

Administrator Alert

Policy updates & rule clarifications for Assisted Living, Residential Care & Nursing Facilities

Office of Licensing & Quality — Oregon Department of Human Services

August 25, 2010

Required Reporting and Prior Authorization for Medicaid Residents

Dear Administrator,

The purpose of this alert is to clarify reporting and authorization requirements for Medicaid residents and to re-release the *Residents Change in Status* form as a suggested tool for communicating with local Medicaid offices. Facilities are required to report admission and discharge of Medicaid-eligible residents and to obtain authorization prior to admission for any Medicaid-funded nursing facility service.

Facilities are encouraged to communicate with local Medicaid offices to determine the most effective means for prior authorizing admissions and reporting discharge readiness.

Following are pertinent excerpts from the Oregon Administrative Rules (OAR) and the Nursing Facility Medicaid.

References:

OAR 411-070-0045(1), (2) Facility Payments

(1) PRIOR AUTHORIZATION. The Department may reimburse a nursing facility for services provided to a Department resident only if prior authorized after the Department has participated in development of the placement plan and is satisfied that the placement is justified and most suitable for the person according to the Department care plan. The Department may not reimburse a nursing facility for services rendered prior to the date of referral to the Department. A nursing facility must verify that the local SPD/Type B AAA where the facility is located is involved in the placement.

(2) The facility must confirm an individual's financial eligibility for Medicaid payment of any nursing facility service with the local office. Medicaid eligibility is based on the requirements outlined in OAR chapter 461. The facility is responsible for collecting resident liability from the resident or their responsible party.



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Nursing Facility Contract, Exhibit A, Statement of Work and Payment

III. Services

- E. Contractor shall notify DHS's Case Manager in writing of each Medicaid-Eligible Individual's admission into and discharge from the Nursing Facility on the day of admission, discharge or hospitalization.
- G. Contractor shall notify DHS's Case Manager in writing of any Medicaid-Eligible Individual who no longer requires Nursing Facility care and shall cooperate with the Case Manger in making discharge plans with the Medicaid-Eligible Individual.

For further questions about Oregon Administrative Rules and the Nursing Facility Medicaid contract regarding prior authorization or reporting requirements please contact Renee Shearer at (503) 945-5923 or Renee.M.Shearer@state.or.us

