

**I-1000 MEDICAL CERTIFICATION****I-1010 REQUIREMENT****I-1010.1 Long-term Care and Home and Community Based Services Only**

An individual must meet Long-term Care (LTC) medical certification criteria to be eligible for nursing facility (NF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) vendor payment or Home and Community Based Services (HCBS). To meet this criteria the individual must meet the level of care for institutionalization in a nursing facility or ICF/IID.

The level of care determination is made by the Office of Aging and Adult Services (OAAS), the Office for Citizens with Developmental Disabilities (OCDD) or the designees of each agency for the respective programs.

**OAAS**

- Nursing Facility Admission
- Home and Community Based Waivers
  - Community Choices Waiver (CCW)
  - Adult Day Health Care (ADHC)

**OCDD**

- ICF/IID Admission
- Home and Community Based Services
  - New Opportunities Waiver (NOW)
  - Children’s Choice Waiver (CC)
  - Supports Waiver (SW)
  - Residential Options Waiver (ROW)

The medical certification is separate from and unrelated to any determination of disability made by MEDT or SSA/SSI.

**Nursing Facility Admission**

Eligibility will be the later of the medical certification approval date, the date of admission, or the date that financial eligibility is established.

For individuals seeking admission to a Medicaid-certified nursing facility, regardless of the source of payment for the nursing facility services, the medical certification shall be obtained from the Office of Aging and Adult Services (OAAS) and/or the appropriate Level II authority prior to admission.

The individual must be admitted to the facility within 30 days of the date of the medical certification. If the individual is not admitted within 30 days of the certification approval date, a new medical decision is needed. If a time limited (temporary) medical certification is issued, it is the responsibility of the nursing facility to submit a continued stay request to OAAS timely to avoid a lapse in Medicaid vendor payment.

The pre-admission process is applicable for nursing facility admission and is not applicable to ICF/IID and HCBS Waivers.

### **ICF/IID Admissions**

Eligibility will be the later of the medical certification approval date, the date of admission, or the date that financial eligibility is established.

### **Home and Community Based Services**

Eligibility will be the later of the medical certification approval date, or the date that financial eligibility is established.

## **I-1010.2 Louisiana Coordinated System of Care only**

The Coordinated System of Care (CSoC) was developed for Louisiana's children and youth with significant behavioral health challenges that are in or at risk of out of home placement. To receive services through the Louisiana Behavioral Health Partnership (LBHP) or Coordinated System of Care (CSoC), individuals must meet a level of need and in some instances a level of care for nursing facility or hospital placement.

Individual assessments are made by the CSoC Contractor's Care Manager and submitted to the CSoC Contractor. The CSoC Contractor submits approvals for eligible individuals.

A new determination will be made every 6 months for CSoC children.

**I-1010.3 Program for All-Inclusive Care for the Elderly (PACE) only**

The PACE organization provides services to frail elderly qualifying individuals who require the level of care provided in a nursing facility. PACE programs provide services primarily in an adult day health center and are supplemented by in-home and referral services in accordance with the enrollee's needs.

The PACE provider completes an individual assessment of the enrollee for OAAS to review. OAAS determines whether the enrollee meets the level of care required to receive services through the PACE program.

Eligibility will be the first day of the calendar month following the date the signed enrollment agreement is received by the PACE organization if the individual meets Medicaid financial eligibility and medical certification approval.

**I-1010.4 ACT 421 Children's Medicaid Option (TEFRA)**

The Act 421-CMO program provides healthcare services to children with complex medical needs living at home that are under the age of 19, regardless of parental income and resources.

The Office for Citizens with Developmental Disabilities (OCDD) Local Governing Entity (LGE) completes the assessment for children needing services and determines if the level of care requirement is met.

Eligibility will be the later of the medical certification approval date, or the date that financial eligibility is established.

**I-1011 LEVEL TWO SCREENING FOR ADMISSION TO LTC INSTITUTIONS/FACILITIES**

Level Two Screening is an additional assessment of the appropriate placement for all new admissions with a diagnosis of mental illness (MI) or intellectual disability (ID). The medical certification may be delayed pending completion of the Level Two Screening.

A Medicaid-certified nursing facility shall not admit an individual with a diagnosis of a serious MI or ID without a preadmission screening and a decision from the Level II authority.

OCDD is responsible for the Level II screening and level of care determination for persons with intellectual disabilities (ID).

Office of Behavioral Health (OBH) is responsible for the Level II screening and level of care determination for persons with the diagnosis mental illness (MI).

## **I-1020 VERIFICATION**

### **I-1020.1 LTC**

The medical certification approval or denial is documented on BHSF Form 142 indicating the effective date and level of care.

The medical certification approval remains valid unless the individual:

- Does not admit to a nursing facility within 30 days of the approval date (the approval date counts as day one),
- Breaks institutional care,
- Has a temporary medical approval, or
- Changes the level of care.

### **I-1020.2 HCBS**

The medical certification approval or denial is documented on the BHSF Form 142, which will indicate the effective date and type of waiver program. The medical certification approval remains valid unless the individual is permanently discharged from waiver.

### **I-1020.3 CSoC**

The medical certification approval process is handled by the CSoC contractor with the CSoC Care Manager conducting the initial screening. After eligibility is established, the Contractor submits which services the child is eligible for, the date span for the waiver and the child's living setting directly to provider enrollment to add eligibility to the enrollee's file.

**I-1020.4 PACE**

The medical certification approval or disapproval for enrollment is documented on the BHSF Form 142. Once enrolled, the medical certification remains valid unless the participant is disenrolled from the PACE program.

**I-1020.5 ACT 421 Children's Medicaid Option (TEFRA)**

The medical certification for enrollment is documented on the BHSF Form 142, which will indicate the approval or disapproval of the level of care and the effective date of medical certification. After eligibility is established, OCDD LGE assesses the Act 421-CMO beneficiary annually to determine that the level of care requirement continues to be met. \*\*

**I-1030 DOCUMENTATION**

A copy of the Medical Certification Form 142 is filed in the Enterprise Document Management System (EDMS).