APPROVAL OF NURSING HOME LEVELS OF CARE DURING COVID-19

Effective immediately and for the duration of the public health emergency related to COVID-19, ForwardHealth will grant all submitted nursing home level of care determination forms for dates of service on and after March 1, 2020. These changes are issued in response to COVID-19 pursuant to section 1135 of the Social Security Act waiver of 42 C.F.R. § 483.20 on a "blanket" basis determined by the federal Centers for Medicare & Medicaid Services. As a result, these changes are in effect with a retroactive date of March 1, 2020, through the end of the national public health emergency, including any extensions. ForwardHealth will publish additional guidance about the topics addressed in this ForwardHealth Update when the temporary policies related to COVID-19 expire.

Facilities are still required to submit the Nursing Home Care Determination Request form, F-01020 (07/2018), for a level of care to become effective. Skilled nursing facilities are expected to utilize their clinical expertise, in accordance with ForwardHealth coverage policies, to ensure members are served in appropriate settings.
ForwardHealth is also suspending the requirement that a nursing home level of care be supported by a qualifying minimum data set assessment at least every 120 days. The federal Centers for Medicare & Medicaid Services has waived timely minimum data set completion requirements. Any member whose nursing home level of care is scheduled to lapse during the public health emergency due to the lack of a qualifying minimum data set assessment will have their level of care extended for another 120 days.

Facilities are reminded that when a member is discharged, the level of care determination form must be submitted to ForwardHealth with an end date. End-dating levels of care is critical to ensure that discharged members have access to other services.

**Documentation Retention**

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9). Additional information regarding documentation requirements is available in the ForwardHealth Online Handbook:

- [Financial Records](#201)
- [Medical Records](#202)
- [Preparation and Maintenance of Records](#203)
- [Record Retention](#204)
- [Availability of Records to Authorized Personnel](#1640)

Providers are required to produce and/or submit documentation to ForwardHealth upon request. ForwardHealth may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in sanctions, including, but not limited to, termination from Wisconsin Medicaid.

**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 information provided in this ForwardHealth Update is published in accordance with the blanket waiver authority provided by the Centers for Medicare & Medicaid Services under Section 1135 of the Social Security Act, pertaining to 42 C.F.R. § 483.20.