



INFORMATIONAL LETTER NO. 524

DATE: August 29, 2006
TO: All ISIS Users
FROM: Iowa Medicaid Enterprise (IME), Bureau of Long Term Care
SUBJECT: Revised Level of Care Process for Nursing Facility and ICF/MR programs

Beginning October 1, 2006, the process for determining level of care for nursing facility and ICF/MR programs is revised. This release is being sent to provide information on the new process.

Summary

For all new admissions, **or** if an individual applies for Medical assistance following a private pay admission:

- A Level of Care Certification for Facility, form (470-4393) must be completed by a medical professional (physician, physician's assistant or ARNP) to verify need for program admission and level of care criteria. For new admissions, the form must be completed by a medical professional that is not employed, under contract or otherwise associated with the facility.
- The completed Level of Care Certification for Facility, form (470-4393) is faxed to the IME Medical Services Unit nurse review staff at (515) 725-1355. The completed form may be faxed by the medical professional **or** others involved in assisting in arranging the services (i.e. facility staff, hospital discharge planner, case manager or family member).
- The IME Medical Services Unit nurse reviewer will make a level of care determination based on the information provided on the Level of Care Certification for Facility, form (470-4393).

If a significant change occurs within an individual situation, which may require a change in level of care, the facility will be responsible for initiating the reassessment process. (i.e. coordinate completion and submission of a new Level of Care Certification for Facility, form 470-4393 by a medical professional who may be associated with the facility).

Additional Information

Attached are the following documents:

- Informational Letter No. 519 - sent to Medicaid participating physicians, physician assistants and advanced registered nurse practitioners (ARNPs) to explain new process.
- Informational Letter No. 520 – sent to Medicaid participating nursing facilities and ICF/MRs to explain new process.
- Level of Care Certification for Facility (*draft*), form (470-4393) and instructions

The IMW will provide the Level of Care Certification for Facility, form (470-4393) to the applicant or representative at the time of a new application.

- The *draft* form can be used if needed prior to the final form being available.
- Forms and instructions are also available on the IME website at:
<http://www.ime.state.ia.us/LTC/LevelOfCare.html>
- The informational letters are also available on the IME website at:
<http://www.ime.state.ia.us/Providers/Bulletins/Bulletins2006.html>

For assistance with this process contact your supervisor. For questions related to this release, please contact the applicable program managers:

ICF/MR – Debbie Johnson at (515) 725-1012 or djohnso6@dhs.state.ia.us

Nursing Facility – Jennifer Steenblock at (515) 725-1299 or jsteenb@dhs.state.ia.us

CC: Office of Field Support - Jim Krogman and Jim Daumueller
Division of Financial, Health & Work Supports - Anita Smith
ISIS helpdesk

Attachments: *Draft* Level of Care Certification for Facility, form (470-4393) and instructions
Informational Release No. 519
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