

## **Requirements for Provider Type 03 - Extended Care Nursing Facility (NF) and Intermediate Care/Intellectual Disabilities (ICF/ID) Facility**

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The following documents and supporting information are required by the Office of Long-Term Living (OLTL) to enroll your facility as a provider in the Medical Assistance Program:

For NF, the following documentation must be submitted for enrollment:

- Pennsylvania's PROMISE Provider Enrollment Base Application for Provider Type 03
- Signed Extended Care Nursing Facility and Intermediate Care Facility/Intellectual Disabilities Provider Agreement
- Copy of facility's current Department of Health license
- Copy of a recent hospital transfer agreement between your facility and a general hospital - *required for initial enrollments only.*
- The OLTL/BQPM **Special Provider Agreement** must be signed and two (2) originals submitted when there is a change in owners.
- A copy of the signed Agreement of Sale and/or Court Order approving the acquisition when there is a change in owners.

For ICF/ID facilities, the following must be submitted for enrollment:

- Pennsylvania's PROMISE Provider Enrollment Base Application for Provider Type 03
- Signed Extended Care Nursing Facility and Intermediate Care Facility/Intellectual Disabilities Provider Agreement
- Copy of facility's current Department of Human Services Certificate of Compliance
- Copy of a recent hospital transfer agreement between your facility and a general hospital - *required for initial enrollments only.*
- A copy of an Utilization Review (UR) Plan incorporating Federal Regulations 42 CFR 456.401 - *required for initial enrollments only.* **Your UR Plan must follow OLTL's model UR Plan – see posted example.**
- The OLTL/BQPM **Special Provider Agreement** must be signed and two (2) originals submitted when there is a change in owners.
- A copy of the signed Agreement of Sale and/or Court Order approving the acquisition when there is a change in owners.

Specialty Codes

Please choose one (1) of the following specialty codes:

- |                               |                                       |
|-------------------------------|---------------------------------------|
| 030 – Nursing Facility        | 038 – State Mental Retardation Center |
| 031 – County Nursing Facility | 039 – ICF/ORC                         |
| 032 – ICF/MR 8 Beds or less   | 040 – Special Rehabilitation Facility |
| 033 – ICF/MR 9 beds or more   | 042 – VA Nursing Home                 |
| 037 – State LTC Unit          | 382 – Hospital-based Facility         |

Provider Eligibility Program (PEP)

Please choose at least one (1) PEP from the following:

- Fee-for-Service
- Aging Waiver

Send complete package via to: OLTL Bureau of Quality & Provider Management  
Attention: Provider Enrollment  
P.O. Box 8025  
Harrisburg, Pennsylvania 17105-8025



## **MODEL UTILIZATION REVIEW PLAN FOR INTERMEDIATE CARE FACILITY/INTELLECTUAL DISABILITIES FACILITY**

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### FACILITY IDENTIFICATION

The \_\_\_\_\_,  
(Name of Facility)

hereinafter referred to as the facility, in conformity with federal regulations, does hereby define and describe its plan for review of the utilization of intermediate care services for mentally retarded persons entitled to benefits under the Medical Assistance Program.

### PURPOSE OF THE PLAN

Utilization review has as its overall objectives both the maintenance of high quality patient care and assurance of appropriate and efficient utilization of facility services.

There is one element to utilization review, and that is the review of continued stay cases.

### ASSIGNED RESPONSIBILITY OF THE FACILITY

The implementation of the utilization review plan is the responsibility of the administrative staff for this facility.

The specific responsibility for conducting utilization review is delegated to the physician members of the committee as approved by the administrative staff.

### COMMITTEE COMPOSITION, ORGANIZATION AND AUTHORITY

**COMMITTEE COMPOSITION AND ORGANIZATION:** The Committee is composed of one physician, as least one individual who is knowledgeable in the treatment of mental retardation, and such other personnel the Committee may, from time to time, require, none of whom is either employed by the facility or has direct or indirect financial interest in any intermediate care facility.

**COMMITTEE AUTHORITY:** The Committee has the authority to review the chart of any Medical Assistance patient admitted to the facility and to discuss it with the attending physician. The Committee does not have the authority to take disciplinary action.

