HUMAN SERVICES DEPARTMENT

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Lorelei Kellogg, Acting Director

DEPARTMENTAL MEMORANDUM
MAD-MR: 23-06
DATE: November 8, 2023

TO: **MAD STAFF**

FROM: **LORELEI KELLOGG, ACTING DIRECTOR, MEDICAL ASSISTANCE DIVISION**

THROUGH: **TALLIE TOLEN, BUREAU CHIEF, LONG-TERM SERVICES AND SUPPORTS BUREAU (LTSSB)**

BY: **JEANNETTE GURULE, DEPUTY BUREAU CHIEF, LTSSB**

SUBJECT: **CENTENNIAL CARE NURSING FACILITY LEVEL OF CARE (NF LOC) NOTIFICATION FORM (MAD 842)**

GENERAL INFORMATION

The Centennial Care revised *NURSING FACILITY LEVEL OF CARE (NF LOC) NOTIFICATION FORM* is to be completed by Nursing Facility Providers for a prior authorization request to the selected Managed Care Organization (MCO) for Utilization Review. The MCO also sends the *NF LOC NOTIFICATION FORM* to the requesting Nursing Facility, with the NF LOC effective dates and prior authorization information. It is administered in accordance with the Managed Care Policy Manual Section 6. This MR will replace MR 21-04.

FILING INSTRUCTIONS

Please add the following forms to the Medical Assistance Forms

Manual: MAD 842: Revised 8/30/2023

Please address questions concerning this material to: Jeannette Gurule at 505-709-5401 or e-mail to Jeanettte.c.gurule@hsd.nm.gov

Attachments
MAD 842 dated 08/30/2023

ENTENNIALCARE

Nursing Facility Notification Form

I. Nursing Facility Prior Authorization Request/Discharge Notification

Nursing Facility Information:			
Date of Request	Click here to enter a date.	Type of Request:	Choose an item.
Nursing Facility Name	Click here to enter text.		
NF Contact Name	Click here to enter text.		
Nursing Facility Fax	Click here to enter text.	Nursing Facility Phone	Click here to enter text.
Nursing Facility Email	Click here to enter text.	Nursing Facility NPI	Click here to enter text.

Nursing Facility Resident Information:			
NF Resident Name	Click here to enter text.	Resident DOB	Click here to enter text.
Medicaid ID Number	Click here to enter text.	Resident SSN#	xxx – xx – Click here to enter text.
NF Admission Date	Click here to enter a date.	NF Discharge Date	Click here to enter text.
Resident Rep Name	Click here to enter text.	Rep Phone	Click here to enter text.
Resident Rep Address	Click here to enter text.	Selected MCO	Click here to enter text.
Selected MCO	Click here to enter text.	Date Of Death	Click here to enter text.
Was member previously admitted under skilled stay?	Click here to enter text.		

Requesting Service:			
Request Type/ LOC Type	Click here to enter text.		
Service Begin Date	Click here to enter a date.	Service End Date	Click here to enter a date.

Documentation Requirements:

Requested HNF Factors	Click here to enter text.

Initial Request:

- ☐ MDS
- ☐ Physician Order/ Order Summary
- ☐ PASRR Level I or II
- ☐ History & Physical
- ☐ Other Supporting Documentation (MARS, TARS, Therapy Grids, Etc.)

Continued Stay:

- ☐ Most recent MDS
- ☐ Physician Order/ Order Summary
- ☐ Physician Progress Notes
- ☐ History & Physical
- ☐ Interdisciplinary Progress Notes/Care Plan (HNF)
- ☐ Other Supporting Documentation (MARS, TARS, Therapy Grids, Etc.)

II. Utilization Management (For MCO Use Only)

Review Information:			
Date of Review	Click here to enter a date.	**Authorization Number**	Click here to enter text.
Service Begin Date	Click here to enter a date.	**Service End Date**	Click here to enter a date.
Approved Bed Begin Date	Click here to enter a date.	**Approved Bed End Date**	Click here to enter a date.

LNF Factors:

- ☐ Dressing
- ☐ Grooming
- ☐ Bathing
- ☐ Eating
- ☐ Meal Preparation
- ☐ Transfer
- ☐ Mobility
- ☐ Toileting
- ☐ Bowel/Bladder
- ☐ Daily Medication

HNF Factors:

- ☐ Oxygen
- ☐ Orientation / Behavior
- ☐ Medication Administration
- ☐ Rehabilitative Therapy
- ☐ Skilled Nursing
- ☐ Other Clinical Factors
- ☐ Feeding
- ☐ Mobility
- ☐ Transfers

Determination and NFLOC Type: Click here to enter text.

Comments: Click here to enter text.