Healthfirst Medicaid, Complete Care, Absolute Care and Senior Health Partners Provider Manual Amendment

Effective 9/1/2016 **Notification Date: 8/1/2016**

10.10 Custodial / Long Term Care Placement

If a Healthfirst member is enrolled with Community Medicaid and is being placed into Custodial /LTC placement the nursing home must contact Healthfirst immediately to obtain authorization.

Healthfirst will provide the authorization for Custodial /LTC placement and the MAP 2159i form.

As per the DOH guidelines, the nursing home is responsible for compiling all the required documentation as part of the application for custodial eligibility and to submit the application to LDSS/HRA within ninety (90) days from the start date the member is authorized for custodial care including the following documents:

- 2159i – Notice of Permanent Placement Medicaid Managed Care
- MAP 648P – Receipt for Submission of "Request" from Residential Health Care Facilities (RHCF), **submit 2 copies** – 1 copy will be returned to the RHCF as a receipt
- DOH 4220 – Access NY Health Care
- DOH 4495A – Supplement A
- MAP 2123 - Statement in support of claim
- MAP 3043 – Authorization to Apply for Medicaid on My Behalf
- MAP 3044 – Facility Submission of Application on Behalf of Consumer
- MAP 258M - Medicare Buy-In
- OCA-960 – Authorization for release of Health Information Pursuant to HIPAA
- Patient Review Instrument (PRI) – Pages 1-4
- Must submit a New Application for active in NYSOH (Health Benefits Exchange) clients.

- If applicable:

  - LDSS 486T - Medical Report Form
  - LDSS 1151 - Disability Interview Form
  - Signed HIPAA Releases (3 blank copies)
  - MAP 252F - AIDS Medical Form
  - MAP 259D - Discharge Alert & MAP 259H – Intent to Return Home

You may **submit completed applications online** through the Eligibility Data and Image Transfer System (EDITS) by registering with the **MAP Authorized Resource Center (MARC).**

If your facility is located in **New York City**, you may also mail applications to:

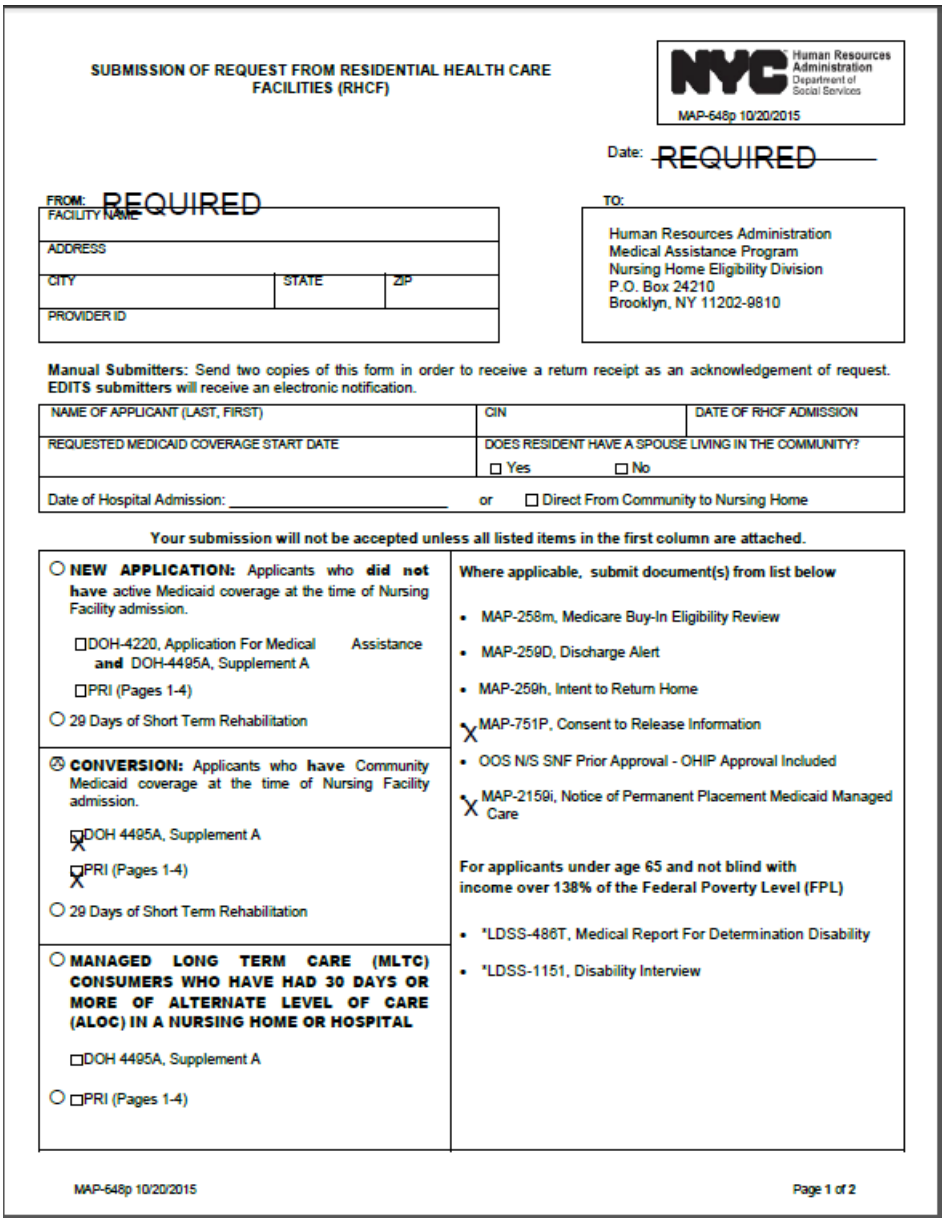
Medical Assistance Program
Nursing Home Eligibility Division
P.O. Box 24210
Brooklyn, New York 11202-9810

