



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

June 16, 2016

To: Nursing Home Administrators

From: Mark A. Leeds, Director
Long Term Services and Supports Administration

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this memorandum.

Re: Nursing Facility Level of Care Determinations.

This memorandum advises nursing facilities of the Department's procedures for approving nursing facility level of care (NF LOC). It also clarifies those documents that may be accepted as evidence of such approval.

The Department or its designee (currently Telligen) determines whether Medicaid recipients and those seeking Medicaid benefits meet NF LOC requirements. Currently the Department's Long Term Services and Supports (LTSSMaryland) system and Telligen's Qualitrac system process these requests. LTSSMaryland is used by the local health departments to complete the interRAI-Home Care assessment while Qualitrac processes the 3871B submissions from hospitals and nursing facilities. Determinations made as a result of either process are valid for purposes of admitting a person to a nursing facility under Medicaid.

Redacted examples of level of care approvals from both Qualitrac and LTSSMaryland are attached. Please note that the LTSSMaryland approval page does not include an end date for NF LOC. For purposes of nursing facility admission, the certification end date is 30 days from the "Affirmed NF LOC Effective Date."

Your cooperation in accepting either document as proof of NF LOC approval is greatly appreciated. If you have any further questions, please contact Jane Sacco at (410) 767-6771 or at jane.sacco@maryland.gov.

Client: **Sample Test** ID: 21190POASKB5100 DOB: 01/01/1950 MFP Eligible: N (05/04/2016)

MA # 000000000000
Primary Language:
Phone #:

Facility Name:
Jurisdiction/County: Montgomery

NF Level of Care — Summary Status: Approved By UCA Nurse

I. Request Level of Care Form

Details

LOC Type: Initial

No request was submitted.

II. Apply UCA Nurse Decision

Details

Initial Reviewer:
Date Paper Work Received: 05/31/2016

UCA Case ID:

LOC Decision:

Approve Deny
Refer to Physician

UCA Nurse Decision Date: 05/31/2016
Comments:

Signature

Signature captured on file: Signature captured on file: 05/31/2016

VI. NF LOC Approval Affirmation

Details

Affirmed NF LOC Effective Date: 05/31/2016

Signature:

Signature captured on file: Signature captured on file: 05/31/2016

Client: ID: DOB: MFP Eligible: Y (03/04/2009)

MA #
Primary I
Phone #:

NF Level of Care — Summary Status: Generated Based On interRAI HC MD Assessment

I. Request Level of Care Form

Details

LOC Type: Redetermination

No request was submitted.

interRAI HC MD Assessment

Assessment Submit Date:	10/23/2015	Recommended LOC:	Yes
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