

**Affected Programs:** BadgerCare Plus, Medicaid  
**To:** Nursing Homes, HMOs and Other Managed Care Programs

## **New Policy Regarding Developmentally Disabled Level of Care Assignments**

This *ForwardHealth Update* includes new policy for nursing homes regarding developmentally disabled level of care assignments effective for dates of service on and after January 1, 2017.

### **Developmentally Disabled Level of Care Assignment for Residents of a Skilled Nursing Facility**

Effective for dates of service (DOS) on and after January 1, 2017, residents who reside in a skilled nursing facility (SNF) and have been determined to need specialized services for an intellectual/developmental disability (DD) will be assigned a DD level of care (LOC). Previously, there were four DD LOC assignments.

Skilled nursing facility providers will be required to use revenue code 0190 and condition code A5 on institutional claims for residents with a DD LOC assignment for DOS on and after January 1, 2017. Claims will be reimbursed at the DD in-house rate.

### ***New Process for Establishing a Developmentally Disabled Level of Care Assignment for Skilled Nursing Facility Residents***

The Division of Quality Assurance will no longer set the DD LOC assignments for residents in an SNF.

Instead, SNFs will be required to submit the following to ForwardHealth:

- Nursing Home Care Determination Request, F-01020 (02/2017)
- A copy of the residents' Preadmission Screen and Resident Review (PASRR) DD Level II Screen Facesheet, F-20853 (04/2015), that indicates the member needs specialized services and the date of that determination

After receiving this documentation, ForwardHealth will set a DD LOC with an effective date that either corresponds with the PASRR DD Level II determination date or the effective date on the LOC request if that date is past the determination date.

### ***Revised and Renamed Request for Nursing Home Care Determination Form***

ForwardHealth has revised and renamed the Request for Nursing Home Care Determination form. The form has been renamed the Nursing Home Care Determination Request form.

The form and instructions have been revised to include information about the need to attach a copy of the PASRR DD Level II Facesheet to the request. Refer to Attachments 1 and 2 of this *ForwardHealth Update* for the revised completion instructions and form.

Providers may also refer to the Forms page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage](http://www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage) for the form and instructions.

### **New Process When the Resident No Longer Requires Specialized Services**

If a PASRR resident review states the member no longer requires specialized services for his or her developmental disability, the SNF should submit a copy of the PASRR DD Level II Facesheet to the Division of Medicaid Services. The DD LOC will be enddated with the date of the determination. The SNF will need to submit a Nursing Home Care Determination Request form to ForwardHealth to establish a non-DD LOC for DOS past the DD LOC enddate. Skilled nursing facilities will need to adjust that month's claim if the DD LOC was enddated retroactively mid-month and the SNF submitted a claim with revenue code 0190 and condition code A5 for the entire month.

### **New Developmentally Disabled Level of Care Resident Review Requirement**

Effective for DOS on and after January 1, 2017, SNF residents with a DD LOC need to have a PASRR resident review every two years. For example, if the member's specialized services determination date is December 31, 2015, a PASRR resident review must be conducted to determine if the member still requires specialized services no later than December 31, 2017.

If the review states "does not need specialized services," or if a review is not completed, the DD LOC will be enddated. The SNF will need to submit a Nursing Home Care Determination Request form to ForwardHealth to establish a non-DD LOC for DOS past the DD LOC enddate.

### **Developmentally Disabled Level of Care Assignment No Longer Required for Residents in an Intermediate Care Facility for Individuals with Intellectual Disabilities, State and Non-State Facilities**

Effective for DOS on and after January 1, 2017, institutional claims for residents who reside in Intermediate Care Facilities for Individuals with Intellectual Disabilities, either state or non-state facilities, will no longer require an LOC assignment. Providers should submit claims using revenue code 0190 and condition code A5. Claims will be reimbursed at the DD in-house rate.

### **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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This *Update* was issued on 02/14/2017 and information contained in this *Update* was incorporated into the Online Handbook on 02/16/2017.

# **ATTACHMENT 1**

## **Nursing Home Care Determination Request Completion Instructions**

(A copy of the “Nursing Home Care Determination Request Completion Instructions”  
is located on the following pages.)

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## FORWARDHEALTH NURSING HOME CARE DETERMINATION REQUEST COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible members.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. Per Wis. Admin. Code § DHS 104.02[4], this information should include, but is not limited to, information concerning eligibility status, accurate name, address, and member ID number.

Under Wis. Stat. § 49.45(4), personally identifiable information about Medicaid applicants and members is confidential and is only used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the service.

Completion of the Nursing Home Determination Request form, F-01020, is required to establish or update a nursing home authorization segment for a member.

This is a mandatory form. ForwardHealth will not accept other versions of this form. Print or type the information on the form so that it is legible.

Providers may submit forms by fax to ForwardHealth at 608-221-8815 or by mail to the following address:

ForwardHealth  
Eligibility Unit  
313 Blettner Blvd  
Madison WI 53784

To establish an intellectual/developmental disability (DD) level of care (LOC), a copy of the Preadmission Screen and Resident Review (PASRR) Level II Screen Facesheet, F-20853, that states the member needs specialized services must be attached to the request.