If your facility is located in **Westchester, Nassau, or Suffolk counties**, you may mail applications to your Local Department of Social Services'. For your local department of services address please visit: http://www.health.ny.gov/health_care/medicaid/ldss.htm

Note: The nursing home facility must provide proof (see section below) to Healthfirst that the application was submitted to LDSS/HRA. Please note, Healthfirst may recoup reimbursement made for any period of ineligibility.

Proof of Submission Requirements:

Paper Submitters: Nursing homes must send two copies of the MAP-648P form to LDSS/HRA. LDSS/HRA will return a copy to the nursing home as proof of submission. The nursing home must email a copy of this form to: NursingHomeHF@Healthfirst.org.



SUBMISSION OF REQUEST FROM RESIDENTIAL HEALTH CARE FACILITIES (RHCF)

NYC Human Resources Administration Department of Social Services

MAP-648p 10/20/2015

Date: REQUIRED

FROM: REQUIRED

FACILITY NAME

ADDRESS

CITY | STATE | ZIP

PROVIDER ID

TO:

Human Resources Administration
Medical Assistance Program
Nursing Home Eligibility Division
P.O. Box 24210
Brooklyn, NY 11202-9810

Manual Submitters: Send two copies of this form in order to receive a return receipt as an acknowledgement of request. **EDITS submitters** will receive an electronic notification.

NAME OF APPLICANT (LAST, FIRST)	CIN	DATE OF RHCF ADMISSION
REQUESTED MEDICAID COVERAGE START DATE	DOES RESIDENT HAVE A SPOUSE LIVING IN THE COMMUNITY? ☐ Yes ☐ No	
Date of Hospital Admission: _____ or ☐ Direct From Community to Nursing Home		

Your submission will not be accepted unless all listed items in the first column are attached.

○ **NEW APPLICATION:** Applicants who **did not have** active Medicaid coverage at the time of Nursing Facility admission.

☐ DOH-4220, Application For Medical Assistance **and** DOH-4495A, Supplement A

☐ PRI (Pages 1-4)

○ 29 Days of Short Term Rehabilitation

⊘ **CONVERSION:** Applicants who **have** Community Medicaid coverage at the time of Nursing Facility admission.

☒ DOH 4495A, Supplement A

☒ PRI (Pages 1-4)

○ 29 Days of Short Term Rehabilitation

○ **MANAGED LONG TERM CARE (MLTC) CONSUMERS WHO HAVE HAD 30 DAYS OR MORE OF ALTERNATE LEVEL OF CARE (ALOC) IN A NURSING HOME OR HOSPITAL**

☐ DOH 4495A, Supplement A

○ ☐ PRI (Pages 1-4)

Where applicable, submit document(s) from list below

- MAP-258m, Medicare Buy-In Eligibility Review
- MAP-259D, Discharge Alert
- MAP-259h, Intent to Return Home
- X MAP-751P, Consent to Release Information
- OOS N/S SNF Prior Approval - OHIP Approval Included
- X MAP-2159i, Notice of Permanent Placement Medicaid Managed Care

For applicants under age 65 and not blind with income over 138% of the Federal Poverty Level (FPL)

- *LDSS-486T, Medical Report For Determination Disability
- *LDSS-1151, Disability Interview

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EDITS Submitters: Submitters using EDITS will receive and electronic notification "EASYng Case Status History" response form EDITS. The nursing home must email a copy of this response to: NursingHomeHF@Healthfirst.org.

