

April - June 2021 Summary of Changes

Chapter	Passage	Summary
0400	0410.0200, 0420.0200, 0430.0200, 0440.0200, 0450.0200, 0460.0200	Strikethrough nondiscrimination verbiage
1430	1440.1300	Updated verbiage for the Appropriate Placement

Technical changes and changes in non-substantive information may be excluded from this summary.

Listing of Amended Passages

0410.0200 NONDISCRIMINATION (FS)

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

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Listing of Amended Passages

0420.0200 **NONDISCRIMINATION (TCA)**

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Listing of Amended Passages

0430.0200 NONDISCRIMINATION (MFAM)

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Listing of Amended Passages

0440.0200 NONDISCRIMINATION (MSSI, SFP)

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Listing of Amended Passages

0450.0200 **NONDISCRIMINATION (CIC)**

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Listing of Amended Passages

0460.0200 NONDISCRIMINATION (RAP)

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Listing of Amended Passages

1440.1300 APPROPRIATE PLACEMENT (MSSI)

To qualify for the Institutional Care Program (ICP) or Home and Community Based Services (HCBS), or the Program for All-Inclusive Care for the Elderly (PACE), the individual must meet special institutional eligibility criteria, including “appropriate placement.”

Appropriate placement means that an individual must be placed in a facility or ~~program~~ **coverage** certified to provide the type and level of care the Department has determined the individual requires.

Two basic requirements must be met for placement to be considered appropriate. These are:

1. ~~the person must be d~~ **Determined** by the Department to be medically in need of the type of care provided by the specific ~~program~~ **coverage group**, and
2. ~~the person must be a~~ **Actually receiving** the services (or for HCBS, must be enrolled in the waiver) which the Department has determined that the individual needs.

To be appropriately placed for ICP, a person must have been determined in need of an ICP level of care (by CARES) and actually be placed in a Medicaid facility which provides the specified level of care. No level of care is required for a QMB eligible individual (Medicaid eligible individual with income less than the federal poverty level) in a nursing home during the Medicare coverage period.

For Home and Community Based Services (HCBS), to be appropriately placed, a person must be in need of waiver services and be enrolled in the waiver as documented by form CF-ES 2515 with ~~an appropriate case manager~~ **the appropriate Aging and Disability Resource Center (ADRC)**.

Note: The need for a level of care ~~or the need for waiver services~~ is verified in the case record by the ~~same form~~, DOEA CARES Form 603, the Notification of Level of Care. **The need for a level of care and waiver services is verified in the case record by the CF-ES 2515, Certification of Enrollment for Home and Community Based Services.**