includes sections for:

- Administrative information (Name of resident, SS#, etc.)
- Resident Information (Name, DOB, etc.)
- Resident Transfers (Between RCAP facilities)
- Resident Status (Current status, previous status, etc.)
- Resident Income (Current and previous)
- Resident Address (Current and previous)
- Resident Discharge (To community, nursing facility, etc.)
- Resident Death (Date of death, cause of death, etc.)

The image shows an RCAP Client Census form for the month of June 2015. The form includes:

- Facility Name: [Redacted]
- Phone: [Redacted]
- Signature of Administrator or Business Office Manager: [Redacted]
- Month: June
- SS#: 0000
- Resident: A
- Census Table: A grid showing resident status for each day of the month. The resident was present (P) from June 1st to 15th, on Leave of Absence (LOA) from June 16th to 21st, and present (P) from June 22nd to 30th. The total number of present days is 28, and the total number of LOA days is 2.

- f. If a resident is discharged because they moved to another RCAP facility, non-RCAP facility, or returned to the community, a status change form must be completed to reflect the date of discharge.

RESIDENT TRANSFER BETWEEN RCAP FACILITIES		RESIDENT DISCHARGE FROM RCAP PROGRAM	
Name of facility transferred from Facility A	Date of discharge (month, day, year) 6/18/2017	Date of discharge (month, day, year) 6/18/2017	Reason for discharge Transferred to non RCAP facility (name of facility)
Address of facility transferred from (number and street, city, state, and ZIP code)		Forwarding address of resident (number and street, city, state, and ZIP code)	
Name of facility transferred to Facility B	Date of admission (month, day, year) 6/19/2017	Facility name (provide address, city, state, zip code).	
Address of facility transferred to (number and street, city, state, and ZIP code)			

- g. If a resident transfers to a new RCAP facility, a status change form must be completed by the RCAP facility discharging the resident as well as the new RCAP facility. The date of discharge must always be the day before the date the resident is admitted to the new facility. For instance if resident A was admitted to new facility on May 19, then the date of discharge is May 18.

3. How soon does a status change form have to be submitted?

- a. A status change form must be submitted within five business days of the qualifying event.

4. Where do we submit the status change form?

- a. The status change form must be submitted to the RCAP Coordinator at rcap.provider@fssa.in.gov

5. Is there any other reason we would submit a status change form?

- a. A status change form must also be submitted if the resident has a change of income, name, address (transfer) or is discharged from the RCAP program.

6. Who do we submit the status change form to if the resident has a name change, income change, address change (transfer) or is discharged from the RCAP program?

- a. A status change form must be submitted to the RCAP Coordinator at rcap.provider@fssa.in.gov and the Division of Family Resources at FSSA.APPS4RCAP@fssa.in.gov.

Hospital Stay Policy

1. If a RCAP resident is admitted to the hospital, does the RCAP facility get paid?

- a. No. The RCAP provider facilities will not receive payment for the RCAP resident when they are out of the facility overnight.
- b. RCAP payments will be reactivated if the RCAP resident is discharged from the hospital and immediately returns to the RCAP facility.

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- c. The RCAP census must be documented to show that the resident was out of the facility and at the hospital.
- d. The RCAP provider does not receive RCAP payments for any reason if the resident is not at the facility.
- e. A status change form must be submitted within five business days to the RCAP Coordinator at rcap.provider@fssa.in.gov.

2. How many hospital days is a RCAP resident allowed before being discharged from RCAP?

- a. There is no limit on the number of days a RCAP resident can be in the hospital.
- b. It is the responsibility of the RCAP provider to submit a status change form for any RCAP resident that is admitted to the hospital. The status change form must be received within five business days.

Nursing Facility Stays:

1. If a RCAP resident is admitted into the nursing facility does the facility receive RCAP payments?

- a. No. If the RCAP resident is admitted into a nursing facility, the facility does not receive payment from the RCAP program.

