



**Alabama Nursing Home
 Association
 2019 Mid-Year Convention
 Wednesday, April 24 - Friday, April, 26
 Perdido Beach Resort
 Orange Beach, Alabama**

Medicaid Representative
Ozgenia Patterson, Long Term Care Director




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State of Alabama Medicaid Agency



- **MISSION:** To provide a system of financing health care for eligible Alabamians in accordance with established statutes and Executive Orders.
- **VISION:** To play a key leadership role in ensuring availability and access to appropriate health care for all Alabamians.




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Long Term Care

The Alabama Medicaid Agency administers a comprehensive program of Long Term Care services that offers eligible recipients a wide range of care choices as well as increased opportunities to receive services at home, in the community, or in a facility. The Long Term Care Programs consists of the following programs:

- Home Health Program
- Hospice Program
- Intellectual Disabilities (ID) Waiver
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Program
- Living at Home (LAH) Waiver
- Nursing Home Program
- Ventilator Dependent and Qualified Tracheostomy Care (Nursing Home Vent)
- Private Duty Nursing (PDN) Program



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LONG TERM CARE HEALTH REFORM

- Alabama Community Transition Waiver (ACT)
- Elderly & Disabled Waiver (E&D)
- State of Alabama Independent Waiver (SAIL)
- Technology Assisted Waiver for Adults (TA)

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GET THE WORD OUT! CIVIL MONETARY PENALTIES (CMP)



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Civil Monetary Penalties (CMP)

- Social Security Act specifies CMP funds are available to support activities that benefit nursing home residents.
- ADPH receives and approve grants before they are submitted to CMS for final approval.
- What ideas do you have to enhance the lives of the residents?

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NCI-AD

- AMA and UAB have signed an agreement for National Core Indicators-Aging and Disabilities (NCI-AD) to survey data to assess the experiences of care among Medicaid recipients whose services are provided in nursing facilities or on a Home and Community Based Waiver.

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LTC DIVISION NEWS

- Chapter 1 (General) 560-X-1-.21. (*Provider Medicaid Records Inspection/Audit*) effective July 26, 2018. Chapter 7 of the Provider Manual (*Understanding Your Rights, and Responsibilities as a Provider*) AMENDED RECORDS
- Long Term Care (Chapter 10)
- 560-X- 10-.05. (Reservation of Beds)
- 560-X-10-.11. (Establishment of Medical Needs)
- 560-X-10-.23. (Resident Assessment)
- 560-X-42.03 – (Definitions)
- 560-X-51.04 – (Recipient Eligibility)
- 560-X-63-.06 Nursing Facility Participation Requirements
- **SIMPRA** (Skilled in Place) The nursing facility should discharge then readmit recipient through the DXC.LTC software, who are receiving care through SIMPRA in the facility. The nursing facility does not have to complete a Form 161 (LTC Admission and Evaluation Form) for these discharges and readmits. If the facility receives a Qualis Audit Request, contact *Dodie Teel* at (334) 242-5149 or, *Cheryl Cardwell* at (334) 242-5578.

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LTC DIVISION NEWS UPDATES (CON'T)

- **NURSING HOME NON-COVERED MEDICAL (OFFSETS)** It is not necessary to submit medical documentation for nursing home non-covered medical requests for room/board and coinsurance. Please continue to forward supporting medical documentation for DME, pharmacy, dental and all other non-covered expense request.
- **NURSING HOME NON-COVERED MEDICAL (DENTAL OFFSETS)** Providers are not providing medical necessity for the dental services. Also, a readable copy of the x-ray is needed for review.
- **NURSING HOME NON-COVERED MEDICAL (PHARMACY OFFSETS)** documentation from the prescribing physician (such as peer reviewed literature, copies of the patient chart), and a copy of the Medicare or other third party appeal denial for the requested drug must be submitted with this form in order for it to be considered.

