

Nursing Home Admission/Discharge

Nursing Home Admission:

- Contact Nursing Facility and confirm participant's admission date within 1 business day of notification
 - Review participant's need for admission with NF staff
 - Short Term/Rehabilitation stay vs long-term placement
- Contact Service Providers immediately, by phone or email
 - Notify of service cancellation
- Update Status Report and submit to Case Tech for entry
 - If a participant is closing due to long-term placement, Waiver closure date must be the day before admission. Participant must have status of Waiver-Ineligible for the day of admission/day of program closure.
 - If a participant is closing due to short-term/rehabilitation stay, Waiver closure date must be the day before admission. Program status must be Waiver-Ineligible for the length of time the participant is in the nursing facility.
- Complete Waiver Disenrollment form and email to Enrollment Specialist
 - Disenrollment date MUST be the day BEFORE admission to the Nursing Facility (must match COMPASS status report)
- Update work orders and submit to Case Tech for entry
 - CANCEL services – must match Waiver disenrollment date
 - If participant will be returning to the home (short-term stay) and would like to keep existing PERS unit, notify Director of LTC Programs and request use of 221 funds
- Complete Adverse Benefit Determination
 - Identify every Waiver Service being stopped, the provider, and the frequency as well as noting MI Choice Disenrollment.
 - Do not use abbreviations or acronyms
 - Mail copy to participant; place copy in UPCAP file

Participant Discharge Home (only existing participants):

- Coordinate with Nursing Home to determine discharge date and needs
 - Request discharge paperwork and facility notes
 - Meet with participant prior to discharge, if possible, to discuss services needed
- Contact Service Providers, by phone or email, to inquire re: available services
- NFLOCD and FOC must be completed on the day of discharge or up to 7 days before participant discharge and submitted to Case Tech to be entered on the day of discharge
 - Existing NFLOCD can be adopted by UPCAP if Supports Coordinator is not able to complete a new NFLOCD before discharge
 - Must notify Case Tech of request to adopt NFLOCD in CHAMPS
 - CHAMPS FOC will be populated and must be signed by the Supports Coordinator before services can start
- Participant must be contacted within 24 hours of discharge, or notification of discharge
- Full Return Reassessment and new NFLOCD & FOC must be completed within 7 days of discharge home
 - Reassessment must be completed by both SW and RN disciplines
 - Note medication reconciliation and review
 - Services can resume prior to the reassessment being completed to ensure safe transition home as long as NFLOCD and FOC have been completed and entered into CHAMPS
- Update Status Report and submit to Case Tech for entry
 - Waiver-Pending program status starting day of discharge
- Complete Waiver Enrollment form and email to Enrollment Specialist.
 - Waiver enrollment date is day of discharge (must match COMPASS status report)
- Complete START Work Orders and submit to Case Tech for entry
- Updated PCSP and Backup plan must be completed and mailed to participant and all other specified supports as outlined in the plan of care.
- Copy placed in participant file.