

2240 – LEVEL OF CARE**POLICY STATEMENT**

An approved level of care (LOC) is a basic eligibility requirement for the following ABD Medicaid classes of assistance (COAs):

- AMN Nursing Home/Hospice Care
- Community Care Services Program (CCSP)
- Deeming Waiver (Katie Beckett)
- Hospice Care
- Hospital
- Independent Care Waiver Program (ICWP)
- Model Waiver
- Nursing Home
- Mental Retardation Waiver Program (MRWP)
- Community Habilitation Support Services (CHSS)
- Swing Beds

**BASIC
CONSIDERATIONS**

The Georgia Medical Care Foundation (GMCF) or other DMA approved agency determines the LOC for COAs requiring Form DMA-6, Physicians Recommendation. The CCSP Assessment Team on Form 5588 determines the LOC for CCSP.

For ABD Medicaid eligibility, LOC is defined as nursing facility care and is satisfied with placement in any approved level of nursing facility care.

Form DMA-6 will indicate approval for a specific level of nursing facility care Intermediate Care Facility (ICF), Skilled Nursing Facility (SNF), ICF for the Mentally Retarded (ICF-MR) only for Medicaid reimbursement purposes.

The distinction between different levels of care is not relevant for Medicaid eligibility purposes.

Either a private pay or Medicaid Form DMA-6 is acceptable to determine LOC. A private pay Form DMA-6, however, is valid for only six months, beginning the month of admission.

GMCF or other DMA approved agency may approve a LOC for a specified number of days on Form DMA-6. Refer to Section 2577, Limited Stays, for procedures for a limited nursing home stay.

If a LOC is not approved, DMA is notified by the agency responsible for the decision. DMA then notifies DFCS of non-approval by letter. DFCS cannot approve Medicaid under a Medicaid Cap COA but must review eligibility under other COAs.

**BASIC
CONSIDERATIONS
(cont.)**

If an A/R is discharged from the NH, even if only to another COA (e.g. Hospice) while residing in the NH, a new DMA-6 is not required when the A/R is readmitted to NH COA, providing the limited stay date has not expired. However, a new DMA-6 is required upon readmission to the nursing home if the previous LOS has expired.

Use the following chart to determine how to obtain verification of LOC for each class of assistance:

chart 2240.1 – verifying level of care	
IF A/R is	THEN verify LOC by
in CCSP	<p>page one of Form 5588, CCSP Level of Care and Placement Instrument, approved by the CCSP Assessment (A) Team for any level of nursing facility care.</p> <ul style="list-style-type: none"> • The physician and A Team complete form 5588. • The A Team can approve a LOC for a CCSP stay of up to one year. The stay begins on the day Form 5588 is signed by the A Team. • If the A Team approves a LOC, the Team sends the approved Form 5588 to the CCSP Case Manager, who then sends DFCS a copy of page one of the form. • The A Team will review the LOC before the expiration date in Field 4 L.O.S., on Form 5588. The A Team will route a new Form 5588 to the case manager if the CCSP stay is extended based on the continuing need for a nursing home LOC. The CCSP case manager will send a copy of page one of the new Form 5588 to DFCS. <p>NOTE: If page one of Form 5588 is not sent to DFCS within 30 days of the application date, follow up with the case manager by phone and in writing on Form 5590, Community Care Communicator.</p>
in hospice care at home/or nursing home	<p>receipt of a Hospice Care Communicator stating a prognosis of six months or less life expectancy.</p> <p>NOTE: Form DMA-6 is not required.</p>
in a hospital	<p>written or telephone contact with the hospital.</p> <p>NOTE: Form DMA-6 is not required</p>
in ICWP	<p>Form DMA-6 approved by GMCF for any level of nursing facility care. Obtain a copy of the approved Form DMA-6 from the ICWP case manager.</p>
in MRWP/CHSS	<p>Form DMA-6 approved by GMCF for any level of nursing facility care. Obtain a copy of the approved Form DMA-6 from the MRWP CET.</p>

