

Lancaster County Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS# 29 Policy: Medical Assistance Applications
Most Current Revision: 07/01/2021 Effective Date: 07/01/2020	Page: 1 of 2

I. Purpose:

Providers must submit completed Medical Assistance applications on all LCDAC funded clients, which in turn shall generate valid determination letters.

II. Procedure:

It is the LCDAC and its contracted providers' responsibility to ensure that LCDAC funding is the payment of last resort and as such, must ensure that all other viable funding options such as Medical Assistance have been exhausted.

The contracted service provider must ensure that:

- A. Upon admission, within three days, a completed Department of Human Service Medical Assistance application is submitted on behalf of all individuals receiving LCDAC funding.
- B. A copy of a valid Medical Assistance determination letter must be secured WITHIN 45 days of enrollment into treatment
 - i A copy of the letter must be scanned and emailed to the LCDAC fiscal department personnel at: DrugAlcohol@co.lancaster.pa.us
 - ii A copy of the letter must also be retained in the client file
- C. Medical Assistance tracking systems are to be utilized to determine individual's Medical Assistance activity status at each appointment as a means to safeguard LCDAC funding as the payer of last resort.

Failure to ensure the Medical Assistance application was fully executed may result in the forfeiture of LCDAC payment of services.

As it is the provider's responsibility to ensure that the application was fully executed and thereby generated a valid determination letter, it is expected that the provider will follow up with the individual throughout the course of treatment regarding required documentation and inform the individual whose application is in question that LCDAC funding shall be forfeited if a determination letter is not received within the 45-day timeframe.

In the event that a fully executed Medical Assistance application determination resulted in a rejection of benefits, and the rejection letter has not been obtained by the provider within the 45-day required

