HUMAN SERVICES DEPARTMENT

Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
Nicole Comeaux, J.D., M.P.H., Director

DEPARTMENTAL MEMORANDUM
MAD-MR: 21-04
DATE: MARCH 19, 2021

TO: **MAD STAFF**

FROM: **NICOLE COMEAUX, J.D., M.P.H., 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 *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 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.

FILING INSTRUCTIONS

Please add the following forms to the Medical Assistance Forms Manual:

MAD 842

Please address questions concerning this material to: Jeannette Gurule at 505-709-5401 or e-mail to Jeannette.C.Gurule@state.nm.us

Attachments
MAD 842 dated 01/15/2021

ENTENNIALCARE

Nursing Facility Level of Care

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	Click here to enter text.
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.		

Requesting Service			
NFLOC 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:

Initial Request:

- ☐ MDS
- ☐ Physician Order
- ☐ PASRR Level I (PASRR Level II if indicated by PASRR Level I
- ☐ History & Physical

Continued Stay:

- ☐ Most recent MDS
- ☐ Physician Order
- ☐ Physician Progress Notes
- ☐ History & Physical
- ☐ Interdisciplinary Progress Notes/Care Plan (HNF)

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.
NFLOC Begin Date	Click here to enter a date.	**NFLOC 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
- ☐ 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

Approved NFLOC Type: Click here to enter text.

Comments: Click here to enter text.