

148-W Procedures

Notification of Admission, Status Change, or
Decertification/Discharge for HCBS Waiver

Use of the 148-W Overview

The 148-W is used by SCA to notify local Medicaid, Data Management Contractor and/or OAAS RO of:

- ▶ Admissions to waiver;
- ▶ Discharges from waiver;
- ▶ Deaths;
- ▶ Demographic changes;
- ▶ Transitions;
- ▶ Transfers; &
- ▶ Temporary leave

Use of the 148-W

Demographic changes



- ▶ For address and phone number changes
- ▶ Update CMIS and send 148-W to Medicaid and RO
- ▶ **Do NOT** send 148-W to Data Management Contractor for demographic changes



▶ 3

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Use of the 148-W

Transitions

- ▶ From Nursing Facility;
- ▶ To Waiver;
- ▶ Didn't Occur;
- ▶ Inactive Status to Active Status; etc.

- Do NOT send 148-W to Medicaid for inactive/active status transitions.

Temporary leave

- participant goes to rehab hospital or nursing facility for short period

▶ 4

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10/01/2011

Proper Completion of the 148-W

Mandatory Fields on All 148-W Submissions:

- ▶ Support Coordinator Agency;
- ▶ Medicaid Provider #;
- ▶ Support Coordinator Address;
- ▶ Region #;
- ▶ Telephone #;
- ▶ Fax #;
- ▶ Parish; and
- ▶ Waiver (Indicate appropriate waiver)

▶ 5

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Section I: PARTICIPANT/MEDICAID ELIGIBLE INFORMATION

- ▶ Indicate accurate and current demographic information on the individual and the name and contact information of the responsible representative and/or curator



▶ 6

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Section II: To Indicate an Admission to a Waiver Program

- ▶ A. Program Linkage Date:
 - ❖ The date that the individual was linked to the SCA.
- ▶ B. The place the participant resided prior to being admitted or linked to the waiver program
- ▶ C. Intended payment source
- ▶ D. The transfer date and the parish
- ▶ E. The name of the waiver that the participant is transitioning from and to and the date of the transition
- ▶ F. Indicate the date that the NF resident was approved for waiver services. (Indicate the same date that the SCA completes & signs the 142.) The date that the NF transition began

▶ 7

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Section III: Status Changes (Including Transfers)

- ▶ A. Indicate the *effective date* the participant entered a facility on a temporary basis.
 - ❖ If an acute care hospital stay immediately preceded temporary placement, indicate the date of the acute care hospital admission.
 - ❖ Indicate the *name of the facility* to which the participant was temporarily placed.
 - ❖ Select box or indicate the *type of facility* to which the participant was placed.

▶ 8

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Section III: Status Changes (Including Transfers) – cont'd

- ▶ B. Indicate the *date the waiver participant returned from temporary placement to waiver services*.
- ▶ C. Indicate the Parish that the participant transferred to and from and the *date of transfer*.
- ▶ D. Indicate the name of the waiver that the participant transitioned from and to and the date of transition.
- ▶ E. Indicate the name of the SCA the participant is transferring from and to and the date.
- ▶ F. Indicate the date that the SCA confirms that the participant **CANNOT** move out of the Nursing Facility.

▶ 9

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SECTION IV: DISCHARGE or DEATH NOTICE (Permanent Discharges Only)

SC will:

- ▶ Indicate, from Section V, the place to which the waiver participant is being permanently discharged.
- ▶ Indicate the reason for discharge.
- ▶ Indicate the date of death.
- ▶ For Permanent Discharges only (not deaths), RO will:
 - ▶ Indicate the date the SCA was notified that the participant was discharged from the waiver.

▶ 10

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SECTION V: SOURCE OF ADMISSION or DISCHARGE DESTINATION

- ▶ This section includes a list of possible sources of admission and discharge destinations. When these sources are used to complete Sections I-IV, **specify the name and address where applicable.**
- ▶ SC will:
 - ❖ sign & date the day that the 148-W form is completed.
- ▶ R.O. will:
 - ❖ review all appropriate discharge documents and approve the discharge information in Section IV and enter the *date the form is completed.*

▶ 11

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Proper Completion of the 148-W

For Permanent Discharges (not deaths):

- ▶ SC will forward the completed 148-W form and other appropriate documents; Declination Letter (if applicable), Narrative (if applicable), etc.) to the RO for action.
- ▶ RO will:
 - ❖ Review all appropriate discharge documents and if discharge is appropriate, forward 148-W to local Medicaid office and Data Management Contractor and the SC agency.

NOTE: OAAS will ONLY review and approve permanent discharges, not deaths.

▶ 12

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10/01/2011

Proper Completion of the 148-W

SECTION V: SOURCE OF ADMISSION or DISCHARGE DESTINATION

- ▶ SC should complete the CMIS Closure form and close the participant's case in CMIS after getting the signed 148-W from RO.
- ▶ For all other types of notices (including deaths), the SC will:
- ▶ Forward the completed 148-W form to the Data Management Contractor and local Medicaid Office for action. Send a copy of the 148-W to RO.

▶ 13

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QUESTIONS

▶ 14

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10/01/2011