

DSS NURSING HOME ELIGIBILITY PROCESS (ASSUMES CLIENT ALREADY ACTIVE T19)

DSS ALTERNATE CARE UNIT

- Hospital or physician signs NF level of care statement (W-10 form or equivalent) which certifies that client needs NF placement and sends completed forms to DSS Alternate Care Unit (ACU) for review
- ACU reviews and signs off if forms are complete and placement is medically necessary and sends forms back to hospital or physician
- Hospital or physician sends W-10 to NF

DSS REGIONAL OFFICE

- Regional office caseworker processes application for NF coverage group
- For placement in NF, caseworker will look for W-10 before granting NF level of care
- The NF completes a LTC admission form (W-353) when client is admitted to facility
- The Caseworker identifies the client as residing in a specific NF and associates the client with that NF based on W-353 and W-10
- Once client is in NF for 30 days, coverage group will be adjusted by caseworker to LTC coverage group. Applied income is applicable only for LTC coverage group, not for community coverage group.

DSS CONVALESCENT PAYMENT

- NF completes a DSS Medicare Clearance Form (W-9) and attaches all supporting documentation
- NF sends this packet to the Convalescent Payment Unit at DSS
- Convalescent Payment Unit reviews the W-9 and attachments and enters a pay start for the client (It may be necessary to ask NF for additional documentation before pay start is entered.)

In summary, all of the above needs to happen before either the NF or the hospice can bill for NF room and board. Both of the DSS entries into the eligibility system highlighted in yellow must occur before an NF or hospice can successfully bill for the NF per diem.