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MEDICAL SUBMISSIONS

- Ensure any diagnosis related to mental health (e.g., depression, anxiety, etc.) is documented by a physician if it is related to a medical condition or is mental illness
- Ensure any psychotropic medications are clarified as to why the medication has been prescribed (i.e., used for medical condition, or for any serious mental illness)
- Ensure seizure disorder is clarified (i.e., is there an actual diagnosis of seizure disorder/epilepsy, or was seizure an isolated occurrence)
- Ensure clarification is submitted record as to which diagnosis is primary, mental illness or dementia; if both are listed under Axis I on the discharge summary,
- Submit current information since the hospitalization
- Ensure the Admission Evaluation Data (Form 161) is completed PRIOR to submitting the recipient's dates through the DXC software
- Ensure all notes, orders, OBRA PASRR determinations are signed timely
- Ensure the OBRA PASRR information is complete in the recipient's record

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MEDICAL SUBMISSION

- Ensure the correct criterion (criteria) are documented on the Form 161 for each admission, re-admission and transfer
- Please start or continue self-audits to ensure ALL records are complete
- A nursing facility provider that fails to provide the required documentation or additional information for audit reviews as requested by the Clinical Services & Support Division, Medical & Quality Review Unit or its designee within ten working days from receipt of the faxed letter(s) requesting such documentation or additional information may be charged a penalty after the established due date as follows: day one through day seven – a rate of one hundred dollars per recipient record; day eight through day fourteen – a rate of two hundred dollars per recipient record; unless an extension request has been received and granted. If the requested record/records have not been submitted by the fifteenth day after the established due date, the recipient's LTC segment will be end-dated until the record is received and the provider may be charged a rate of three hundred dollars per recipient record. The penalty will not be a reimbursable Medicaid cost. The Clinical Services & Support Division, Medical & Quality Review Unit may approve an extension for good cause. Requests for an extension should be submitted in writing by the nursing facility Administrator to the Clinical Services & Support Division, Medical & Quality Review Unit with supporting documentation.

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MEDICAL SUBMISSIONS (CON'T)

- ADMISSION AND EVALUATION DATA (Form 161)
 - http://www.medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.8_LTC_Forms/9.4.8_Form_161_LTC_Admission&Evaluation_4-1-15.pdf
 - INSTRUCTIONS FOR COMPLETION OF REVISED FORM 161
 - http://www.medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.8_LTC_Forms/9.4.8_Form_161_LTC_I_Instructions_4-1-15.pdf
 - LTC Admission Criteria
 - Step-by-step Instructions
 - **Electronic Upload Reminder:**
 - Please contact DXC for assistance if your facility is not yet using, or you are having difficulty with the electronic upload of medical records. Please use this link for information in Chapter 26, Nursing Facility, of the Provider Manual, http://www.medicaid.alabama.gov/content/Gains/7.6.1C_Provider_Manual/7.6.1.1G_Jan2017/Jan17_26.pdf. See page 14. DXC does not accept hardcopy records in the mail.
 - Use this link for the contact information for the DXC provider representatives, http://www.medicaid.alabama.gov/content/10.0_Connect/10.3_Provider_Contacts/10.3.5_Provider_Reps.aspx
- Nursing Home Common Error
- Discharge the recipient if he or she returns to the community. The LTC segment needs to be end dated for the recipient to receive services in the community. If admitted to a hospital recipient must be discharged and readmitted on the LTC file. The Form 161 must be submitted upon readmission.



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Topics of Discussion

- An Overview of Transfer and Discharge Appeal Process
- Long Term Care Bed Hold Policy
- Therapeutic Leave Policy



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AN OVERVIEW

Transfer and Discharge Appeal Process For Nursing Facility Residents



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Definition

- Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not.
- Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.



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Reasons for Transfer or Discharge

The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless one of the following conditions exist:

- The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
- The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
- The safety of individuals in the facility is endangered;
- The health of individuals in the facility would otherwise be endangered;
- The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicaid or Medicare) a stay at the facility;
- The facility ceases to operate.