2. Can the resident's liability be kept for payment by the RCAP provider when the resident is in the nursing facility?

- a. No. In accordance with the current requirement, while the RCAP resident is using the LOA/nursing facility days, the RCAP facility will not receive RCAP funding nor the RCAP resident's liability amount.

3. How many days can a RCAP resident be in the nursing facility before losing RCAP eligibility?

- a. As of November 1, 2012, active and current RCAP residents, who are absent from an RCAP facility due to continuous stay in a nursing facility, may return to a participating RCAP facility if the resident returns by the 181st day of the nursing facility admission date, considered day one plus 179 days continuous institutional care, totaling 180 days out of the RCAP facility. During these additional available LOA days, the RCAP resident will be placed 'on hold' in the RCAP program. A status change form needs to be submitted on the 181st day to discharge the resident from the program.
- b. In the event the RCAP resident is not transferred back to a participating RCAP facility by the 181st day from the nursing facility admission date, the resident will be discharged from the RCAP program.

4. How do I know if the extended nursing facility policy applies to my resident's situation?

- a. Below are examples of how the nursing facility policy is implemented.

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Example #1

Resident A is a current RCAP resident of Happy House Residential Care Facility, a participating facility in the state's Residential Care Assistance Program. Resident A falls at Happy House RCF and is admitted to the hospital for surgery to repair a fractured hip. Following Resident A's hospitalization, the resident is transferred to Sunshine Nursing and Rehabilitation Center for rehabilitation therapy. After three months of therapy, Resident A is ready for discharge from the nursing facility as they no longer meet nursing facility level of care. Due to their continuous stay in the nursing facility being under 180 days, Resident A is eligible to return to Happy House RCF or to another RCAP facility participating in the program and become an active RCAP resident again.

Example #2

Resident B is a current RCAP resident of Happy House Residential Care Facility, a participating facility in the state's Residential Care Assistance Program. Resident B experienced a fall at Happy House RCF and is admitted to the hospital for surgery to repair a fractured hip. Following Resident B's hospitalization, they are transferred to Sunshine Nursing Facility and Rehabilitation Center for rehabilitation therapy. Within two months, 60 days, of therapy, Resident B falls at the nursing facility and is transferred back to the hospital. Resident B is admitted to the hospital for further treatment and surgery to repair the previously fractured hip. Once Resident B is stable, they are again transferred back to Sunshine Nursing and Rehabilitation Center for more therapy. Since Resident B returned to a nursing facility, they are allowed another 180 days based upon the second admission into the nursing facility. Resident B remains 'on hold' as an active/current RCAP client until such time as Resident B returns to an RCAP facility on the 181st day or is discharged from RCAP due to exceeding the allowable 180 LOA days.

Example # 3

Resident C is a current RCAP resident of Happy House Residential Care Facility, a participating facility in the state's Residential Care Assistance Program. Resident C becomes ill and is in need of a higher level of care than the RCAP facility can provide; however, Resident C does not warrant hospitalization. With the resident's permission, the RCAP facility contacts Sunshine Nursing and Rehabilitation Center for a possible nursing facility admission. The nursing facility contacts the local Area Agency on Aging, which authorizes Resident C to enter the nursing facility. Resident C is 'on hold' as an active/current RCAP resident and is allowed 180 days of nursing facility care. Resident C remains 'on hold' until they can either return to a RCAP facility by the 181st day, or is discharged from RCAP due to exceeding the allowable 180 LOA days.

