

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 19-04

**TO:** DC Medicaid Nursing Facility Providers and Hospital Case Managers

**FROM:** Melisa Byrd   
Senior Deputy Director/State Medicaid Director

**DATE:** February 5, 2019

**SUBJECT:** Revised Procedures for Out-of-District Placements

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The Department of Health Care Finance (DHCF) is hereby notifying DC Medicaid Nursing Facility Providers and hospital case managers of a modification to the process for Out-of-District placements.

Over the past several months, DHCF has heard concerns from consumers, providers and hospitals regarding crowded conditions in District hospital inpatient wards and emergency departments. In some cases, DHCF has learned that inpatient beds and emergency department (ED) slots are unavailable as a result of challenges the hospital is facing in timely transferring patients to appropriate nursing facilities when rehabilitative or nursing care is needed. DHCF is concerned about the adverse impact that any delays in nursing facility placements may have for District Medicaid beneficiaries or for other District residents seeking inpatient or emergency services at local hospitals.

On August 1, 2017, DHCF issued Transmittal #17-19 which, among other things, required hospital case managers to document having been declined by five nursing facilities before approving reimbursement for placement in an out-of-District nursing facility. In light of the concerns being raised, DHCF is issuing this transmittal to reduce the number of declinations by District nursing facilities from five to one. In this way, DHCF seeks to lower the burden on hospital case managers and facilitate faster entry to rehabilitative and nursing home care for patients in need. Please note that these changes may be temporary – DHCF will monitor the impact of these changes and may make additional policy adjustments in future, as needed.

The District's Medicaid State Plan (Attachment 4.19D, Part 1, Page 14, Section XXI.E) and accompanying rule (29 DCMR 6520.5) provide that DHCF will approve placement of a Medicaid beneficiary in an out-of-District nursing facility only if DHCF determines that there are no nursing facilities in the District with immediate capacity to admit that can provide the appropriate level of care for the beneficiary. Under this authority, DHCF is defining in this transmittal the process and requirements for hospital case managers to document the process of determining that appropriate District nursing facilities are unavailable for admission.

With the issuance of this transmittal, DHCF is revising the approval process for an out-of-District nursing facility placement by requiring hospital case managers to document that ***one*** (1) in-District nursing facility has declined admission before DHCF will authorize an out-of-District placement. If a nursing facility does not respond to a request for admission within in 24 hours, the request can be considered declined.

This transmittal supersedes and replaces the “Out of District Placements” section of Transmittal numbered 17-19 issued on August 1, 2017. In the future, if DHCF determines it is in the best interest of the program to reinstate the five (5) in-state nursing facility denials, a revised transmittal will be transmitted to providers.

**Out of District Placements** – For out-of-District nursing facility placements, one minor process change is 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 one (1) in-District nursing facility [***a minimum of one (1) District nursing facility must be contacted and the subsequent denial for placement must be included***];
4. A copy of the most recent Determination Sheet from Liberty Healthcare Corporation;
5. A copy of the most recent Notice of Approval for Nursing Facility Level of Care, or level of need approval letter from Liberty Healthcare Corporation;
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.

#### Guidance

Level of Care: The nursing facility level of care, as determined by the long-term care assessment, is valid for a 12-month certification period. If a beneficiary has been previously assessed and has

a current level of care, a reassessment is not required unless there is a significant change in condition. If a discharge from a hospital to a nursing facility is needed and the beneficiary has a current level of care, the Hospital Case Manager can move forward with the discharge process.

It is important to note that a nursing facility level of care is valid for all Medicaid Fee for Service (FFS) home and community based (HCBS) settings and allows a beneficiary to transition between settings as follows: nursing facility, EPD waiver and assisted living.

Continuity of Care: It is important to ensure continuity of care for individuals when placed into a nursing facility. In the nursing facility context, continuity of care requires ensuring that the placement will continue until the patient has stabilized and to avoid unnecessary transfers to a new facility. Hospital Case Managers should consider nursing facilities that accept payment by both Medicare and Medicaid when placing an individual who is dually eligible for Medicare and Medicaid. Hospital Case Managers should prioritize placement into these nursing facilities, particularly if it is anticipated that the beneficiary's length of stay will exceed 30 days.

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).

Attachment: *Revised proof of contact form*

cc: Medical Society of the District of Columbia  
DC Hospital Association  
DC Primary Care Association  
DC Health Care Association  
DC Home Care Association  
DC Behavioral Health Association  
DC Coalition of Disability Service Providers



Please print clearly and complete all sections

### SECTION A: BENEFICIARY

Date:	Last Name:	First:	M.I.:	Medicaid ID:	Birth date:	Gender:
						<input type="checkbox"/> M <input type="checkbox"/> F

### SECTION B: REQUESTING FACILITY

Facility Name:	Street Address:	City:	ST:	ZIP:
Phone:	Fax:	Name of Person Completing Form:		
Title :				

### SECTION C: PLACEMENT FACILITY\*

Facility Name:	Street Address:	City:	ST:	ZIP:
Phone:	Fax:			

\*If different than requesting facility

### SECTION D: PLACEMENT RATIONALE

Reason beneficiary is not being placed in the community. Check all that apply:

- Type or intensity of care required not available in the community
- Beneficiary prefers to receive care in a nursing facility
- Housing issues preclude individual from placement in the community
- Other: \_\_\_\_\_

### SECTION E: APPLICATION CHECKLIST

- Request for Out-of-State Nursing Facility Placement Cover Page
- Request for Out-of-State Placement Form
- Proof of Contact of In-State Nursing Facilities   
*(a minimum of one (1) DC facilities must be contacted and deny placement)*  
*(a minimum of one (1) DC facility denials for ventilator and hemodialysis placements)*
- Level of Care approval from the Long Term Care Assessment Contractor (Liberty Healthcare Corporation)
- Request for Medicaid Nursing Facility Level of Care (DHCF Form 1728)
- Pre-Admission Screen/Resident Review for Serious Mental Illness and Intellectual Disability or Related Condition
- Beneficiary Agreement
- Beneficiary's history and physical
- Discharge summary (if available)
- Copy of the most recent physician and nurse notes (as needed)



**Upload this form** via the Qualis Health Provider Portal at [www.qualishealth.org](http://www.qualishealth.org). In the Healthcare Professional Drop-Down Menu select DC Medicaid-> Provider Resources-> Qualis Health Provider Portal. You may obtain assistance in registering for the Qualis Health Provider Portal by contacting [providerportalhelp@qualishealth.org](mailto:providerportalhelp@qualishealth.org).



SECTION A: BENEFICIARY FOR WHOM OUT-OF STATE PLACEMENT SOUGHT			
Last Name:	First:	MI:	Medicaid ID Number:
Requesting Facility:		Date of Request:	

SECTION B: NURSING FACILITY			
Facility Name:	Person Contacted:	Date Contacted:	Admission Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			

**Upload this form** via the Qualis Health Provider Portal at [www.qualishealth.org](http://www.qualishealth.org). In the Healthcare Professional Drop-Down Menu select DC Medicaid-> Provider Resources-> Qualis Health Provider Portal. You may obtain assistance in registering for the Qualis Health Provider Portal by contacting [providerportalhelp@qualishealth.org](mailto:providerportalhelp@qualishealth.org)