DC Department of Health Care Finance

Eligibility for Medicaid Long Term Care Nursing Facility Services

Long term care services and supports (LTCSS) help people with a chronic illness or disability meet health or personal care needs. Most LTCSS assist people with activities of daily living, such as dressing, bathing and using the bathroom. LTCSS can be provided at home, in the community, or in a nursing home or other facility. A person may need LTCSS for a short period of time after an acute illness or hospitalization or over several months or years.

In order to receive LTCSS, including nursing facility services, through the Medicaid program, an individual must obtain a level of need determination completed through a nurse assessment. This document provides answers to frequently asked questions about obtaining an assessment and other general information regarding eligibility for nursing facility services

FREQUENTLY ASKED QUESTIONS

What is a nurse assessment?

A nurse assessment is an in-person or face-to-face assessment conducted by a registered nurse to determine your eligibility for nursing facility services.

How do you receive a nurse assessment?

An individual can obtain a face-to-assessment by faxing a Prescription Order Form (POF) to DHCF's contractor, Delmarva Foundation.

What is a Prescription Order Form?

A Prescription Order Form (POF) is an order by a clinician to verify that an individual needs LTC services.

Which LTC services need to be ordered via the POF?

Most LTC services already require a POF. Effective July 1, 2017, a POF will also be required to order an assessment to determine initial eligibility for nursing facilities and to participate in the Elderly and Persons with Physical Disabilities (EPD) Waiver program.

Who can sign a POF?

The POF must be signed by a physician or an advanced practice registered nurse. The POF must be completed in its entirety in order to be processed.

Does the ordering clinician need to meet any other requirements?

Yes, the ordering clinician must be an enrolled Medicaid provider.

What if the ordering clinician is not enrolled as a D.C. Medicaid provider?
The ordering clinician may submit a streamlined enrollment application to become an ordering and referring Medicaid provider. The link to the streamlined application is available at: www.dcpdms.com

Where is the POF submitted?
The POF must be faxed to the Delmarva Foundation. The fax number is (202) 698-2075.

What happens after the POF is submitted?
After a complete POF is faxed to the Delmarva Foundation, a representative of Delmarva will contact the individual to ensure that the face-to-face assessment to determine eligibility for LTC services is conducted within 5 calendar days.

What happens if the POF is not complete?
Delmarva will make three attempts to contact the ordering clinician to obtain missing information. If the missing information cannot be completed, Delmarva will not conduct a face-to-face assessment.

Do I need to submit any other documents for nursing facility services?
Yes, you will also need to fax a complete a Preadmission Screening Resident Review (PASRR) with the POF.

What is a PASRR?
The PASRR is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASRR requires that: 1) all applicants to a Medicaid-certified nursing facility be evaluated for mental illness and/or intellectual disability; 2) services are offered in the most appropriate setting for their needs (in the community, a nursing facility, or acute care setting); and 3) individuals receive the services they need in those settings.

Do I need to submit the Level 1 and Level 2 PASRR?
No, you only need to fax a complete Level 1 PASRR along with the POF.

Where is the Level 1 PASRR submitted?
The Level 1 PASRR must also be faxed to the Delmarva Foundation for review along with the POF. The fax number is (202) 698-2075.

Who must complete the PASRR?
A Level 1 PASRR may be completed by a physician, APRN, discharge planner, nurse, or case manager. However, a physician must sign Section A if applicable.

Where can I obtain a POF and a PASRR?

The POF and Level 1 PASRR may be obtained from DHCF's website at https://dhcf.dc.gov under the Provider tab (Provider Information and Forms).

What happens after Delmarva reviews the PASRR?
Delmarva will review the Level 1 PASRR for completeness along with the results from the face-to-face assessment, and subsequently issue the determination form and nursing facility level of care approval or denial letter.

Does Delmarva conduct annual re-assessments for nursing facility placements?
No, Delmarva will not conduct annual re-assessments.

How long is the initial nursing facility level of care valid?
For nursing facilities, the level of care determination is valid for a period up to 12 months unless there is a change in health condition, or a decertification is recommended subsequent to a continued stay review conducted by Qualis Health.

What happens if the person experiences a change in health condition or a decertification is recommended by Qualis Health?
The beneficiary may fax a POF and PASRR form to Delmarva to conduct a re-assessment to receive a new determination form and letter verifying a nursing facility level of care.

LTC Service Definitions

Nursing Facility services- *Services offered within a long term care facility including the availability of nursing care 24 hours a day, physical therapy, occupational therapy, speech therapy, social services, medications, supplies, equipment, and other services necessary to the health of the patient.*

State Plan Adult Day Health Program - *The ADHP seeks to encourage older adults to live in the community by offering non-residential medical supports and supervised, therapeutic activities in an integrated community setting; foster opportunities for community inclusion; deter more costly facility-based care.*

Personal Care Aide Services- *Services involving assistance with one or more activities of daily living such as bathing, toileting, and eating that is rendered by a qualified personal care aide under the supervision of a registered nurse.*

EPD Waiver Program- *A Medicaid Waiver program that provides the elderly and individuals with physical disabilities with various home and community-based services and supports to enable someone to live safely in the community.*

EPD Waiver Services – *(1) Case Management; (2) Chore Aide; (3) Respite; (4) Personal Care Aide Services; (5) Homemaker; (6) Personal Emergency Response Services (PERS); (7) Environmental Accessibility Adaptation Services (EAA) services; (8) Adult Day Health; (9) Occupational Therapy; (10) Physical Therapy; (11) Assisted Living; (12) Participant Directed Community Support Services; and (13) Individual Directed Goods and Services.*

For More Information

Information provided in this information sheet is general. For more detailed information:

Delmarva Customer Service Number- (202) 496-6541;

LTC Hotline- (202) 442-5933; or

Aging and Disability Resource Center, Information and Referral/Assistance:

202-724-5626.