Example # 4

Resident D is a current resident of Happy House Residential Care Facility, a participating facility in the state's Residential Care Assistance Program. Resident D falls at Happy House RCF and is admitted to the hospital for surgery to repair a fractured hip. Following resident's hospitalization, Resident D is transferred to Sunshine Nursing and Rehabilitation Center for rehabilitation therapy. After three months of therapy, Resident D is ready for discharge and no longer meets nursing facility level of care. Upon discharge, Resident D moves into an apartment with a friend instead of returning to Happy House

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RCF. After two weeks, the friend tells Resident D to move out of the apartment. As such, Resident D applies to Happy House Residential Care Facility for admission under the RCAP program. However, Resident D is not eligible for reactivation in the RCAP program because resident did not return directly from the nursing and rehabilitation center, and would be considered a new resident for the RCAP Program. Resident D's ability to apply will depend on whether funding is available as well as whether the RCAP facility has available placement.

Example #5

Resident F is a current RCAP resident of Happy House Residential Care Facility, a participating facility in the state's Residential Care Assistance Program. Prior to November 1, 2012, Resident F exceeded her allowable Leave of Absence LOA 30 days while in a nursing facility, and was subsequently discharged from the RCAP program. Resident F is not eligible for reactivation in the RCAP program as she was discharged from the program prior to the implementation of the Expanded Nursing Facility Days policy.

Leave of Absence Days:

1. How do residents' accrue leave of absence days?

- a. RCAP residents earn 30 Leave of Absence (LOA) days every 12 months based on the state fiscal year.

2. What is the resident accrual date for new LOA days?

- a. The resident accrues new LOA days at the start of the new state fiscal year. The state fiscal year begins on July 1 and ends on June 30.

3. Can LOA days be carried over to the following year?

- a. Unused LOA days do not carry over to the next fiscal year.
- b. RCAP residents may use their LOA days at their discretion to cover any days spent outside of the facility.
- c. It is the responsibility of the RCAP resident and the RCAP provider to track and monitor use of LOA days.

4. What happens if the resident exceeds the allotted LOA days within the state fiscal year?

- a. If a resident exceeds the number of LOA days allotted, the resident will lose their RCAP eligibility.

5. Can the resident reapply for RCAP once discharged for exhausting the allotted LOA days?

- a. Yes, the resident can reapply for the RCAP program if the RCAP facility has available RCAP placement.
- b. It is the RCAP provider's responsibility to submit a status change form to the RCAP Coordinator. The status change form must be received within five business days of use of LOA days.
- c. All LOA days must be reflected on the RCAP Provider monthly census report.
- d. LOA days are not paid for by RCAP.

6. Can LOA days overlap fiscal years?

- a. Yes, for example RCAP Resident A, a resident at Sunshine Residential Care Facility, has not used 15 of the allotted LOA days. On June 16, Resident A takes an extended vacation with family. Resident A leaves on June 16 and returns on July 15. In this situation, Resident A has not exceeded the allotted LOA days and is still an active RCAP client. Resident A's 30 days were spread over two contract years, and, therefore, Resident A would still have 15 LOA days for the current contract year.

Transfer to New RCAP Facility

1. If a resident transfers from one RCAP facility to another RCAP facility, the following procedures must be followed by each provider to ensure the resident's transfer is correctly documented.

- a. The former RCAP facility must submit a status change form discharging the resident, and provide new information with the name of the new RCAP facility where resident will reside.
- b. The new RCAP facility must submit a status change form acknowledging the resident is now in the new facility.
- c. The date of discharge must always be the day before the date the resident is admitted to the new facility. For example, if resident A was admitted to the new facility on May 19, then the date of discharge is May 18.
- d. When a resident transfers to another RCAP facility, the LOA days follow the person. The facility that discharges the resident to another RCAP facility must provide the new facility the number of remaining LOA days.

Payments

1. How does a RCAP provider receive payment?

The following procedures must be followed by providers in order for payment to be disbursed:

- a. For verification of RCAP resident listing and payment purposes, the RCAP provider is required to submit a monthly RCAP census form to the RCAP Coordinator by the fifth business day of the following month.
- b. The Division of Aging may withhold payment if the RCAP provider does not submit the census form by the due date.
- c. The RCAP provider will receive a claims warrant listing each month. The warrant will list each resident's name and RCAP payment.
- d. RCAP providers are required to review the claims warrant listing and notify the RCAP Coordinator of any issues.

