

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.](#)