

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	2575	Effective Date:	February 2020
	Policy Title:	Limited Stays		
Policy Number:	2577	Previous Policy Update:	MT 7	

REQUIREMENTS

A level of care (LOC) may be approved for certain LA-D COAs for a specified number of days based on an individual's physical and mental condition.

BASIC CONSIDERATIONS

A limited stay LOC is authorized in one of the following ways:

- AHS authorizes limited stays by approving a LOC for a specified number of days on Form DMA-6 for the Deeming Waiver COAs and effective 4/1/03, on an approved LOC instrument for swing bed A/Rs.
- The CCSP Assessment Team approves the limited stay LOC for CCSP A/Rs using the Form 5588.
- Effective 4/1/03, the limited stay LOC for NOW/COMP is approved by a DHR vendor via an approved LOC instrument.
- Effective 4/1/03, ICWP case managers approve the limited stay LOC by completing the Form DMA-6.
- The NH submits a Form DMA-59 to DFCS at initial application for Medicaid under the NH COA. All NH stays are assumed to be permanent stays until notification that the A/R no longer resides in the NH or has switched to another COA. All NH LOCs are treated as "skilled" care. **Exception:** IC-MR LOC and swing bed residents.

PROCEDURES

Follow the steps below to authorize a vendor payment:

- Step 1** Screen every Form DMA-6 or approved LOC instrument for a limited stay when it arrives at the DFCS office.
- Step 2** Authorize and terminate the vendor payment for the stay (number of days) indicated on the LOC form. Do not authorize a vendor payment for any day(s) not covered by the LOC instrument.
- Refer to Chart 2576.1 – Determining the Initial Payment Authorization Date of a Vendor Payment to determine the first Payment Authorization Date to enter on the INST screen.
 - Enter the day after the last day of the stay approved on Form DMA-6 or approved LOC instrument as the Payment Termination Date of the vendor payment termination. NH payment termination date should be the actual date of discharge/death.
- Step 3** Notify the A/R or PR and Medicaid facility of the extended level of care dates.
- Step 4** If another Form DMA-6 or other approved LOC instrument is received indicating additional days have been approved for the limited stay, extend the payment termination date to reflect the extension. File the new LOC instrument in the case record.

Refer to Chart 2577.1 – Extending the Limited Stay. Notify the A/R of the extension of the vendor payment.

If another Form DMA-6 or other approved LOC instrument is not received prior to the termination of the Level of Care, complete a CMD. Refer to Section 2055, Continuing Medicaid Determination.

NOTE: If Medicaid is terminated as a result of the CMD and a new Form DMA-6 other approved LOC instrument is subsequently received within 30 days of the termination date on the system, reopen the case as closed in error. If a new LOC instrument is received more than 30 days after the system termination date, process a new application.

NOTE: The limited stay has no effect on Medicaid eligibility for an A/R who is eligible under a class of assistance (COA) that does not require the A/R to meet the length of stay (LOS) and level of care (LOC) basic eligibility criteria.

Use the following chart to determine the specific actions to be taken based on whether an additional stay is approved:

Chart 2577.1 – Extending the Limited Stay	
IF	THEN
<p>the approved stay expires after disposition of the application and initial vendor payment authorization</p> <p style="text-align: center;">AND</p> <p>the receipt of a second Form DMA-6 or approved LOC instrument indicates that an additional stay has been approved and there is no gap in coverage or change in LOC</p>	<p>authorize the vendor payment for the additional stay by completing the appropriate fields on the ABD screen(s) for every affected benefit month and changing the “Term Date” to the day following the end date of the new LOC instrument.</p>
<p>the approved stay expires after disposition of the application and initial vendor payment authorization</p> <p style="text-align: center;">AND</p> <p>there is a gap in days between the end date of the old DMA-6 or approved LOC instrument and the payment date of the new LOC instrument</p>	<p>authorize the vendor payment for the additional stay for every affected benefit month by completing the appropriate fields on the ABD screen(s). Enter a “Discharge Date” that is the same as the original “Payment Term Date.” The admission date will be the new LOC instrument payment date.</p>
<p>the approved stay expires after disposition of the application and initial vendor payment authorization</p> <p style="text-align: center;">AND</p> <p>the receipt of the second DMA-6 or LOC instrument (NOW/COMP, swing bed or ICWP only) indicates there is a change in the LOC (Change in LOC is not applicable for CCSP/Hospice/NH A/Rs.)</p>	<p>authorize the vendor payment for the additional stay and change in LOC for every affected benefit month by completing the appropriate fields on the ABD screen(s). Change the LOC to the appropriate new code and update the “Payment Auth Date” to the payment date and the “Payment Term Date” to the day after the end date on the new approved LOC instrument.</p>
<p>the approved stay expires after disposition of the application and initial vendor payment authorization</p> <p style="text-align: center;">AND</p> <p>an additional stay has been requested but denied</p>	<p>terminate Medicaid under the existing COA and complete a CMD for a COA not requiring a LOC.</p>

Chart 2577.1 – Extending the Limited Stay (cont.)

IF	THEN
<p>the approved stay expires prior to disposition of the application and initial vendor payment authorization</p> <p style="text-align: center;">AND</p> <p>the receipt of a second Form DMA-6 or approved LOC instrument indicates that an additional period of time has been approved</p>	<p>approve retroactive and/or ongoing Medicaid for the month(s) of the limited stay(s)</p> <p style="text-align: center;">AND</p> <p>authorize the vendor payment for the limited stays approved on the two forms. Use the day following the ending date on the second form as the Payment Termination Date in the system.</p>
<p>the approved stay expires prior to disposition of the application and initial vendor payment authorization</p> <p style="text-align: center;">AND</p> <p>an additional stay has not been requested</p> <p style="text-align: center;">OR</p> <p>an additional stay has been requested but denied</p>	<p>deny ongoing Medicaid under the existing COA and complete a CMD</p> <p style="text-align: center;">AND</p> <p>approve retroactive Medicaid for the month(s) of the original stay, if eligible</p> <p style="text-align: center;">AND</p> <p>authorize the vendor payment in the system for the period of time of the limited stay approved on Form DMA-6 or approved LOC instrument.</p>