2. When does the RCAP provider receive payment for the RCAP residents?

- a. RCAP payments are paid from the Auditor's office in the form of direct deposit to the RCAP provider.
- b. Once an applicant is approved for RCAP, the facility will receive RCAP payments for the resident. RCAP payments are paid 35 days in arrears.
- c. RCAP payments are paid by the 10th of each month.

Other Frequently Asked Questions

1. Is there a chance for a freeze to be placed on new admission to the RCAP program?

Yes. RCAP financial assistance is contingent upon the availability of funds as directed by the Indiana state budget agency. RCAP allocation may be adjusted at the state's discretion based on RCAP expenditures.

2. How do I know if a prospective resident might qualify for the RCAP program?

In order to gain admission to RCAP, participants must meet the following eligibility requirements:

- a. The RCAP resident or potential resident must meet Indiana's residency requirements and be admitted to a facility contracted with FSSA to provide RCAP services.
- b. Resident must be Medicaid eligible.

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- c. The RCAP resident must also meet at least one of the following categorical eligibility requirements:
- AGED- must be 65 years of age or older;
 - BLIND- The degree of blindness is determined by the FSSA Medical Review Team (MRT) based on a visual exam, unless both eyes are missing, applicant receives SSI based upon blindness, eligibility has previously been established under Medicaid Blind (MA B category).The client also must be at least 18 years of age; or
 - DISABLED- Disability is determined by the MRT based upon social and medical information. The client also must be at least 18 years of age. Physical exam is required unless:
 - The applicant is receiving Social Security Income based upon disability;
 - The MRT has previously established eligibility and required no progress report.
 - The RCAP applicant has the responsibility of furnishing all information necessary to determine eligibility. The Division Family Resources caseworker has the responsibility of verify all eligibility requirements.

3. Who determines Medicaid eligibility for an RCAP client?

- a. Division of Family Resources local offices determines Medicaid eligibility and the resident's income eligibility;
- b. When an applicant has been determined eligible for RCAP, the DFR caseworker will submit assistance to residents in County Homes/Room and Board Assistance Budget and Recommendation form (5B) to the Division of Aging.

4. Are RCAP applicants limited to the current income level requirements for Medicaid?

Potential RCAP applicants are not limited to the \$973 income level when applying for Medicaid and are considered **Medicaid eligible** if they meet the following requirements:

- a. Applicant must meet the approved criteria to be classified in one of the following categories: aged, blind or disabled and must also meet the asset test;
- b. Applicant's gross monthly income cannot exceed \$1,501.06 if residing in a licensed RCAP facility;

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- c. Applicant's gross monthly income cannot exceed \$ 1,125.41 if residing in a county home;
- d. includes the income test and the \$52 Personal Needs Allowance exclusion.

5. What are the guidelines for RCAP/Medicaid acceptance into the RCAP program?

- a. Aged, blind or disability eligibility is determined;
- b. Has countable resources less than \$ \$2,000 (for an individual) and \$3,000 if living with a spouse; and
- c. Passes the applicable income test to receive assistance in the form of a state supplement while residing in the RCAP facility;
- d. If this third requirement is met, the DFR case worker may check 'Y' on AEIIM for RCAP;
- e. MASI should be treated the same as all other MED 1 categories, which include MA A, MA B, MA D, and MA R;

6. Can RCAP be retroactive to the date an individual begins receiving Medicaid?

No. In order to become a RCAP recipient, the individual must currently be receiving Medicaid. RCAP does not have a holding period while waiting for an individual to begin receiving Medicaid.

7. Can the RCAP coordinator facilitate with a resident's Medicaid process or answer questions regarding Medicaid?

No. Anything regarding a resident's Medicaid should be handled through the Medicaid office by calling **1-800-403-0864**. The Division of Aging and Division of Family Resources **cannot** process Medicaid applications.