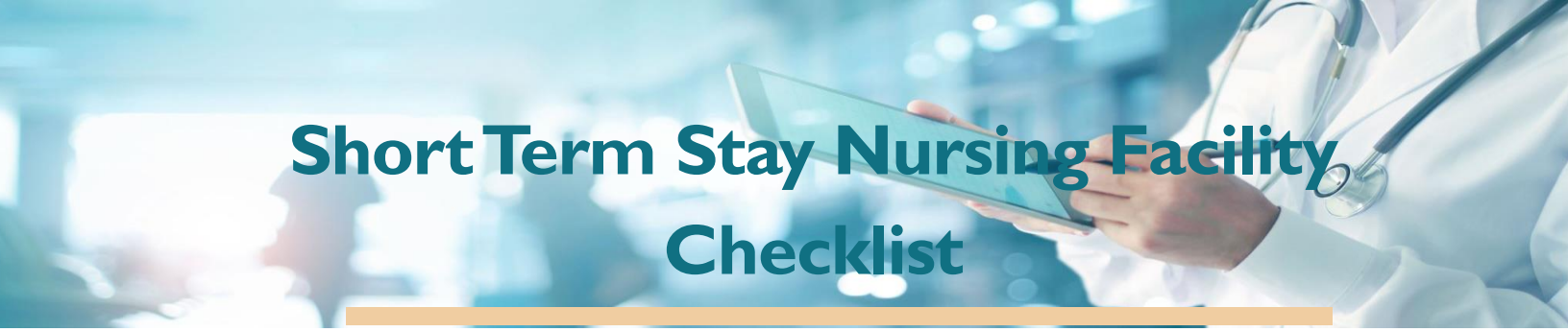


Short Term Stay Nursing Facility Checklist

Short Term Stay Criteria

Definitions:

- The request for a Short-Term Stay is not considered a Skilled Nursing Facility (SNF) or Long-Term Care (LTC) Custodial Stay review.
- This benefit was instituted to provide the Nursing Facility reimbursement through the Member's Medicaid coverage in which the MCO will issue a payable authorization.
- In order to qualify for Short Term, Stay requests, the Member/Resident must meet the following criteria:
  - The requested dates of service/length of stay are not being covered under Skilled Nursing Facility or LTC Custodial level of care.
    - This includes SNF through the Member's Medicare Coverage (if applicable)
  - The Member/Resident no longer qualifies for Skilled Nursing Facility care.
  - The Member/Resident has no intention of transitioning to a LTC Custodial Care level of care or will not qualify for LTC Custodial Care.
  - The Member/Resident must be requesting for dates of service less than or equal to 90 calendar days for this request.

Required Documentation

Required Documents:

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

☐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.

☐ 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.

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

☐Rehabilitative Therapies (If applicable)

- Therapy Notes and Goals
- Therapy Grids with Minutes

☐Medication Administration Record (MAR) (If applicable)

☐Treatment Administration Record (TAR) (If applicable)

*Please note that if the request is for a shortened length of stay in which an MDS, or History and Physical has not been completed, the Nursing Facility will just need to indicate that in their submission for a short term stay authorization.

Short Term Stay Scenarios

- Example: The Member/Resident was admitted to the Nursing Facility with an acute prognosis (i.e., bilateral knee replacement). The Member/Resident was authorized through their Skilled Nursing Facility benefit but exhausted therapies and no longer qualifies for Skilled Nursing Facility Care. The Member/Resident has no intention of being admitted under LTC Custodial Level of Care, as this Member's condition is attributed to an acute condition.
- Example: The Member/ Resident no longer qualifies for Skilled Nursing Facility Care but cannot discharge to the community setting due to unsafe discharge planning.
- Example: The Member/Resident was admitted to the Nursing Facility under LTC Custodial Care but passed away prior to the Member residing in the Nursing Facility for 90 days.
- Example: The Member/Resident was admitted to the Nursing Facility under LTC Custodial Care but discharged Against Medical Advice (AMA) prior to the Member residing in the Nursing Facility for 90 days.
- Example: The Member/Resident was admitted to the Nursing Facility under LTC Custodial Care but was readmitted to another setting (Hospital, Long Term Acute Hospital) prior to the Member residing in the Nursing Facility for 90 days.
- Example: The Member/Resident was admitted to the Nursing Facility under LTC Custodial Care, but Member has a Category of Eligibility (COE) 090-094 (Community Waiver) allocation. The Member has no desire to apply for Institutional Medicaid (COE 081-084) and has no intention of staying greater than 90 days in the facility.
- Example: The Member/Resident was admitted to the Nursing Facility under LTC Custodial Care, but Member has Category of Eligibility (COE) 095-Medically Fragile or (COE) 096-Developmental Disability Waiver. The Member has no desire to apply for Institutional Medicaid (COE 081-084) and has no intention of staying greater than 90 days in the facility.
- Example: The Member/Resident was admitted to the Nursing Facility with a Category of Eligibility (COE) 100- Alternative Benefit Plan (ABP) but does not meet ABP Exempt criteria for Medically Frail or Serious Mental Illness (SMI) criteria.
- Example: The Member/Resident does not meet Medical Necessity for Skilled Nursing Facility or LTC Custodial Care.

Managed Care Organization Evaluation Process

- Upon the Managed Care Organizations (MCOs) receiving notification for a Short Term Stay, the MCO will review all clinical documentation provided.
- The MCO will determine if the Member should be evaluated under a different level of care (Skilled Nursing Facility or LTC Custodial Care)
- The MCO will evaluate the Short Term Stay request to determine Medical Necessity and appropriateness of the level of care.
- If the Short Term Stay request is being authorized, the MCO will issue a payable authorization with bed days but will not issue a Nursing Facility Level of Care (NFLOC). If the Member is requesting a NFLOC evaluation, this Member/Resident will be reviewed for services under LTC Custodial Care and not as a Short-Term Stay.
- If the information received by the Nursing Facility is incomplete or the requested documentation is not received, the MCOs will issue an Administrative Denial.
- Please note, if the Member/Resident was received on the ASPEN 112 file, the MCO will outreach to the Nursing Facility to obtain a complete NFLOC Packet to determine Nursing Facility Level of Care.

Nursing Facility Payment

- The Nursing Facility should bill Revenue Code 0190- (Subacute Care)
- If the Member/Resident was authorized for a Short-Term Stay, the Nursing Facility Provider shall not bill under Skilled Nursing Facility or LTC Custodial Care Revenue Codes.
    - Billing the incorrect Revenue Code will result in denial of payment.