

Medicaid Nursing Home Certification Community Long Term Care

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Pre-Admission Review- Nursing Home Placement

- CLTC Nurse Consultants complete Pre-Admission Reviews, including Assessment and PASRR, if required, for applicants who are applying for Medicaid Nursing Facility Placement.
- Following Assessment, a Level of Care Decision is made by two Nurse Consultants.

Pre-Admission Review

- This must occur prior to an admission to a Nursing Home when Medicaid is the primary payment source.
- LOC certification is necessary when an applicant is determined to be at a Skilled or Intermediate Level of Care.

When is Medicaid Certification Required?

- Prior to Medicaid NH re-admission from any location if Medicaid payment has been terminated;
- Medicaid NH re-admission from a hospital over the 10-day bed hold. A participant may be in the hospital 10 full days, returning on the 11th day.
- Medicaid re-admission to a NH following more than 9 days of the 18 days yearly allowable LOA (returns after the 10th day.) The day participant leaves counts as day 1. The date of return does not count.

When is Medicaid Certification Required?

- Medicaid re-admission to a NH when a participant exceeds the approved thirty (30) consecutive days for the purpose of participating in an approved rehab program.
- Prior to NH Conversion from any other pay source to primary Medicaid payment
- When a time-limited certification has expired and Medicaid payment is still needed.
- As requested for income trust and transfer penalty case.

Out of State Applicants in a NH

- The CLTC Office will provide necessary forms to the transferring NH and then review the completed Assessment and PASRR information by phone with the transferring NH staff.
- Two CLTC Nurse Consultants will establish a tentative LOC and make a recommendation regarding further PASRR requirements.

Out of State Applicants in a NH

The CLTC Notification Form 171 is sent to the Applicant and/or Primary Contact, the admitting facility and Eligibility indicating the tentative LOC.

The applicant and/or primary contact is informed to make financial application if not already submitted.

Out of State Applicants in a NH

- If the applicant has not relocated to a SC NH within 60 days, the case will be closed.
- Once the Applicant enters the SC Nursing Home, the CLTC Nurse Consultant will visit within 10 days to issue a final LOC.

Note: Transfer of a Medicaid recipient from one SC Nursing Home to another, at the same LOC, does not require re-certification.

HMO Members

- The Medicaid requirements of participation for nursing homes apply, including LOC certification and PASRR.
- The HMO must obtain a level of care prior to admission to the facility for admissions when the primary payment source is Medicaid.
- The Certification Letter will have an effective period of 45 calendar days.

Inappropriate Certification Requests

- Providers requesting certification of a person who appears eligible for Medicare NH coverage are instructed to pursue Medicare reimbursement.
- *Medicaid certification is not required for Medicaid Skilled Nursing Facility Co-Payment (SNF-Co)*
- A level of care is not completed and a Certification Letter is not issued for these cases.
- If an applicant is eligible for Medicare sponsorship in a nursing facility, a certification letter is not required for a hospital bed hold period.

Denial of Payment

- If a nursing home is under denial of payment sanctions, CLTC will be notified.
- New admissions on or after the effective date the denial cannot be certified.
- Applicants may return to the facility during a Medicaid 10 day bed hold due to hospitalization.

Retroactive Certifications

- The Nursing Home must submit a cover letter and these requests are reviewed/ approved for processing by the CLTC Area Office Administrator.
- For dually eligible Applicants who receive Medicare denial of payment, CLTC may complete a certification retroactive to the date of admission or Medicare denial, if the Applicant meets all Medicaid eligibility criteria.
- The NH will submit an Assessment, reflecting the applicant's condition on the certification date requested.

Time Limited Certifications

- An applicant's medical condition or other factors, may warrant certification for a limited period of time.
- A new assessment, LOC and certification is required if the Participant continues to need Nursing Home Care when the time-limited period expires.

Hospital - Awaiting Placement

- A tentative Medicaid NH LOC is determined by a visit to the Applicant.
- An update or re-evaluation is required prior to hospital discharge. This may be completed by visit or phone.
- If the Applicant appears to be medically ineligible, a visit must be made.
- The CLTC NC completes the Certification Letter and copies are mailed to the designated agencies or persons or made available through Phoenix.

SC Medicaid NH LOC Certification Letter 185



Christian Soura • Director
Nikki R. Haley • Governor

LEVEL OF CARE CERTIFICATION LETTER FOR MEDICAID-SPONSORED NURSING HOME CARE

NAME: Adams, Falcons, COUNTY OF RESIDENCE: Abbeville

SSN: -, MEDICAID:

LOCATION AT ASSESSMENT: ABC Nursing Home

South Carolina Community Long Term Care has evaluated your application and has determined that:

According to Medicaid criteria, you meet the requirements to receive long term care at the following level:
Skilled

This Certification Letter is not an approval for financial eligibility for Medicaid. You must establish financial eligibility with the County Medicaid Eligibility Office. This letter must be presented to the long term care facility to which you are admitted. IF YOU HAVE NOT ENTERED A FACILITY BY THE EXPIRATION DATE BELOW, YOU MUST CONTACT THE CLTC OFFICE AT THE NUMBER BELOW TO REAPPLY. If you change locations from where your assessment was made (i.e., hospital to home) your assessment must be updated and a new effective period established. Medicaid certification is automatically cancelled when a client enters a facility with a payment source other than Medicaid; you must again be certified before a Medicaid conversion will be allowed.

<input type="checkbox"/> ADMINISTRATIVE DAYS <input type="checkbox"/> SUBACUTE CARE
<input type="checkbox"/> If the location of care is hospital, your assessment must be re-evaluated and a new effective period established PRIOR TO TRANSFER TO A LONG TERM CARE FACILITY.
FOR LONG TERM CARE FACILITY USE
<input type="checkbox"/> TIME-LIMITED CERTIFICATION. LTC FACILITY STAFF MUST SUBMIT AN ASSESSMENT AT LEAST FIVE WORKING DAYS BEFORE THE EXPIRATION DUE DATE. (See Expiration Date Below)
<input type="checkbox"/> THIS PARTICIPANT HAS BEEN RECEIVING HOME AND COMMUNITY-BASED SERVICES FROM CLTC. CONTACT THE COUNTY MEDICAID ELIGIBILITY OFFICE IN THE PARTICIPANT'S COUNTY OF RESIDENCE TO DETERMINE IF THE 30 CONSECUTIVE DAYS REQUIREMENT HAS BEEN MET.

Effective Date: 11/29/2016, Expiration Date: 12/28/2016

Susan Belt
Nurse Consultant, 11/29/2016
Phone: (864) 223-8622

PARTICIPANT CO. ELIGIBILITY LTC FACILITY PHYSICIAN HOSPITAL OTHER

SENT: Date: _____ Initials: _____

D688 Form 185 (11/03)

