

Long Term Care Nursing Facility Checklist

Initial Stays

Required Documents:

☐Nursing Facility Level of Care (NFLOC) Notification Form

- The Type of request should reflect “Initial Low NF” or “Initial High NF”

☐Pre-Admission Screening and Resident Review (PASRR)

- Level I Screen: A Level I Screen must be completed prior to admission on every NF resident.
- Level II Evaluation: If the Level I Screen identifies a resident who is diagnosed with or suspected of having Serious Mental Illness (SMI) or Intellectual Disability or Related Condition (IC/RC), a Level II Evaluation or a PASRR waiver must be completed prior to the admission of the resident; or
- PASRR Waiver (when applicable)

☐Minimum Data Set (MDS)- All sections must be complete, and must be the most recent MDS

- Please note that an MDS must be completed in alignment with CMS guidelines every 90 calendar days.

☐Physician’s Order within six (6) months specifying the Level of Care being requested and effective date.

- Signed by Medical Doctor (MD), Certified Nurse Practitioner (CNP), Physician Assistant (PA), Clinical Nurse Specialist, Registered Nurse (RN), Licensed Practical Nurse (LPN) who spoke with the Provider who gave the Level of Care (LOC) order and credentials or ordering practitioner.
- Verbal or Telephonic Orders are permitted.

☐History and Physical within six (6) months

- Signed and dated by the Provider. If not signed by the Provider, the note must clearly specify the date, name, and credentials of the Clinician.

Continued Stays

Required Documents:

☐Nursing Facility Level of Care (NFLOC) Notification Form
- The Type of request should reflect “Continued Stay Low NF” or “Continued Stay High NF”

☐Minimum Data Set (MDS)- All sections must be completed, and must be the most recent MDS
- Please note that an MDS must be completed in alignment with CMS guidelines every 90 calendar days.

☐Physician’s Order within twelve (12) months specifying the Level of Care being requested and effective date.
- Signed by Medical Doctor (MD), Certified Nurse Practitioner (CNP), Physician Assistant (PA), Clinical Nurse Specialist, Registered Nurse (RN), Licensed Practical Nurse (LPN) who spoke with the Provider who gave the Level of Care (LOC) order and credentials or ordering practitioner.
- Verbal or Telephonic Orders are permitted.

☐Progress Notes within twelve (12) months
- Signed and dated by the Provider. If not signed by the Provider, the note must clearly specify the date, name, and credentials of the Clinician.

☐History and Physical within twelve (12) months
- Signed and dated by the Provider. If not signed by the Provider, the note must clearly specify the date, name, and credentials of the Clinician.

High Nursing Facility (HNF) Supporting Documentation

Required Documents by each HNF Factor requested:

✦ Reminder: the clinical documentation provided must be dated within the last 30 calendar days.

☐Care Plan and Interdisciplinary Notes are required for all HNF requests.

☐Oxygen
- ✓ Vital Sign Flowsheet with daily documented Oxygen Saturation/Pulse Oximetry
- ✓ Medication Administration Record (MAR)
- ✓ Nursing notes
- ✓ Interdisciplinary notes

☐Behaviors
- ✓ Behavior Health (BH) Grids
- ✓ Psychological Evaluations (if applicable)
- ✓ Medication Administration Record (MAR)
- ✓ Nursing notes
- ✓ Interdisciplinary notes

☐Medications
- ✓ Medication Administration Record (MAR)
- ✓ Medication Orders from Prescribing Provider
- ✓ Nursing Notes

- ✓ Interdisciplinary notes (if applicable)

☐Rehabilitative Therapies

- ✓ Therapy Notes and Goals
- ✓ Therapy Grids with Minutes
- ➢ Reminder:
  - A minimum of 150 minutes per week of Therapies = 1 Factor for HNF
  - A minimum of 300 minutes per week of Therapies = 2 Factors for HNF
  - *This can be a combination of Physical Therapy (PT), Occupational Therapy (OT) and/or Speech/Language Therapy (ST)

