Fields of Opportunities

STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 835

DATE: September 9, 2009

TO: Iowa Medicaid Nursing Facility, Intermediate Care Facilities for Persons with Mental Retardation (ICF MR), Mental Health Institutes (MHI), Psychiatric Medical Institution for Children (PMIC) and Residential Care Facility (RCF) Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Case Activity Reports, Form 470-0042

EFFECTIVE: Upon Receipt

Purpose:
The *Case Activity Report*, Form 470-0042, provides a mechanism for nursing facilities, ICFs/MR, mental health institutes, PMICs, and residential care facilities to report individual resident activities occurring at the facility level that may affect eligibility. The Case Activity Report has been updated and is now available in a template format, so facility staff can complete electronically. Attached is a copy of the new form, revised in June 2009.

Source:
This template can be found on the IME website at:
http://www.ime.state.ia.us/Providers/Forms.html#search=forms.

Facilities can also order supplies through Iowa Prison Industries at Anamosa. A limited supply of this form is available in three-part precarboned pads, as multiple distributions are no longer necessary. Once the supply of three-part precarboned pads is depleted, the form will only be available in single page format. When using the attached, providers should keep a copy and distribute by fax, e-mail or postal mail.

Completion:
Facility staff must complete the form when:

- ♦ A resident applies for Medicaid.
- ♦ A Medicaid-eligible person enters the facility.
- ♦ A Medicaid-eligible resident's Medicare coverage starts or stops and the Medicaid rate is higher than the Medicare rate.
- ♦ A Medicaid-eligible resident dies or is discharged.

Section 1. Member Data**:** This **s**ection contains resident-specific information. The first name, middle initial, and last name should be used as they appear on the *Medical Assistance Eligibility Card*. The "Date Entered Facility" is the date the resident entered the facility for the first time or was readmitted to the facility following a discharge.

Section 2. Facility Data: This section contains information on the facility involved and the person filling out the form. The provider number or national provider identifier must correspond with the level of care indicated in Section 3. The "DHS Per Diem" is the facility's computed rate. The "Date Completed" is the date the form is completed and sent to the Department local office.

Section 3. Level of Care: This section identifies the process used to determine level of care (IME Medical Services Unit, Medicare, managed care contractor, or out-of-state skilled preapproval) and the effective date of the determination.

Section 4. Medicare Information for Skilled Patients in Facilities:
This section reflects Medicare coverage that may be applicable to skilled care. This section is completed when there is Medicare coverage and the Medicaid rate is higher than the Medicare rate.

Section 5. Discharge Data: This section is completed to identify the date and reason for discharge. The information under "Last Month in Facility" is used to recalculate client participation if the client transfers to another facility or living arrangement (not home). Remember that Medicaid does not pay for the date of discharge.

Distribution:
Facilities must submit the form to the applicable DHS office (income maintenance worker and/or IME Medical Services Unit) within two business days of the action.

NFs, ICF/MRs, SNFs and Mental Health Institutes:

- Mail, e-mail or fax a copy to your county DHS income maintenance worker.
- Keep a copy.

PMICs:

- Mail, e-mail or fax a copy to your county DHS income maintenance worker.
- Keep a copy.
- Mail or fax a copy to IME Medical Services ONLY for voluntary placements

  IME Medical Services: Iowa Medicaid Enterprise
  100 Army Post Rd, PO Box 36748
  Des Moines IA 50315
  Fax: 515-725-1355

RCFs:

- Mail, e-mail or fax a copy to your county DHS income maintenance worker.
- Keep a copy.

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us