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Questions Regarding Transfer or Discharge

▪ WHO HAS THE RIGHT TO APPEAL A TRANSFER OR DISCHARGE?

~All individuals in a Medicaid certified nursing facility regardless of payment source.

▪ WHAT IS THE AUTHORITY GOVERNING TRANSFER OR DISCHARGE APPEALS?

~The Code of Federal Regulations (CFR) Section 483.15. "Admission, Transfer, and Discharge Rights."



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Nursing Facility Responsibilities in the Transfer or Discharge Process

Before a facility transfers or discharges a resident, the facility must:

- Notify the resident and a family member or legal representative of the transfer or discharge and the reasons for the move;
- Record the reasons in the resident's clinical record; and
- Be sure to include the following information when submitting the notice:
 - The reason for transfer or discharge;
 - The effective date of transfer or discharge;
 - The location to which the resident is to be transferred or discharged;
 - A statement that the resident has the right to appeal the action by filing a written request within 30 days of the notice or transfer or discharge to the Medicaid Agency at the following address:

Ozenia G. Patterson, LTC Director
Alabama Medicaid Agency
P.O. Box 5624
Montgomery, AL 36130
(334) 242-5577
ozenia.patterson@medicaid.alabama.gov



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**Nursing Facility Responsibilities in the
Transfer or Discharge Process (Continue)**

**State Long Term Care Ombudsman
Contact Information:**

Alabama Department of Senior Services
Virginia Moore-Bell
201 Monroe Street, Suite 350
Montgomery, AL 36104
(877) 425-2243 or (334) 242-5753

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**Nursing Facility Responsibilities in the
Transfer or Discharge Process (Continue)**

For nursing facility residents with developmental disabilities, the protection and advocacy of
developmentally disabled individuals under Part C of the Developmental Disabilities Assistance and
Bill of Rights Act:

Alabama Disabilities Advocacy Program (ADAP)
P.O. Box 870395
Tuscaloosa, AL 35487-0395
(205) 348-4928

For nursing facility residents who are mentally ill, the protection and advocacy of mentally ill
individuals established under the Protection and Advocacy for Mentally Ill Individuals Act:


Alabama Disabilities Advocacy Program (ADAP)
P.O. Box 870395
Tuscaloosa, AL 35487-0395
(205) 348-4928

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**Nursing Facility Responsibilities in the
Transfer or Discharge Process (Continue)**

- When a nursing facility resident appeals a proposed discharge, the documentation submitted by the nursing facility to Medicaid in support of the discharge must meet all requirements of Alabama Administrative Code 560-X-10-.26 including but not limited to, those outlined above as well as a physician statement indicating that the resident is appropriate for discharge.
- CFR 483.20(l)(3): *Discharge Summary* – When the facility anticipates discharge, a resident must have a discharge summary that includes:
 - A recapitulation of the resident's stay;
 - A final summary of the resident's status at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative; and
 - A post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.

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Most Common Reasons for Denial

- Insufficient discharge notification
- Insufficient documentation of reasons for discharge in the clinical record for review
- Clinical records not submitted
- Physician statement not submitted
- No post-discharge plan of care has been developed and submitted



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Who makes the final decision on an appealed discharge or transfer?

The Alabama Medicaid Agency has a Discharge Appeal Committee composed of the following individuals:

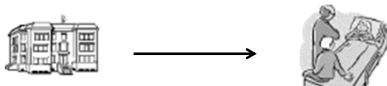
- Director, Long Term Care Division –Chairperson
- Director, Provider Audit
- Medicaid, Office of General Counsel
- Associate Medical Director
- Associate Director, Medical & Quality Review Unit
- Associate Director, Long Term Care Provider/Recipient Services Unit



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When should the resident, family member, or legal representative be notified?

The facility must notify the resident, family member, or legal representative at least 30 days before the resident is transferred or discharged.




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Can a notice be issued in less than 30 days?

