STATE OF MARYLAND



Maryland Department of Health and Mental Hygiene Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM June 16, 2016

To:	Nursing Home Administrators
From:	Mark A. Leeds, Director Long Term Services and Supports Administration
Note:	Please ensure that appropriate staff members in your organization are informed of the contents of this memorandum.
Re:	Nursing Facility Level of Care Determinations.

This memorandum advises nursing facilities of the Department's procedures for approving nursing facility level of care (NF LOC). It also clarifies those documents that may be accepted as evidence of such approval.

The Department or its designee (currently Telligen) determines whether Medicaid recipients and those seeking Medicaid benefits meet NF LOC requirements. Currently the Department's Long Term Services and Supports (LTSSMaryland) system and Telligen's Qualitrac system process these requests. LTSSMaryland is used by the local health departments to complete the interRAI-Home Care assessment while Qualitrac processes the 3871B submissions from hospitals and nursing facilities. Determinations made as a result of either process are valid for purposes of admitting a person to a nursing facility under Medicaid.

Redacted examples of level of care approvals from both Qualitrac and LTSSMaryland are attached. Please note that the LTSSMaryland approval page does not include an end date for NF LOC. For purposes of nursing facility admission, the certification end date is 30 days from the "Affirmed NF LOC Effective Date."

Your cooperation in accepting either document as proof of NF LOC approval is greatly appreciated. If you have any further questions, please contact Jane Sacco at (410) 767-6771 or at jane.sacco@maryland.gov.

Client: Sample Test ID: 21190POASKB5100 DOB: 01/01/1950 MFP Eligible: N (05/04/2016)

MA #	00000000000
Primary	Language:
Phone #	

Facility Name: Jurisdiction/County: Montgomery

NF Level of Care — Summary Status: Approved By UCA Nurse

I. Request Level of Care Form

Details

100	THERE
LUC	Type:

Initial

No request was submitted.

II. Apply UCA Nurse Decision

Details

Initial Reviewer: Date Paper Work Received:	05/31/2016			
UCA Case ID:				
LOC Decision:				
Approve	Deny			
Refer to Physician				
UCA Nurse Decision Date:	05/31/2016			
Comments:				
Signature				
Signature captured on file:	Signature captured on fil	e.	05/31/2016	

VI. NF LOC Approval Affirmation

Details		
Affirmed NF LOC Effective Date:	05/31/2016	•/
Signature:		
Signature captured on file:	Signature captured on file:	05/31/2016

LTSSMaryland

Client:	: ID:	DOB:	MFP Eligible: Y (03/04/2009)
MA #			
Primary I			
Phone #:			

NF Level of Care — Summary Status: Generated Based On interRAI HC MD Assessment

I. Request Level of Care Form

:)

Details

LOC Type:

Redetermination

No request was submitted.

interRAI HC MD Assessment

Assessment Submit Date: 10/23/2015

Recommended LOC: Yes



ö Date of Birth Gender Male Gurrent Age 81 yrs SS1 Phone Number

Clinical History, Review History

Medical Eligibility

 Supporting Documentation (2) Supporting Documentation Member **Contact Information** Admission tase 05/20/2016 **Review Information** 8 ŝ 05/31/2016 - 06/29/2016 (30 days) Status Secondary Diagnosis View Secondary Diagnosis Info Referance ID Member Name PASRR Level 2 PASRR Level 1 Certified Days 277 APPROVED Request Type Nursing Facility Review Reason for Request Conversion to MA Member Rep Vedical Eligibility Questionnaire Vedicaid ID Attending Physician Principal Diagnosis (H0-251 &)) Encounter for other specified aftercare Requested Eligibility Date 05/31/2016 Date of Birth

Activity Date * Latter

05/31/2016 02 27 PM 05/31/2016 02 39 PM

Web Request Revex Request Type 2 No data available in table

Date

Comments =

Letters 2

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