### SECTION I – PROVIDER INFORMATION

**Element 1 – Name – Billing Provider (Practice Location)**

Enter the billing provider's name.

**Element 2 – National Provider Identifier (Required)**

Enter the billing provider's 10-digit National Provider Identifier.

**Element 3 – Taxonomy Code (Required)**

Enter the billing provider's taxonomy code.

**Element 4 – ZIP+4 Code**

Enter the billing provider's practice location's ZIP+4 code.

**Element 5 – Billing Provider's Medicaid Provider Number**

Enter the eight-digit Medicaid provider number of the provider who will be submitting claims.

**Element 6 – Address – Billing Provider**

Enter the billing provider's address, including the street, city, state, and ZIP+4 code.

**Element 7 – Name – Nursing Home Contact Person**

Enter the name of the person who is most able to answer questions that may arise regarding all aspects of the nursing home LOC determination for the member.

**Element 8 – Telephone Number – Nursing Home Contact Person**

Enter the telephone number, including the area code, of the nursing home contact person.

**SECTION II – MEMBER INFORMATION**

**Element 9**

Indicate whether this is a new or initial request, a revised start date, or an added or revised discharge date.

To establish a nursing home LOC, the nursing home should select “New or Initial Request.” If the effective date of a nursing home LOC for a member needs to be changed, select “Revised Start Date.” If “Revised Start Date” is selected, the provider is required to complete Element 15. If a member is discharged from a nursing home, providers are required to select “Added or Revised Discharge Date.” If “Added or Revised Discharge Date” is selected, Element 16 must be completed.

**Element 10 – Name – Member**

Enter the member’s last name, first name, and middle initial. Use Wisconsin’s Enrollment Verification System (EVS) to obtain the correct spelling of the member’s name. If the name or spelling of the name on the ForwardHealth ID card and the EVS do not match, use the spelling from the EVS. It is important that the spelling of the name on this form matches the spelling of the name on the member’s Minimum Data Set (MDS) Admission Assessment.

**Element 11 – Member ID Number**

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

**Element 12 – Social Security Number – Member**

Enter the member’s nine-digit Social Security number. Do not enter any other numbers or letters.

**Element 13 – Date of Birth – Member**

Enter the member’s date of birth in the MM/DD/CCYY format.

**Element 14 – Requested Start Date for Nursing Home LOC**

Enter the requested start date for the nursing home LOC in MM/DD/CCYY format.

**Element 15 – Nursing Home Discharge Date**

Enter the requested discharge date for the nursing home LOC in MM/DD/CCYY format.

**Element 16 – Minimum Data Set (MDS) Admission Assessment Submittal**

Enter an “X” in the appropriate box.

For cases where an MDS admission assessment will not be submitted due to a short-term stay, providers are required to submit a copy of the following information:

- Physician’s orders admitting the member to a nursing home
- All nursing medical notes
- Member’s discharge summary

This information will be used in the nursing home care determination process.

# **ATTACHMENT 2**

## **Nursing Home Care Determination Request**

(A copy of the “Nursing Home Care Determination Request” form is located on the following page.)

**FORWARDHEALTH  
NURSING HOME CARE DETERMINATION REQUEST**

**Instructions:** Type or print clearly. Before completing this form, refer to the Nursing Home Care Determination Request Completion Instructions, F-01020A. When submitting a Nursing Home Care Determination Request to establish an intellectual/developmental disability (DD) level of care (LOC), attach a copy of the Preadmission Screen and Resident Review (PASRR) Level II Facesheet, F-20853, that states the member needs specialized services. A request will not be processed without one.

**SECTION I – PROVIDER INFORMATION**

1. Name – Billing Provider (Practice Location)

2. National Provider Identifier (Required)

3. Taxonomy Code (Required)

4. ZIP+4 Code

5. Billing Provider's Medicaid Provider Number

6. Address – Billing Provider (Street, City, State, ZIP+4 Code)

7. Name – Nursing Home Contact Person

8. Telephone Number – Nursing Home Contact Person

**SECTION II – MEMBER INFORMATION**

9. Select One

- New or Initial Request       Revised Start Date (Element 15)       Added or Revised Discharge Date (Element 16)

10. Name – Member (Last, First, Middle Initial)

11. Member ID Number (Required)

12. Social Security Number – Member

13. Date of Birth – Member

14. Requested Start Date for Nursing Home LOC

15. Nursing Home Discharge Date

16. Minimum Data Set (MDS) Admission Assessment Submittal

- An MDS Admission Assessment will be submitted to the Centers for Medicare and Medicaid Services (CMS) MDS system.  
 An MDS Admission Assessment will not be submitted to the CMS MDS system.

For cases where an admission assessment will not be submitted to CMS (i.e., for a short-term stay [13 days or less]), providers are required to submit a copy of the following with this form:

- Physician's orders admitting the member to the nursing home
- All nursing medical notes
- Discharge summary