Notice may be made as soon as practicable before transfer or discharge when:

- The health and safety of individuals in the facility would be endangered;
- The resident's health improves sufficiently to allow a more immediate transfer or discharge;
- An immediate transfer or discharge is required by the resident's urgent medical needs; or
- A resident has not resided in the facility for 30 days.


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Refusal of Certain Transfers

An individual has the right to refuse a transfer to another room within the institution, if the purpose of the transfer is to relocate:

- A resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF.
- A resident of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF.
- A resident's exercise of the right to refuse transfers as indicated does not affect the individual's eligibility or entitlement to Medicare or Medicaid benefits.

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What Are Appropriate and Inappropriate Discharges or Transfers?

APPROPRIATE:

- Health and safety issues
- Payment issues

INAPPROPRIATE:

- Discharges to hospital without notice of intended discharge and not allowing residents to return
- Any discharge without proper notice as referenced in CFR 483.15

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Long Term Care Bed Hold Policy

- Effective September 1, 2000, neither Medicaid patients, nor their families, nor their sponsor, may be charged for reservation of a bed for the first four days of any period during which a Medicaid patient is temporarily absent due to admission to a hospital.
- Nursing facilities must allow residents to return to their facility before the bed hold period expires provided the resident is an appropriate placement for nursing facility care and the nursing facility provides the type of services that meets the needs of the resident.
- The nursing facility must have documented verifiable evidence in the resident's medical record to indicate that there has been a significant change in the resident's condition, either prior to or during the hospital stay making re-admission to the nursing facility inappropriate because the nursing facility can no longer meet the needs of the resident.
- When such a significant change in a resident's condition occurs prior to discharge to the hospital, the nursing facility should use reasonable efforts to begin to arrange for appropriate placement for the resident prior to transferring the resident to the hospital.



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Long Term Care Bed Hold Policy (Continue)

- If the Alabama Medicaid Agency determines that the nursing facility has failed to follow the rules set forth in the federal and state bed hold policies, the Alabama Medicaid Agency shall notify the Division of Health Care Facilities, Alabama Department of Public Health, for appropriate enforcement action.
- Medicaid may terminate the facility's provider agreement for failing to adhere to the rules set forth in the federal and state bed-hold policy until an acceptable plan of correction is received from the nursing facility.
- If the therapeutic leave or bed hold period has expired, the resident must be readmitted to the facility immediately upon the first available bed in a semi-private room if the resident requires the services provided by the facility.



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Long Term Care Bed Hold Policy (Continue)

The covered four day hospital stay reservation policy does not apply to:

- Medicaid eligible patients who are discharged to a hospital while their nursing home stay is being paid by Medicare or another payment source other than Medicaid;
- Any non Medicaid patient;
- A patient who has applied for Medicaid but has not yet been approved;
- Medicaid patients who have received a notice of discharge for non-payment of service.



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Long Term Care Bed Hold Policy (Continue)

Providers will not receive payment for bed hold days prospectively but should be included on the NF cost reports.



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Therapeutic Leave Policy

Payments to nursing facilities may be for therapeutic leave visits to home, relatives, and friends for up to six days per calendar quarter.

A therapeutic leave visit may not exceed three days per visit.

A resident may have a therapeutic visit that is one, two, or three days in duration as long as the visit does not exceed three days per visit or six days per quarter.

Visits may not be combined to exceed the three-day limit.

The facility must obtain physician orders for therapeutic leave.



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**Third Party
Guarantee of Payment**

The facility must not require a third party guarantee of payment to the facility as a condition of admission or expedited admission or continued stay in the facility.

The facility may require an individual who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the residents income or resources.



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Contact Information



Mailing Address:

Alabama Medicaid Agency
Long Term Care Division
501 Dexter Avenue
P.O. Box 5624
Montgomery, AL 36103-5624

Website Addresses:

www.medicaid.alabama.gov
www.cms.hhs.gov