

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: Alabama Medicaid Agency .

Rule No: 560-X-46-.08.

Rule Title: Admission and Periodic Review .

_____ New Rule; X Amend; _____ Repeal; _____ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____ no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____ yes

Is there another, less restrictive method of regulation available that could adequately protect the public? _____ no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? _____ no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? _____ no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____ yes

Does the proposed rule have any economic impact? _____ no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 9-20-13

FOR APD USE ONLY

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ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-46-.08. Admission and Periodic Review

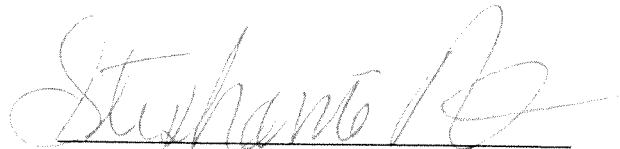
INTENDED ACTION: Amend 560-X 46-.08

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to update outdated policy regarding swing bed admissions and periodic reviews and add the three day qualifying stay in an acute care hospital prior to an admission to a swing bed. Because the reference forms in the original rule have changed, the form citations are being updated.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than November 5, 2013.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-46-.08. Admission and Periodic Review

(1) The Medicaid ~~Long Term Care Admissions/Records Unit~~ Medical and Quality Review Unit or designee will perform preadmission review of all Medicaid admissions to ~~assure~~ ensure the necessity and appropriateness of the admission and that a physician has certified on the date of admission, ~~the~~ need for swing bed care. Medicaid or its designee will certify the level of care required by the patient at the time of admission by utilizing Form 199 ~~the XIX-LTC-4 forms~~.

(2) For applications which are not approved by the ~~Long Term Care Medical and Quality Review Unit~~ or its designee, ~~Admissions/Records Unit~~ the Medicaid staff physician ~~a Medical Director~~, will review and either approve or deny the medical eligibility.

(3) Recipients must meet Skilled Nursing Facility ~~-(SNF)~~ medical and financial requirements for swing bed admissions just as they are required for SNF admissions. Refer to Chapter 10 and Chapter 25.

(4) For recipients who receive retroactive Medicaid eligibility while utilizing swing bed services, the hospital should furnish a ~~form MED-54~~ attaching all doctors' orders, progress and nurses' notes for the time in question to ~~Long Term Care Admissions/Records Unit~~ Medicaid's fiscal agent.

(5) Medical approvals may be issued by the Medicaid ~~Long Term Care Medical and Quality Review Unit~~ or designee ~~Admissions/Records Unit~~ if the information provided to Medicaid documents the need for SNF care and the recipient meets criteria set forth in Rule 560-X-10-.~~13~~10 for SNF care.

(a) The admission application packet must be sent to the Medicaid Long Term Care Medical and Quality Review unit or designee ~~Admissions/Records Unit~~ within 30~~60~~ days from the date Medicaid coverage is sought and consist of:

1. ~~A~~ a fully completed Medicaid Status Notification Form 199 ~~XIX-LTC-4~~ including all documentation certified by the applicant's attending physician to support the need for nursing home level of care. Refer to Rule 560-X-10-.~~140~~ and ~~.13~~, -for in-depth information.

(b) Once the ~~LTC-4~~ Form 199 has been reviewed and approved medically, the facility is notified by a letter ~~advising the LTC-2 form~~ that the patient is medically and financially eligible for swing bed services. ~~The XIX-LTC-2A is sent to the facility advising that medical eligibility is established, but financial eligibility has not been determined. If the LTC-2A is received, the facility should advise the patient or sponsor of the need to establish financial eligibility by making an application at the District Office.~~

(6) Continued stay reviews are required to assure the necessity and appropriateness of skilled care and effectiveness of discharge planning. Recertification of SNF patients is required 30, 60, and 90 days after admission and then every 60 days thereafter. Physicians must state "I certify" and specify that the patient requires skilled care for continued stay in the facility. Facilities must have written policies and procedures for recertification. ~~The Inspection of Care team will monitor these during medical reviews to assure compliance~~

(7) Reimbursement requires a 3-day qualifying stay in any acute care hospital prior to admission to a swing bed in any hospital. The swing- bed stay must fall within the same period of illness as the qualifying stay.

Author: Jerri Jackson, Associate Director, Institutional Services Unit.

Statutory Authority: Title XIX, Social Security Act; State Plan, Attachment 3.1-A, 4.19-D; 42 CFR Section 435.1009, 456.1, 435.911, 409, Subpart D; 482.66.

History: Emergency Rule effective March 30, 1989. Permanent rule effective July 13, 1989. Amended: Filed August 20, 1999; effective November 10, 1999. Amended: Filed September 20, 2013.