☐Skilled Nursing

- ✓ Treatment Administration Record (TAR)
- ✓ Wound Care Orders/Sheets (when applicable)
- ✓ Nursing Notes
- ✓ Interdisciplinary notes

☐Other Clinical Factors

- ➢ **Totally Dependent/Bedbound:** If Resident is Bedbound or Totally Dependent for all Activities of Daily Living ADL:
  - ✓ Treatment Administration Record (TAR)
  - ✓ Nursing Notes documenting the following:
    - Provides documentation if Resident is Bedbound and Totally Dependent for all ADL's.
    - Documentation regarding the Member's ability to communicate needs, report symptoms, and participate in care is severely limited.
  - ✓ Interdisciplinary notes
- ➢ **Feeding:** If Member requires assistance with feeding via Parenteral or Enteral (i.e. gastrostomy, jejunostomy, or other permanent feeding methods).
  - ✓ Treatment Administration Record (TAR)
  - ✓ Nursing Notes documenting the following:
    - Provide documentation if Resident receives medically necessary nutrition solutions via non-permanent or permanent central venous or peripheral catheter; or
    - Provide documentation if Resident receives medically necessary nutrition solutions through a nasoenteric feeding tube and is documented that the tube feeding is uncomplicated, the resident is alert with an intact gag reflex, and resident is able to be fed either upright in a chair or with a bed raised 30 to 45 degrees. The Member can also receive through other permanent tube feeding methods.
  - ✓ Interdisciplinary notes

☐ Mobility/Transfers:

- ✓ Treatment Administration Record (TAR)
- ✓ Nursing Notes documenting the following:
  - Provides documentation if Resident is Bedbound or Totally Dependent for all ADL's
  - How transfers are being conducted (i.e. Mechanical Lift, four person assist); or
  - If transfers are monitored by a Nurse

- ✓ Interdisciplinary notes

Medicaid Pending Requests

- ❖ Upon the Managed Care Organizations (MCOs) receiving a notification on the ASPEN 112 file, the MCO will contact the Nursing Facility to obtain a NFLOC packet to conduct a NFLOC determination.
- ❖ The Nursing Facility must submit a complete NFLOC packet less than 30 calendar days from when the MCO outreached to the Nursing Facility.
- ❖ If a complete packet is not received per HSD requirements outlined in the table below, the MCOs will issue an Administrative Denial which may delay Medicaid eligibility evaluation.

Required Documents:

☐Nursing Facility Level of Care (NFLOC) Notification Form
- The Type of request should reflect “Medicaid Pending-Initial” or “Medicaid Pending-Continued Stay”

☐Pre-Admission Screening and Resident Review (PASRR)
- Level I Screen: A Level I Screen must be completed prior to admission on every NF resident
- Level II Evaluation: If the Level I Screen identifies a resident who is diagnosed with or suspected of having Severe Mental Illness (SMI) or Intellectual Disability or Related Condition (IC/RC) a Level II Evaluation or a PASRR waiver must be completed prior to the admission of the resident; or
- PASRR Waiver (when applicable)

☐Minimum Data Set (MDS)- All sections must be complete, and must be the most recent MDS
- Please note that an MDS must be completed in alignment with CMS guidelines every quarter.

☐Physician’s Order within six (6) months specifying the Level of Care being requested.
- Signed by Medical Doctor (MD), Certified Nurse Practitioner (CNP), Physician Assistant (PA), Clinical Nurse Specialist, Registered Nurse (RN), Licensed Practical Nurse (LPN) who spoke with the Provider who gave the Level of Care (LOC) order and practitioner credentials.
- Verbal or Telephonic Orders are permitted.

☐History and Physical within six (6) months
- Signed and dated by the Provider. If not signed by the Provider, the note must clearly specify the date, name, and credentials of the Clinician.

Level of Care (LOC) Changes

- ❖ Level of Care (LOC) Change requests is submitted any time a resident changes between Low Nursing Facility (LNF) to High Nursing Facility (HNF) or HNF to LNF.

