

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Director



DHCF Transmittal No. 11-07

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

From: Wayne Turnage
Director
Department of Health Care Finance (DHCF)

Date: April 20, 2011

Subject: Out-of-State Nursing Facility Placement Procedures

This transmittal serves three purposes:

1. To remind providers of the Department of Health Care Finance's (DHCF) 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.
2. The time frame for approval after a **complete** packet is received.
3. Current DHCF staff, contact number and fax number for submission of packets.

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 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), submit a copy of the most recent physician and nurses notes.

Please note that item 7 (*Beneficiary Agreement*) listed above 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 with the out-of-state nursing facility placement, understands Medicaid benefits end with death, 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, Management Analyst, Office of Chronic & Long-Term Care, DHCF, on (202) 442-8114. After the fax is sent, call Ms. Johnson to confirm the information was received. Contact information for Ms. Johnson is (202) 442-5819.

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

Effective May 2, 2011 once a complete packet is received for out-of-state co-pay or continued stay, DHCF will review packet(s) within 15 business days. If the packets are submitted in groups of five or more, please allow additional time for review. DHCF staff will fax a notice of decision to the individual who requested out-of-state co-pay or continued stay.

Should you have any questions or need additional information, please contact Paula Johnson on (202) 442-5819 or paula.johnson@dc.gov.