



State of New Mexico  
Medical Assistance Program Manual  
**Supplement**



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TO: NURSING FACILITY PROVIDERS PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM

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CC: TPA/UR Staff Manager, HSD/MAD Exempt Services and Programs Bureau

**SUBJECTS: LONG TERM CARE MEDICAL ASSESSMENT REQUIREMENTS EFFECTIVE MAY 1, 2013**

- I. CLARIFICATION REGARDING THE REQUIREMENT FOR A PROVIDER'S SIGNATURE
- II. ACCOMPANYING DOCUMENTATION
- III. PROVIDER PRIOR AUTHORIZATION TRAINING

The Human Services Department (HSD), Medical Assistance Division (MAD) has received many calls from the nursing facility provider community regarding the recent clarification of the required components of the Long Term Medical Assessment, also known as the MAD 379 form. This memo provides additional clarification to those requirements and the notice of enforcement of these requirements will be effective May 1, 2013.

As stated in 8.312.2 NMAC *Nursing Facilities*, and 8.312.2-UR, *Long Term Care Utilization Review for Nursing Facilities*, prior approval is required for all types of nursing facility (NF) stays. Detailed instructions for NF stays are found in the Medicaid utilization review section at 8.312.2-UR *Long Term Care Utilization Review for Nursing Facilities* and at 8.312.2 NMAC *Nursing Facilities* located at <http://www.hsd.state.nm.us/mad/RPolicyManual.html>

The MAD 379 is the form used for all NF prior approval requests. Required locator fields must be clearly marked on the form, including the provider's name and signature. "Provider" is defined as the physician, certified nurse practitioner, or physician assistant. In locator field D.5 (d), the provider is attesting "that these medical records and recommendations accurately reflect

my treatment and diagnosis for this patient.” The level of care (LOC) recommendation, provider’s name, signature, date and all other required information in locator fields D.5 (e-k) are what validate the Long Term Care Medical Assessment and the patient information contained within.

## **I. CLARIFICATION REGARDING THE REQUIREMENT FOR A PROVIDER’S SIGNATURE**

The provider’s signature must be present on the MAD 379 form and can be an original or electronic signature. If the provider is unable to sign the MAD 379 form, the provider’s LOC order must accompany the form. A statement in section D.5.(g), such as “See attached physician LOC order” must be written and the LOC order must be attached to the MAD 379 form. Otherwise, the MAD 379 form is considered incomplete.

Verbal or telephone orders are permitted and can be taken by an RN or LPN who must also sign and date the order. The RN or LPN must clearly indicate that the order is a telephone or verbal order with the name of the provider who gave the LOC order.

A valid LOC order must have the following elements:

- Signed by a physician, certified nurse practitioner or physician assistant; OR
- Signed by the RN or LPN who took the verbal or telephone order indicating the name of the provider;
- Date of the order; and
- LOC Indication – either High NF or Low NF.

Once an order is signed and dated, this order cannot be changed. If a change is required, a new order must be written, signed, and dated per the above criteria.

## **II. ACCOMPANYING DOCUMENTATION**

As stated in 8.312.2-UR *Long Term Care Utilization Review for Nursing Facilities*, appropriate documentation must accompany the MAD 379 form specific to requirements of the review situation. Generally, appropriate accompanying documentation includes:

- a) Valid physician, certified nurse practitioner or physician assistant order for Medicaid LOC. A separate order is not necessary if the MAD 379 form has been completed as required and the LOC (Low NF or High NF) is indicated in section D.5 (e);
- b) Resident’s Level I PASRR Screen (initial requests only);

- c) A current History and Physical (H&P) examination completed within six (6) months of the assessment date for a new admission or new Medicaid recipient (initial requests only);
- d) Current signed and dated progress notes (continued stay only); and,
- e) Reason for placement in the NF.

### **III. PROVIDER PRIOR AUTHORIZATION TRAINING**

The Medical Assistance Division's Third Party Assessor, Molina Healthcare of New Mexico, will conduct provider trainings in the near future for NF providers regarding this process. Please look for Molina's announcement of dates and times for these trainings. HSD strongly encourages all facilities to take advantage of these trainings.

If you have any questions regarding this directive, please contact Crystal Hodges at (505) 476-7260 or Alicia Bernal at (505) 827-3186. Thank you in advance for your compliance. We appreciate your participation in the Medicaid program.