

142 Procedures Notice of Medical Certification



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Notice of Medical Certification (Form 142)

Used by SC Agencies to notify local Medicaid office, OAAS RO and Data Management Contractor that individual has met medical eligibility for waiver programs.

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Notice of Medical Certification (Form 142)

Must be completed on ALL initial waiver cases
(Approvals & Denials for medical eligibility.)

Examples:

- Transitions from ADHC to CCW;
- Transitions from LT-PCS to CCW;
- Transitions from a NF to CCW; etc.



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What does the SC Need to Complete?

- Primary Diagnosis & Secondary Diagnosis (ICD-9 Codes)
- SSN
- Date of Birth
- Medicaid #
- To (Name of Participant)
- Home Address (of Participant)
- Facility/Provider Name (Name of the SC Agency)
- Vendor # (SC Agency Provider #)
- Facility Address (SC Agency Address)
- Parish (of the Participant)
- (If Medicaid applicant in facility) – This is **NOT** completed by SC.



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Sections I & II

The SC Supervisor does **NOT** need to complete Sections I & II.



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Complete Section III. Waiver/Pace

- A. **Approved for Medicaid medical eligibility** _____
(Indicate CCW)



Waiver services effective _____
(Indicate the date that the POC is approvable, which is the completion date of the 142.)

- B. **Not Approved – Does not meet Medicaid medical eligibility** (Check box when individual does not meet waiver criteria.)

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Section III. Waiver/Pace (cont'd)

The following does **NOT** need to be completed for ANY cases.

C. Date of Home Visit:



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Section III. Waiver/Pace (cont'd)

SC will complete ONLY after receiving Decision Notice (Approval from Medicaid):

D. Vendor Payment May Begin: Indicate the date of receipt of the Medicaid Decision Notice (Approval).

EXCEPTION:

- If currently receiving LT-PCS ONLY or ADHC Waiver, “Vendor Payment May Begin Date” will be 14 calendar days from the date of the Medicaid Decision Notice (Approval).
- **Date Completed: Do NOT complete this line.**



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SC Supervisor must complete Agency Representative :

- sign and date the form.



Do **NOT** fill out the next 2 lines:

- OAAS Regional Office name and address.

SC Supervisor must send a copy of the completed form to the local Medicaid office (and specify parish).

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Upon receipt of the Medicaid Decision Notice, the SC Supervisor completes III.D. “Vendor Payment May Begin” & forwards the 142 to the Data Management Contractor & RO with other applicable documents.



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