

Feb. 8, 2018

Subject: Requirements for Requesting a Nursing Facility Level of Care

Thank you for participating in the Presbyterian Health Plan, Inc. (Presbyterian) provider network. We value your partnership and the care you provide to our members. This correspondence is to notify you of the requirements for requesting a Nursing Facility Level of Care (NF LOC).

When requesting a NF LOC, providers should complete the NF LOC Notification Form, indicate the type of request and verify that all the appropriate documentation is included. Presbyterian developed the NF checklist to serve as a guide for providers. It outlines policies and documentation requirements for the following:

- Initial stay
- Continued stay
- Low and High NF determination
- Transfer process from another NF
- Re-admission reviews

Presbyterian updates the NF checklist as needed. The following regulations were implemented and are reflected on the NF checklist:

- Physician orders must be dated within 30 calendar days from the LOC effective date for an Initial Stay.
- Physician orders must be dated within 60 calendar days from the LOC effective for a Continued Stay.
- History and physical must be completed within the past year and provided with submission for Continued Stay requests.

A copy of the updated NF checklist is included in this mailing. For more information, please contact Utilization Management at hsauthltcefax@phs.org.


Enclosure: Nursing Facility Checklist

PPC011807

Presbyterian exists to improve the health of the patients, members, and communities we serve.

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Nursing Facility Checklist

 **ALERT:** Always fill out **Type of Request** on the Notification Form (Initial/ Continued Stay/ Medicaid Pending, Transfer).

INITIAL STAY – *Required Documentation*

- The Minimum Data Set (MDS) completely filled out and current for the time frame requested.*

Note: We cannot accept two side-by-side pages on one sheet; one page per paper.

- The PASRR I, PASRR II or WAIVER (Determines appropriate placement for individuals with mental illness/mental retardation).*

- A valid physician's order for either high nursing facility (HNF) or low nursing facility (LNF) level of care (LOC) dated within 30 calendar days from the LOC effective date. Nursing facilities must have the following requirements signed by a medical doctor (MD), community nurse practitioner (CNP), physician assistant (PA), clinical nurse specialist or by the registered nurse (RN)/ licensed practical nurse (LPN) who spoke with the provider who gave the LOC order.

Note: Verbal or telephonic orders are permitted.

- A history and physical within six months.

CONTINUED STAY - *Required Documentation*

- The MDS completely filled out and the most current within 90 calendar days.*

Note: We cannot accept two side-by-side pages on one sheet; one page per paper.

- Order must be dated within 60 days of the redetermination and signed by a MD, CNP, PA, clinical nurse specialist or by the RN/LPN.*

- A history and physical within one year.

- Physician progress notes, signed and dated within 90 calendar days of the document submission date*

- If not manually signed by the clinician, the note must clearly state the date, name and credentials of the clinician.

Requested HNF Documentation for Determination

Care plans and interdisciplinary notes for all HNF LOC Requests.

OXYGEN

- Interdisciplinary notes (if applicable)
- Vital Sign Flowsheet with daily documented O2 saturations*
- Medication Administration Record (MAR)
- Nursing notes

BEHAVIORS

- Behavioral health (BH) Grid
- Psychological evaluation
- MAR
- Nursing notes

MEDICATION

- New medication orders from provider
- MAR*
- Nursing notes

REHABILITATIVE THERAPY

- Therapy notes
- Therapy grids*

Alert: 150 minutes each week of therapy = 1 Factor

300 minutes each week of therapy = 2 Factors; this can be a combination of physical therapy (PT)/occupational therapy (OT)/speech therapy (ST)

SKILLED NURSING

- Wound care orders/sheets
- Nursing notes

OTHER CLINICAL FACTORS, PLEASE CLARIFY:

- If the member is bedbound and totally dependent for all care and activities of daily living (ADLs) related to documented medical condition.
- If the member is able to communicate their needs.
- The member's mobility and how transfers are conducted (i.e., Hoyer Lift, four-person assist).
- If transfers are monitored by a nurse.

Note: This must be indicated in an interdisciplinary note and care plan.

Transfer from Another Nursing Facility (NF) Process

If a resident is admitted to one NF from another NF, the following procedures apply:

1. The receiving NF must call Presbyterian to notify us when a transfer to its facility is to occur. The receiving NF will provide Presbyterian with the date of the transfer. Without this information, Presbyterian will not issue payment for these submitted claims.
 - a. When there are more than 30 calendar days on the resident's current authorization, Presbyterian will fax the receiving NF the completed notification form, which includes the prior authorization and date span.
 - b. 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 notification form to Presbyterian. Presbyterian shall make a new NF LOC determination; the days remaining on the current certification will be added to the continued stay. Please write "TRANSFER" in the type of request box on the notification form.
2. The NF receiving the resident will receive the status of the resident's reserve bed days from the previous MCO and it will be documented on the Notification Form. This includes the number of days used during a calendar year and the reason for the use of these days. This information is placed in the resident's NF records.

Re-admission Reviews

A re-admission review is required when the resident leaves the NF and then returns after three midnights in a hospital, to a different LOC.

The NF has to 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.

1. When the resident is re-admitted to the NF and has more than 30 calendar days left on his/her certification, days will be assigned from the re-admit date. The NF sends the notification form to Presbyterian along with the hospital discharge summary and/or the resident's admission note back to the NF along with supporting documentation.
2. If the resident has less than 30 calendar days left on his/her certification, the NF will not submit a re-admit 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.

Sample Notification form

- Please fill out all areas that are highlighted in yellow.
- Please select one specification under **Type Request** and **NFLOC Type** (Please see red font).
- Please verify that all documentation is attached (under blue font).



Nursing Facility Level of Care Notification Form

I. Nursing Facility Prior Authorization Request

Nursing Facility Information			
Date of Request		Type of Request	INITIAL/ CONTINUED STAY/ MEDICAID PENDING/ TRANSFER
Nursing Facility Name			
NF Contact Name			
Nursing Facility Fax		Nursing Facility Phone	

Nursing Facility Resident Information:			
NF Resident Name			
Resident DOB		Resident SSN#	
NF Admission Date		Selected MCO	Presbyterian
Resident Rep Name		Rep Phone	
Resident Rep Address			

Requesting Service			
NFLOC Type	LNF or HNF		
Service Begin Date		Service End Date	

Documentation Requirements: CHECK THE BOXES BELOW

<input type="checkbox"/> MDS <input type="checkbox"/> Physician Order <input type="checkbox"/> PASRR Level I and PASRR Level II if indicated by PASRR Level I History & Physical	<input type="checkbox"/> Most recent MDS <input type="checkbox"/> Physician Order <input type="checkbox"/> Physician Progress Notes <input type="checkbox"/> History & Physical
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II. Utilization Management (For MCO Use Only)

Review Information			
Date of Review		Authorization Number	
NFLOC Begin Date		NFLOC End Date	
Approved Bed Begin Date		Approved Bed End Date	
<u>LNF Factors:</u>		<u>HNF Factors:</u>	
<input type="checkbox"/> Dressing <input type="checkbox"/> Bathing <input type="checkbox"/> Eating <input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Transfer <input type="checkbox"/> Mobility <input type="checkbox"/> Toileting <input type="checkbox"/> Bowel/Bladder <input type="checkbox"/> Daily Medication	<input type="checkbox"/> Oxygen <input type="checkbox"/> Orientation / Behavior <input type="checkbox"/> Medication Administration	<input type="checkbox"/> Rehabilitation Therapy <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Feeding <input type="checkbox"/> Mobility / Transfer