


**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director/Medicaid Director

Revised Transmittal # 17-19

**TO:** DC Medicaid Nursing Facility Providers

**FROM:** Claudia Schlosberg, J.D.   
Senior Deputy Director and State Medicaid Director

**DATE:** August 8, 2017

**SUBJECT: Revised Procedures for Nursing Facility Recertifications and Out-of-District Placements**

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The Department of Health Care Finance (DHCF) is notifying DC Medicaid Nursing Facility Providers of two changes. First, we are revising the process and format for the level of care (LOC) requirement for institutionally-placed beneficiaries at the annual recertification period. Second, we are revising the process for seeking approval for an out-of-District nursing facility placement by requiring documentation that five in-District nursing facilities have declined admission before an out-of-District placement is authorized.

This transmittal supersedes and replaces Transmittals numbered 15-23 and 17-09 regarding nursing facility placement and review procedures issued on July 15, 2015 and April 20, 2017, respectively.

**Change to Level of Care Process** – Effective August 1, 2017, DHCF will be decoupling the recertification LOC from the continued stay review process by the District of Columbia’s Quality Improvement Organization (QIO), Qualis Health, as follows. The new process requires that the accompanying LOC attestation form – which is being distributed with this Transmittal – will be used as a level of care annual attestation for DC Medicaid beneficiaries receiving long term care in a nursing facility setting.

1. As part of the annual renewal package, the nursing facility resident’s physician must complete the LOC attestation form. This new form is attached to this Transmittal.
  - a. If no change in condition is noted, the nursing facility will upload – along with the Long Term Care Renewal Form – a completed and signed LOC attestation to QuickBase for transmission to ESA.

- b. If a change in condition (improvement) is noted, the nursing facility will fax the LOC attestation form and a completed Prescription Order Form (POF) to the Delmarva Foundation. This will trigger a new face-to-face assessment for an updated LOC.
2. The QIO will conduct utilization reviews at 6 months and 12 months post admission, and annually thereafter.
  - a. If the utilization review reveals that the beneficiary is appropriate for nursing facility care, the QIO will not take any action.
  - b. If the utilization review reveals an improvement in medical condition, the QIO will issue a notice of redetermination recommendation to DHCF which will allow DHCF to request a face-to-face assessment from the Delmarva Foundation.
    - i. If the face-to-face assessment determination reflects a score of 8 or lower, the process for decertification will be initiated.
    - ii. If the face-to-face assessment determination reflects a score of 9 or higher, the beneficiary will meet the threshold for nursing facility LOC.

**Decertification** – For face-to-face assessments resulting in a score of 8 or lower, beneficiaries are determined to no longer meet nursing facility LOC. The following steps outline the process for decertification:

1. A denial/decertification letter shall be sent to the beneficiary or the beneficiary's representative, the facility, and the attending physician.
2. The denial/decertification letter shall include information that the beneficiary or the beneficiary's representative may request a reconsideration of the determination by submitting additional information within twenty-one (21) calendar days of receipt of the notice.
3. The denial/decertification letter shall also include information that the beneficiary or the beneficiary's representative may exercise his/her right to a Fair Hearing. The letter should include the name, address, and phone number to the Office of Administrative Hearings or the Office of the Health Care Ombudsman.
4. Should the beneficiary be denied continued stay or the denial for continued stay is upheld, the effective date of the decertification shall be thirty (30) calendar days from the date of the denial/decertification letter.
5. DHCF will notify the Economic Security Administration (ESA) of the change in the beneficiary's medical eligibility for nursing facility level of care.

**Out of District Placements** – For out-of-District nursing facility placements, only minor process changes are being implemented as follows:

To obtain approval for admission into an out-of-District nursing facility, each of the nine (9) documents listed below must be completed.

- a. All documents must be submitted to the District of Columbia's QIO, Qualis Health, via the web portal at [www.qualishealth.org](http://www.qualishealth.org). The QIO will ensure that all required documents are received and a decision will be rendered within three (3) business days.

- b. The QIO will provide a Prior Authorization (PA) number, effective for a period of one (1) year for all approvals. If documents are missing or there is an available District nursing home bed available, a denial letter from the QIO will be generated and sent to the address provided.

#### Required Documents for Out-of-District Nursing Facility Placement

1. Cover page for each request for an out-of-District nursing facility placement;
2. Request for out-of-District placement;
3. Proof of contact form for five (5) in-District nursing facilities [*a minimum of five (5) District nursing facilities must be contacted and the subsequent denial for placement must be included*];
4. A copy of the most recent Determination Sheet from the Delmarva Foundation;
5. A copy of the most recent Notice of Approval for Nursing Facility Level of Care, or level of need approval letter from the Delmarva Foundation;
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, and the discharge summary, if completed; and
9. If the beneficiary requires specialized care (such as tracheostomy, dialysis, etc.), copies of the most recent physician order(s) and/or note(s) should also be submitted.

Questions regarding this transmittal should be directed to Ieisha Gray, Director, Long Term Care Administration, by telephone at 202.442.5818 or email at [Ieisha.Gray@dc.gov](mailto:Ieisha.Gray@dc.gov).

#### Attachments:

- Nursing Facility Annual LOC Attestation form
- Nursing Facility Annual LOC Attestation Instructions
- Revised proof of contact form
- Updated cover page for Out-of-District nursing facility placements