

Medicaid Level of Care Screening

Level of care (LOC) screening **must** be completed for Medicaid patients in order to receive Medicaid payments for nursing facility stays. Make sure that the Medicaid LOC screening is requested in a timely manner. A LOC determination may be backdated 30 days if the individual meets level of care and has a completed Level 1 screen.

Who?

- Medicaid patients.
- Medicare patients who will need nursing facility stays beyond full Medicare coverage.
- Private pay patients who no longer have resources to pay.
- Patients for whom you are unsure of payment method.

Why?

To protect Medicaid payment for your facility.

How?

Ask questions upon admission. (Prior to admission if possible!)

- If the stay will be covered by Medicare, a LOC screening is not necessary. If the stay will extend beyond full Medicare coverage (co-insurance days), then request a LOC screening.
- If this is a private pay admit, how long will resources last? Explain Medicaid application process and notify the resident/family that they **MUST** inform the NF when they plan on applying for Medicaid so that a request for screening can be made.
- If this is not a private pay or Medicare covered stay, **request LOC screening immediately!**

Note: If the resident is under 65, they may not have been declared disabled, and therefore would not be eligible for Medicaid. They must make application for disability with the Social Security office. Medicaid may be able to be opened retroactively from the date of disability application. Likewise, the effective date for LOC screening may be backdated, but not more than 30 day prior to the screening request.

WHEN IN DOUBT, CALL MOUNTAIN PACIFIC QUALITY HEALTH (MPQH)!

To request a LOC screen, call MPQH

at **443-0320 (Helena) or 1-800-219-7035,**

or fax at **443-4585(Helena) or 1-800-413-3890.**

PRE-ADMISSION LEVEL I SCREENING

Level I Pre-Admission Screens are required prior to all facility admits (including TCUs and swing beds), no matter the payer, **except:**

- 29-day convalescent leave admits (physician statement is required), and
- Respite under the HCBS waiver.

Medicaid cannot reimburse a facility if a Level I Screen has not been completed even if a Level of Care Screen has been done.