STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Nursing Home Transmittal No. 262
March 6, 2017

TO: Nursing Home Administrators

FROM: Susan J. Tucker, Executive Director
               Office of Health Services

RE: Process for Continued Stay Reviews

NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal**

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Telligen, the Maryland Medicaid Program's Utilization Control Agent (UCA), has recently begun the process of determining whether nursing facility residents who are Maryland Medicaid participants continue to require the level of care for nursing facility services as defined in COMAR 10.09.10.01B and in Nursing Home Transmittal Nos. 213 and 237. This process is known as Continued Stay Review (CSR). In the past, the UCA carried out CSR as a component of the quarterly Patient Assessment process. The recent move to a Resource Utilization Group (RUG)-based reimbursement methodology negated the need for Patient Assessment; consequently, the Program has replaced the onsite record review with an office-based review to determine whether participants continue to require a nursing facility level of care.

Each facility is scheduled for CSR once per quarter. During the CSR, the UCA reviews the current care needs of both those who have been approved for Medicaid eligibility and those who are pending eligibility. A participant receives a CSR once a quarter for the first full year of Medicaid eligibility for nursing facility benefits, and once annually thereafter. The CSR process and a copy of the census format are attached.

It is crucial to the success of the CSR process, and to the facilities' ability to demonstrate that participants continue to be eligible for nursing facility benefits, that facilities promptly comply with the UCA's requests for census reports, MDS documentation, and other documentation that is required. To help ensure timely payment of claims for eligible participants, please make every effort to provide these documents within the requested timeframes. If for reasons beyond your control you need additional time to furnish documents, please notify your UCA reviewer as soon as possible.

Both the Program and UCA greatly appreciate your cooperation in making the CSR review process a success. Please direct questions regarding individual reviews to your assigned reviewer. General questions regarding this transmittal may be directed to Telligen at (888) 276-7075 or to the Department at (410) 767-1736.

PROCESS FOR CONTINUED STAY REVIEWS (CSRs) IN NURSING FACILITIES

1. Approximately ten days before the month in which the facility's CSR is due, the Program's Utilization Control Agent (UCA) directs the facility to submit a census report of all[1] residents of that facility as of the first day of the month (format attached). The UCA will give the facility 10 business days in which to complete and submit the census.
2. The facility completes and submits the census in the designated format[2] within the requested timeframe.
3. The UCA reviewer identifies residents on the census who are due for CSR. Participants who became (or expect to become) eligible for Medicaid nursing facility benefits within the last year are subject to CSR each quarter. Otherwise, participants are subject to CSR once annually.
4. For each participants due for CSR, the UCA reviewer accesses the Program's Long Term Services and Supports system (LTSS/Maryland). This database contains MDS 3.0 data for many NF residents who are Medicaid eligible.
   a. If the MDS 3.0 is present and the information supports the NF level of care, the reviewer approves the participant for continued stay.
   b. If the MDS 3.0 is not available in LTSS/Maryland, the reviewer contacts the facility and requests a copy of the most recent MDS 3.0. The facility has three business days in which to submit the documentation.
   c. If the MDS 3.0 information does not support the NF level of care, the reviewer directs the facility to submit additional documentation to support the need for NF care (as with the MDS, the documentation is due within three business days of the request). This documentation may include:
      i. Physician orders;
      ii. Plan of care;
      iii. Notes created by physicians, nurses, and other clinicians;
      iv. Medication/treatment administration records;
      v. Physical, occupational, and/or speech therapy records;
      vi. Consultation reports; and
      vii. Other documentation the facility believes supports the need for NF care.
5. If submitted documentation supports the need for NF care, the reviewer approves the participant for continued stay.
6. If submitted documentation does not support the need for NF care, or if requested documentation is not received within the requested timeframe, the reviewer refers the participant to the UCA physician for review.
7. The UCA physician reviews documentation for cases that the reviewer has referred.

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[1] Even though CSR is limited to residents who are Medicaid eligible and Medicaid pending, the full facility census is required because the information will also be used to determine compliance with PASRR requirements, which applies to all residents, regardless of payer source.
[2] If a facility wishes to use its own census format, it may do so if the UCA/Program approve.

    a. If the physician believes that the documentation supports the need for NF care, the physician approves the participant for continued stay.

    b. If the physician believes that the documentation does not support the need for NF care, the physician reports the finding to the Program for final review.

8. The Program's physician consultant reviews all CSR cases for which the UCA has recommended denial, and notifies the UCA as to the final decision.

9. If continued NF services are denied, the UCA will also notify the participant, representative, and facility of the decision in writing, providing the appeal rights under COMAR 10.01.04.

MARYLAND MEDICAL ASSISTANCE PROGRAM
CONTINUED STAY REVIEW IN NURSING FACILITIES
PROVIDER SPREADSHEET

Provider Name: MA Number: NPI Number: Census Date:

Resident Last Name	Resident First Name	DOB	Payer Source	MA Number	SSN	Original Admit Date	Date Current Admit	MA Conversion Date	PASRR On File Y/N