
INSTITUTIONALIZATION

PHYSICIAN'S CERTIFICATION

**B. POLICY/
PROCEDURES**

Prior to the approval of a MAO Long Term Care case (including SSI-only and/or DHS LTC cases), the following documentation of medical necessity must be present in the case record. Note: The physician's certification requirement is in addition to a DDS decision for establishing disability for categorical relatedness.

**1. LTC in a
Nursing
Facility
(DOM-260NF)**

Individuals who enter LTC in a nursing facility must have a DOM-260NF completed and signed by a physician. The nursing facility must provide the Regional Office with a copy of the completed/signed and dated DOM-260NF before the LTC application can be approved. The physician's signature certifies the medical necessity of the placement for eligibility purposes. The physician must also mark one of the 3 lower "Choice" boxes. If no "Choice" is checked, the 260 is invalid, and eligibility cannot be approved.

If the 2nd block is checked, a Level II screening is required and a memo from the Health Department indicating an approval of a Level II screening which is called PASARR is required. This is the review the Department of Mental Health must complete for a patient who has a diagnosis or related condition of mental illness or mental retardation. The PASARR is Pre-admission Screening Annual Resident Review. The cover memo signed by the Department of Mental Health indicates two types of approvals; however, either type of approval is permissible for eligibility purposes.

If the memo is not received or if the memo indicates denial, the 260NF is invalid and eligibility cannot be approved.

The initial DOM-260NF valid at the time of admission remains valid until it is replaced with a new form or rescinded by DOM medical staff.

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A new DOM-260NF is required only when a reapplication is filed on an applicant who has been ineligible for Medicaid for a period longer than 2 months and there has been a break in institutional status. No new DOM-260NF is required if the applicant is still in LTC and continuity of patient status has not been interrupted. Periods of ineligibility that exceed 12 months require a new DOM-260NF.

If no DOM-260NF is received by the Regional Office by the end of the application processing period, the application must be denied.

Effective November 1, 1999, in conjunction with the new Long Term Care Alternatives Program, a legible copy of the 260NF must be faxed to the DOM State Office in Jackson within twenty-four hours of completion of the form. This time frame is for any 260NF that does not require a Level II evaluation. A 260NF that requires a Level II evaluation will not be submitted to the DOM until the Appropriateness Review Committee (ARC) with the Department of Mental Health has approved the individual for nursing facility placement.

**2. LTC in an
ICF-MR
(DOM-260MR)**

Placement in an ICF-MR requires that a physician sign and a DOM-260MR and medical staff with the Department of Mental Health approve the DOM-260MR. The ICF-MR facility must provide the Regional Office with a copy of an approved DOM-260 MR before the LTC application can be approved for eligibility purposes.

The initial DOM-260MR approved at the time of admission remains valid until replaced with a new form or rescinded by DOM or Department of Mental Health medical staff.

The same procedures for requiring a new DOM-260NF (described above) apply for requiring a new DOM-260MR. Also, if no DOM- 260MR is received or if the DOM-260MR is disapproved for ICF-MR placement, the application must be denied.

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- 3. Disabled Child Living At-Home (DOM-260DC)** Disabled children age 18 or under in this coverage group must have a completed/signed DOM-260DC by a physician that is sent for review and approval of this type of care with medical staff within the Division of Medicaid's Maternal Child Health (MCH) Unit. The Regional Office must forward the completed DOM-260DC to the MCH Unit for review along with all relevant medical information. A DOM approved DOM-260DC is required prior to approval of a DCLH case. A disapproved DOM-260DC will result in a medical denial.
- Completion of a new DOM-260DC is required at either one-year or three year intervals as required by MHC. Refer to Section G, page 7313 for the criteria of each interval.
- 4. HCBS Waiver Programs (DOM-260HCBS)** Disabled individuals in the Waiver Programs must have a completed/signed DOM-260HCBS by an approved physician. The Regional Office must receive an approved DOM-260HCBS prior to approval of a HCBS Waiver application. A disapproved DOM-260HCBS will result in a medical denial.
- Completion of a new DOM-260HCBS is required every 12 months. Each year the medical necessity of this coverage must be reapproved by DRS/DOM or AAA/DOM.
- 5. LTC in a PRTF** Children who enter a Psychiatric Residential Treatment Facility (PRTF) must be certified by the PRO agency under contract with the Division of Medicaid who determines the medical necessity of the placement. This review is performed separate and apart from the eligibility process and it is not necessary for the Regional Office to verify PRO approval before, during or after the application process. The PRTF must issue a DOM-317 to the appropriate Regional Office in order for payment to the facility to be authorized.

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**6. LTC in a
Swingbed**

If a facility plans to bill Medicaid for a swingbed admission, the facility must issue a DOM-317 to the Regional Office. However, the PRO agency is responsible for authorizing the medical necessity of the swingbed stay and this is performed separate and apart from the eligibility process. It is not necessary for the Regional Office to verify PRO approval for a swingbed stay.