LDSS/HRA has forty-five (45) days from the application submission date to complete the eligibility determination, including 60 months and look-back period and transfer of asset rules.

For SSI individuals, if a disability determination is required, the district has 90 days from the date of application or request for an increase in coverage to determine Medicaid eligibility. The LDSS/HRA may exceed these time period if they notify that additional time is needed for a consumer, to obtain and submit required documentation.

NAMI Member Billing
If applicable, the net available monthly income (NAMI) that an institutionalized individual must contribute toward the cost of nursing home care will be billed to the member at the member's residence. For questions pertaining to collection of NAMI, call the appropriate Member Services number as listed in this QRG.

Once LDSS/HRA approves Institutional Medicaid eligibility and determines NAMI amount it will be documented on monthly Nursing Home Report (specialty) file

Authorization Requirements

Nursing Home facilities must obtain authorization from Healthfirst before providing nursing home services to an eligible Healthfirst member.

- Authorization may be requested by contacting Healthfirst's Care Management Team.
- Healthfirst must be informed when any change to an authorized admission occurs.

Important Contact Information

PROVIDER SERVICES	AUTHORIZATIONS	MEMBER SERVICES
P.O. Box 5168 New York, NY 10274-5168 **1-888-801-1660** Fax: 1-646-313-4634 Monday through Friday 9am to 5pm **hfprovsrvs@healthfirst.org**	P.O. Box 5166 New York, NY 10274-5166 Medicaid **1-888-394-4327, option 5** Monday through Friday 8:30am to 5:30pm Medicare/LIP **1-866-463-6743** CompleteCare (CC) **1-866-237-0997** Senior Health Partners (SHP) **1-800-633-9717** Monday through Friday 8am to 6pm TTY: 1-888-542-3821 TTY (Spanish): 1-888-867-4132	P.O. Box 5165 New York, NY 10274-5165 Medicaid **1-866-463-6743** Monday through Friday 8am to 6pm Medicare AssuredCare (AC) CompleteCare (CC) Life Improvement Plan (LIP) **1-888-260-1010** 7 days a week, 8am to 8pm P.O. Box 5165 New York, NY 10274-5165 Medicaid/Medicare TTY: 1-888-542-3821 TTY (Spanish): 1-888-867-4132 Senior Health Partners **1-800-633-9717** TTY: 1-888-542-3821 TTY (Spanish): 1-888-867-4132 Monday through Friday 8am to 6pm

Bed Hold Authorization

The nursing home must notify Healthfirst when a bed hold authorization is required.

Reserved bed days related to leaves of absence for temporary hospitalizations shall be made at 50% of the Medicaid FFS rate for a maximum of 14 days in a 12 month period.

Reserved beds related to non-hospitalization (therapeutic) leave of absence shall be at 95% of the Medicaid rate for a maximum of 10 days in a 12 month period.

Access to Care and Quality

Healthfirst closely monitors and coordinates the care for members who are typically frail and have multiple, chronic conditions that reside in nursing homes that require long term care.

Patient care after placement:

- Person Centered Care Plan
- Healthfirst arranges for UAS-NY assessment every 6 months or when enrollee condition changes
- Coordinates with nursing home to share assessment data
- Healthfirst may review for service coverage and medical necessity
- Healthfirst reauthorizes stay under concurrent review at identified intervals
- Healthfirst ensures enrollee has a PCP
- Healthfirst arranges for other covered services enrollee needs

Communication and Coordination of Care:

- The nursing home must inform Healthfirst are Management of a change in member status and Sentinel Event in order to assure UAS assessment.
- The nursing home must inform the Healthfirst Care Management of member discharge to the community
- For any issues regarding the MAP 2195i form please contact Healthfirst at NursingHomeHF@Healthfirst.org

Discharge Planning

If a member chooses to transition back to the community, the Care Management team will work to ensure the following:

- Coordinate a formal patient centered discharge plan involving the member, the member's family, and nursing home to develop and ensure a safe and appropriate discharge plan back into the community.
- Nursing home must work with Healthfirst to reinstate Community Medicaid eligibility. The nursing home must submit the MAP 259D - Discharge Alert & MAP 259H – Intent to Return Home to LDSS/HRA.
- Ensure that appropriate community supports are in place prior to discharge.

Billing Guideline

Click on the link to view the Custodial Nursing Home Services billing guidelines.
http://www.hfprovidermanual.org/