

procedures, plans for continuing care, and plans for discharge.

The above required information will be condensed onto the abstract and forwarded to the NMPSRO for review. The NMPSRO will make a level of care determination and assign an initial continued stay review date. The initial continued stay review date will in most instances be 90 days. The Review Coordinator may assign a length of stay shorter than 90 days based on the recipient's needs and stability of condition. Under no circumstances will the initial period exceed 90 days.

3. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Admission

A physician, physician's assistant or nurse practitioner (as defined in 42 CFR 491.2) must certify need of care at the time of admission or before Medicaid authorizes payment. An interdisciplinary team of health professionals must make a comprehensive medical, social, and psychological evaluation of the recipient's need for admission to the ICF/IID. This evaluation will include diagnoses; summary of present medical, social and family history; mental and physical functional capacity; prognoses; types of services needed; evaluation of resources available in the home, family and community; and a recommendation concerning the need for admission to the ICF/IID.

C. Continued Stay Review

Continued stay review will be accomplished through the submission of an abstract to the NMPSRO for review and/or through on-site review.

Using the level of care criteria described in this plan, the reviewer will review the abstract and make a determination as to the continued need for level of care and assign a recertification date for review.

1. SNF

In most instances the reviewer will assign a continued stay review date of 90 days. The reviewer has the option of assigning a period of less than 90 days, based on the recipient's medical needs and stability of condition. Under no circumstances will the continued stay review exceed 90 days.

2. ICF

In most instances the reviewer will assign a continued stay review date of 6 months. The reviewer has the option of assigning a period less than 6 months, based on the recipient's medical needs and stability of condition. Under no circumstances will the continued stay review date exceed 6 months.

3. ICF/IID

In most instances the reviewer will assign a continued stay review date of 12 months. The reviewer has the option of assigning a period of less than 12 months, based on the recipient's medical needs and stability of condition. Under no circumstances will the continued stay review date exceed 12 months. A physician, physician's assistant or nurse practitioner (as defined in 42 CFR 491.2) must recertify that ICF/IID services are needed at least every 12 months.

4. Change in Level of Care

When it has become apparent that a recipient's condition and needs have changed sufficiently to warrant a different level of care, it is the responsibility of the physician, physician's assistant or nurse practitioner (as defined in 42 CFR 491.2) and the facility to submit an abstract reflecting these changes so that a new level of care determination can be made.

D. Abstract & Forms

Attached is a copy of the abstract and other forms to be used in carrying out long term care review. Instructions for completion of the abstract can be found in the accompanying manual.

E. Appeals

Should the NMPSRO, through carrying out this plan, render an adverse decision regarding admission, level of care, or length of stay, the following appeal procedure is available.

Any resident, admitting/attending physician or provider of services who is dissatisfied with an adverse review determination of the NMPSRO may request a reconsideration of such determination by the NMPSRO LTC Subcommittee. After the procedures for the reconsideration (contained in the manual) are carried out, should the appealing party still be dissatisfied with the NMPSRO reconsideration determination, the appealing party may then avail themselves of the State Fair Hearing Process.