All findings and recommendations of the Committee are reported to the Administrator who has the authority and responsibility for acting on them.

### FREQUENCY OF MEETINGS

The Committee will meet as a whole every six months (180 days), or more frequently, if deemed necessary by the Chairperson of the Utilization Review Committee.

### COMMITTEE FUNCTIONS

The Committee operates in general, by reviewing and evaluating charts of patients. The principal purpose is to identify and analyze factors that contribute to unnecessary or inappropriate use of facilities and services and to make recommendations to minimize misutilization.

## METHODOLOGY FOR PERFORMING CONTINUED STAY CARE REVIEW

The review of continued stay cases shall be conducted by (insert of the following: (a) the entire committee; (b) a physician designee; (c) a sub-committee appointed by the Utilization Review Committee; or (d) a non-physician designee) in cooperation with the Committee members.

In conducting the review, no physician shall review any continued stay case in which he is professional involved.

Each case review will be based on information including, but not limited to, the following:

- a. Identification of the eligible individual, using code identification only, and the attending physician.
- b. The date of admission or the date of application for Medical Assistance benefits, whichever is later.
- c. The medical plan of care.
- d. The attending physicians' documentation of the reason and plan for continued stay of the patient (recertification).
- e. Such additional supporting material as the review group or committee may deem appropriate.

This documentation and any attached criteria is used by the reviewer during the assessment of the Medicaid patient's medical need for continued stay.

Continued stay cases for intermediate care for the mentally retarded will be reviewed within six (6) months of admission or application for Medical Assistance and at least every six (6) months thereafter. More frequent reviews will be performed if the need is indicated at the time of assessment of medical necessity for continued stay.

## PROVISION FOR NOTIFICATION/ADVERSE FINDINGS

If the final determination of the committee or group is that further stay is no longer medically necessary, or that the admission was not medically necessary and the attending physician or qualified medical retardation professional has had an opportunity to present his views before the committee, written notification of the findings are given to the facility, the attending physician, the qualified mental retardation professional, the Medical Assistance agency, and the individual or his/her next-of-kin no later than two (2) days after the date of the final decision.

## MAINTENANCE AND USE OF RECORDS

The Utilization Review Committee shall keep regular minutes of its meetings and maintain adequate summaries of its activities. Minutes of each committee meeting include at least: the name of the facility, the date and duration of the meeting, the names of committee members present and absent, and a summary of extended duration cases reviewed.

Records shall include the number of cases reviewed, case identification numbers, admission and review dates and decisions reached, including the basis for each determination and the action taken for each case not approved for continued stay. The records are regarded as confidential and are made available only to duly authorized representatives of the facility, its medical staff, accrediting or licensing or reviewed bodies, and other appropriate governmental agencies.

## IMPLEMENTATION OF COMMITTEE FINDINGS AND RECOMMENDATIONS

The facility is responsible for acting upon the Utilization Review Committee recommendations for changes beneficial to patients, staff, the facility, and the community.

The facility shall notify the Utilization Review Committee of the implementation of changes to improve the quality of care and promote more effective and efficient use of facilities and services.

REVIEW FACILITY'S DISCHARGE PLANNING PROGRAM

The Utilization Review Committee shall review and re-evaluate annually the overall discharge planning program which the facility has established through written discharge planning procedures.

ADMINISTRATIVE ASSISTANCE

The facility provides administrative assistance to the committee in the form of record maintenance, reports, statistical data and materials, and such clerical assistance deemed necessary. Such assistance shall include notifying the committee of the initial review date for continued stay cases and providing the committee with each Medical Assistance patient's discharge plan for post-facility continuing care which takes into account the individual's post-discharge needs.

The facility shall assign responsibility for each of these activities to specific persons or positions.

APPROVAL OF PLAN

This Utilization Review Plan has been approved by the facility's medical staff and governing board, and constitutes the official plan and policies for utilization review of its facilities and services. It is available upon request to state and federal representatives for the purpose of determining whether the plan and the facility meet the conditions prescribed for participation in the Medical Assistance Program under Title XIX of the Social Security Act, or other state licensing and inspection requirements.

\_\_\_\_\_  
Approved by the Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by the State Agency for Medical Assistance

\_\_\_\_\_  
Date