Required Documents:

☐Nursing Facility Level of Care (NFLOC) Notification Form
- The Type of request should reflect “LOC Change”

☐Physician’s Order with updated Level of Care effective date
- Signed by Medical Doctor (MD), Certified Nurse Practitioner (CNP), Physician Assistant (PA), Clinical Nurse Specialist, Registered Nurse (RN), Licensed Practical Nurse (LPN) who spoke

with the Provider who gave the Level of Care (LOC) order and credentials or ordering practitioner.
- Verbal or Telephonic Orders are permitted.

☐Clinical supporting documentation within 30 calendar days after the change in LOC for the LNF or HNF Level of Care.

Nursing Facility (NF) Transfers

- If a resident is admitted to one NF from another NF, the receiving NF will provide the MCO notification within 30 calendar days of the NF transfer. Without this information, the MCO cannot issue payment to the receiving NF.
- The relinquishing NF must notify the MCO that the Member has transferred to a different facility and effective date.
- When there are more than 30 calendar days on the resident's current authorization, the MCO will fax the receiving NF the complete NF LOC Notification form, which includes the prior authorization/bed days and associated date span.
- When there are less than 30 calendar days remaining on the resident's current authorization, the receiving NF shall request a Continued Stay on the NF LOC Notification Form to the MCO. The MCO shall make a new NF LOC determination; the days remaining on the current certification will be added to the continued stay span.

Required Documents:

☐Nursing Facility Level of Care (NFLOC) Notification Form
- The Type of request should reflect "NF Transfer"

Re-admissions

- A Readmission review is required when the resident leaves the NF and then returns after three midnights in a hospital, to a different Level of Care (LTAC, SNF, LOC Change).
- The NF must submit a re-admit MCO approval request form within 30 calendar days along with the hospital discharge summary and/or the resident's admission note back to the NF.
- When the resident is Readmitted to the NF and has more than 30 calendar days left on his/her certification, days will be assigned from the Readmission date. The NF sends the notification form to the MCO along with the hospital discharge summary and/or the resident's admission note back to the NF along with supporting documentation.
- If the resident has less than 30 calendar days left on his/her certification, the NF will not submit a Readmission notification form. Instead, the NF should submit Redetermination request (annual or continued stay) on the notification form along with the hospital discharge summary and/or the resident's admission note back to the NF along with supporting documentation.

Required Documents:

☐Nursing Facility Level of Care (NFLOC) Notification Form
- The Type of request should reflect "Re-admission"

☐Hospital Discharge Summary

☐Resident Admission Note

Discharge Status

- A Discharge Status review is required when the resident no longer meets NFLOC criteria that qualifies them for Nursing Facility placement; however, there is no option for a safe discharge in a community setting.

Required Documents:

☐Nursing Facility Level of Care (NFLOC) Notification Form

- The Type of request should reflect “Discharge Status-Initial” or “Discharge Status-Continued Stay”

☐Documentation supporting evidence of attempted discharge planning

☐Documentation indicating why the resident must remain in the NF environment and/or why the resident is at risk of discharging to a community setting.

Reserve Bed Days

- The Member/Resident’s Medicaid Plan will pay to hold/reserve a bed for a resident to make a home visit, acclimating to a new environment or for hospitalization according to the limits and conditions noted below.
  - The MCO will pay up to six (6) reserve bed days per calendar year for every LTC Member/Resident for hospitalization without prior approval.
  - The MCO will pay up to three (3) reserve bed days per calendar year for a brief home visit without prior approval.
  - The MCO will pay up to an additional six (6) reserve bed days per calendar year with prior approval to enable residents to adjust to a new environment, as part of the discharge plan. The Nursing Facility must submit a request for prior authorization including:
    - Resident’s discharge plan must clearly state the objectives, including how the home visits or visits to alternative placement relate to discharge implementation.
    - The prior approval request must include the resident’s name, Medicaid number, requested approval dates, copy of the discharge plan, name and address for individuals who will care for the resident during the visit or placement and a written physician order for trial placement.
  - The MCO will provide a determination to the prior authorization request, including the specific dates of service that have been authorized under reserve/bed hold days. Please review Nursing Facility Payment section to review how to claim/bill for this service.