chart 2240.1 – verifying level of care	
IF A/R is	THEN verify LOC by
in a nursing home	<p>Form DMA-6 approved by GMCF for any level of nursing facility care.</p> <p>Form DMA-6 is completed by the physician and the Director of Nursing at the nursing home.</p> <p>The nursing home telephones GMCF to request prior approval, and then submits the Form DMA-6 to GMCF.</p> <p>If GMCF approves nursing facility care, GMCF sends the approved Form DMA-6 to DFCS.</p> <p>NOTE: If the Form DMA-6 is not received within 30 days of the application date, follow up by phone and in writing on Form 950, Facility Action Request.</p>
in a swing bed	Form DMA-6 showing a skilled or intermediate LOC approval.

<p>under Deeming Waiver or Model Waiver COA</p>	<p>Form DMA-6 approved by GMCF for any level of nursing facility care. Use the following procedures to obtain an approved Form DMA-6.</p> <ul style="list-style-type: none"> • Write Deeming Waiver or Katie Beckett in red in the upper right hand corner Form DMA-6 and enter the EW name and county DFCS return address in item 1. • Give the personal representative (PR) the Form DMA-6 to be completed by child's physician. Require the PR or physician to return the form to DFCS for review. • Require the PR to obtain a psychological evaluation for any child with diagnosis involving mental retardation (MR) or developmental delay (DD), including cerebral palsy, at initial application and every third annual review. The psychological evaluation may be completed by a Ph.D. psychologist, M.Ed., Child Development Specialist (Babies Can't Wait), Developmental Pediatrician or School psychologist. The psychological evaluation must have been completed within the past year. <p>NOTE: A psychological evaluation completed within the past 3 years by a school psychologist is acceptable if the evaluation has been updated by the psychologist within the past year.</p> <ul style="list-style-type: none"> • Complete a Form 188, Social Data Report, in detail on any child. A social data report from another social worker familiar with the situation is also acceptable. • Require the PR to obtain a daily care plan from the physician or primary care provider on any child at initial application and each annual review. • Attach any additional medical information (hospital admission/discharge summary) to the Form DMA-6, along with the care plan, Social Data Report and psychological evaluation, if applicable, and submit Form DMA-6 to GMCF at 57 Executive Park Drive, NE, Suite 200, Atlanta, GA 30329 <p>NOTE: Form DMA-6 must reach GMCF before thirty days from the date of the physician's signature on the form. GMCF will return the Form DMA-6 to DFCS after making a decision on the LOC.</p>
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Use the following chart to determine the actions to be taken after GMCF makes a LOC determination.

CHART 2240.2 – ACTION AFTER A LOC DETERMINATION	
If GMCF	THEN
<p>approves a LOC and sends an approved Form DMA-6 to the county DFCS</p>	<p>approve Medicaid under the appropriate COA upon completion of the eligibility determination.</p> <p>Refer to Section 2551, Patient Liability and Cost Share, and Section 2576, Vendor Payment Authorization, for instructions on the patient liability/cost share determination and vendor payment authorization.</p>

approves a LOC for a limited stay and sends an approved Form DMA-6 to the county DFCS indicating a specified number of days	<p>approve Medicaid under the appropriate COA upon completion of the eligibility determination.</p> <p>Refer to Section 2551, Patient Liability/Cost Share, for instructions on the patient liability/cost share determination. Authorize a nursing home vendor payment or CCSP/ICWP services only for the period of time indicated on Form DMA-6. Refer to Section 2577, Limited Stay.</p>
does not approve a LOC and DMA notifies the county DFCS by letter	do not approve Medicaid under a Medicaid CAP COA. Complete a Continuing Medicaid Determination to review eligibility under all other COAs. Refer to Section 2052, Continuing Medicaid Determination.