


GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Director

DHCF Transmittal No. 09-16

TO: DC Hospital Administrators, Hospital Discharge Planners, and Out-of-State Nursing Facilities

FROM: Julie Hudman, Ph.D.
Director
Department of Health Care Finance 

DATE: June 29, 2009

SUBJECT: Out-of-State Nursing Facility Placement Procedures

The purpose of this Transmittal is to remind providers of the Department of Health Care Finance's (DHCF's) current out-of-state nursing facility placement rules, found in 29 DCMR § 905, and the steps hospital discharge planners must follow in order to place a DC Medicaid beneficiary in an out-of-state nursing facility.

The documents listed below comprise a complete application packet for out-of-state nursing facility placement. Hospital discharge planners must submit these documents to DHCF for approval *prior* to placing a DC Medicaid beneficiary in an out-of-state nursing facility that has a current agreement with DHCF. Copies of the forms are attached to this memo.

1. *Cover Page for Request for Out-of-State Nursing Facility Placement;*
2. *Request for Out-of-State Placement;*
3. *Proof of Contact of In-State Nursing Facilities* (a minimum of two (2) DC facilities must be contacted and deny placement);
4. A copy of the Level of Care approval from the QIO;
5. A copy of the *Request for Medicaid Nursing Facility Level of Care*, DHCF Form 1728;
6. A copy of the *Pre-Admission Screening and Resident Review (PASRR)*;
7. *Beneficiary Agreement;*
8. A copy of the beneficiary's history and physical, as well as the discharge summary, if completed; and
9. If the beneficiary requires specialized care (such as tracheostomy, dialysis, etc), a copy of the most recent physician and nurse notes.

Please note that item 7 listed above is a new form. It captures the information that hospitals previously collected on their own to submit to DHCF indicating that the beneficiary, a family member, or their responsible party agrees to the out-of-state placement, understands Medicaid benefits end with death and that Medicaid does not pay for funeral and burial expenses, and indicates who is responsible for making medical decisions for the beneficiary. An additional item has been added to the form acknowledging that the beneficiary has been made aware that he or she may be eligible to receive home and community-based services but elects to receive care in a nursing facility.

Once all of the documents are assembled, fax the completed application packet to the attention of Paula Johnson, Clinical Project Manager, Office of Chronic & Long-Term Care, DHCF, or Caroline Haarmann, Public Health Analyst, Office of Chronic & Long-Term Care, DHCF, on (202) 442-4799. After the fax is sent, call to confirm the information was received. Contact information for Paula Johnson and Caroline Haarmann is listed below.

Once a *complete* packet is received, DHCF will complete its review within two (2) business days, not including weekends or holidays. DHCF staff will fax notice of the Department's decision to the individual who requested the out-of-state nursing facility placement.

Should you have any questions or need additional information, please contact Paula Johnson on (202) 442-5819 or Caroline Haarmann on (202) 442-9193.

Attachments