Retrospective Reviews

- A Retrospective review is required when the Nursing Facility submits untimely reviews for Initial, Continued Stays, Re-admissions and Level of Care Changes.
- The MCO may assign unexcused late days if the NF submits the NLOC packet later than 30 calendar days from when it is due.
- The MCO will determine if the review is considered excused or un-excused based on the documentation submitted by the Nursing Facility to establish if the request was submitted untimely due to reasons beyond control of the Nursing Facility.

Required Documents:

☐Nursing Facility Level of Care (NFLOC) Notification Form

- The Type of request should reflect "Retrospective"

☐Supportive documentation providing the reason for the delay in submission by the Nursing Facility.

☐All other required documentation for an Initial, Continued Stay, Re-admission or Level of Care Change.

Requests for Information

- A Request for Information may be issued by the MCO when missing or additional supporting documentation is needed to conduct a NFLOC determination.
- The MCO will review the NFLOC packet and will issue a Request for Information and notify the Nursing Facility by sending a NFLOC Communication Form to the Nursing Facility specifying the information/documentation being requested.
- The MCO will outreach to the Nursing Facility three (3) times within 14 business days to contact the Nursing Facility to obtain the information. By the 15th business day, if the information has not been received; the MCO will issue an Administrative Denial.

Required Documents:

☐Nursing Facility Level of Care (NFLOC) Communication Form

☐Supportive documentation requested by the MCO and specified within the Communication Form

*Please note the MCO can request information not specified within this checklist if required to evaluate the Member's Level of Care/Medical Necessity.

Re-review and Reconsideration Requests

- A Re-review request can be submitted within ten (10) calendar days from the notice of action, when the Provider disagrees with the Review decision. A Re-Review must be submitted prior to requesting a reconsideration.
- A Reconsideration request can be submitted within thirty (30) calendar days after a Re-review determination, when the Provider disagrees with the Re-review decision.

Re-review Required Documents:

☐Nursing Facility Level of Care (NFLOC) Notification Form

- The Type of request should reflect “Re-review”

☐Supportive documentation (if applicable)

☐All other required documentation for an Initial, Continued Stay, Re-admission or Level of Care Change.

Reconsideration Required Documents:

☐Nursing Facility Level of Care (NFLOC) Notification Form

- The Type of request should reflect “Reconsideration”

☐Supportive documentation (required)

☐All other required documentation for an Initial, Continued Stay, Re-admission or Level of Care Change.

Appeals

- An Appeal request can be submitted when the Provider disagrees with the Review decision. The Nursing Facility and Member will receive a Decision Letter, and the Nursing Facility/Member will have 60 calendar days to file an Appeal.

Nursing Facility Payment

- The Nursing Facility should bill the following Revenue Codes for LTC Custodial Care
  - Revenue Code 0190- Low Nursing Facility Level of Care
  - Revenue Code 0199- High Nursing Facility Level of Care
  - Revenue Code 0182- Reserve Bed Days (Home Visit)
  - Revenue Code 0185- Reserve Bed Days (Hospital Leave)

Review Type	Timeline
Initial Stay	*Must be submitted 30 calendar days after admission*
Continued Stay	*Must be submitted 60 calendar days prior to current NFLOC expiration for LNF, and 30 calendar days prior to HNF*
Medicaid Pending	*Must be submitted less than 30 days from when the Member is received on the ASPEN 112 file*
Level of Care Changes	*Must be submitted within 30 calendar days of change in LOC*
NF Transfers	*Must be submitted within 30 calendar days of change in facility*
Re-admissions	*Must be submitted within 30 calendar days after hospital discharge*
Discharge Status	*Must be submitted within 30 calendar days of the NFLOC denial*
Request for Information	*Additional documentation must be submitted to the MCO within 14 business days of the request*
Re-review	*Must be submitted within 10 calendar days of the MCO's decision*
Reconsideration	*Must be submitted within 30 calendar days of the Re-review decision.*
Appeals	*Must be submitted within 60 calendar days of the Notice of Action/Denial Decision*