



State of Tennessee
Department of Finance and Administration
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243

Phil Bredesen
Governor

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Commissioner

URGENT MEMO

DATE: September 13, 2010

TO: Administrators and Directors of Nursing
Intermediate and Skilled Nursing Facilities

FROM: Patti Killingsworth
Chief of Long Term Care

SUBJECT: **New Nursing Facility Discharge/Transfer/Hospice Form**

You are contractually obligated, pursuant to your Provider Agreement(s) with one or more TennCare Managed Care Organizations (MCOs) to notify the MCO *prior to* discharge of any resident enrolled in the CHOICES program. Such notification may begin informally through contact with the member's MCO-assigned Care Coordinator. This allows the Care Coordinator to assist in coordination of services needed by the member upon discharge, whether such services will be provided in another nursing facility or home and community-based setting.

If a member will need Home and Community Based Services (HCBS) upon discharge, such services should be in place *before* the member is discharged from the nursing facility. This is particularly important to ensure that the member's needs are met, and because a lapse in receipt of long-term care services could result in the member losing TennCare eligibility.

Nursing facilities must also notify the MCO when a CHOICES member is hospitalized or when the member elects to receive hospice in the nursing facility, even if the resident is dual eligible. The MCO will be responsible for payment of hospice room and board even for a dual eligible resident, since Medicare does not cover these charges.

The purpose of this memorandum is to provide you with a **new Discharge/Transfer/Hospice Form** that must be submitted to a CHOICES member's MCO as formal written notification of the resident's discharge, transfer, or hospice election. The new **Discharge/Transfer/Hospice Form** is to be **completed by the discharging facility and sent to the member's MCO.** This form should be used *anytime* a TennCare CHOICES member is discharged from your facility. This includes:

- Transfers to another nursing facility
- Discharges to the hospital (even when return to the facility is expected)
- Discharges home, with or without HCBS
- Election of hospice services
- Upon a resident's death

Please complete *in their entirety* **all** sections of the form not reserved for MCO use only, including:

- Member last name, first name, and middle initial
- Member date of birth
- Member health plan ID#
- Representative/Designee/Power of Attorney name and phone (if applicable)
- Discharging/transferring/hospice facility name, provider ID#, address, phone and facility contact
- Post-discharge disposition (another NF, home with/without HCBS, deceased, hospital)

If the resident is transferring to another nursing facility, **the Discharging/Transferring facility** should also complete the Receiving Nursing Facility box, including:

- Receiving facility name, provider ID#, address, phone and facility contact
- Current PAE information, including effective dates (This will help to avoid unnecessary submission of a new PAE when the member's level of care eligibility remains current and "travels" with the member between LTC facilities and settings.)

Incomplete forms cannot be processed, and will not satisfy your contractual notice obligations to the MCO.

Facilities should begin using the new **Discharge/Transfer/Hospice Form** *immediately*.

This form consolidates and replaces the CHOICES Nursing Facility Transfer Form as well as the DHS Form 2350 **for CHOICES members**. Upon receipt of the new Discharge/Transfer/Hospice Form, the MCO will be responsible for notification to TennCare and/or DHS, as applicable. (The DHS Form 2350 should still be submitted to the DHS county office upon discharge of a Medicaid-eligible member **not** enrolled in CHOICES, including dual eligible individuals for whom Medicare and **not Medicaid** is paying for the nursing facility services. The Form 2350 should **not** however, be submitted to DHS for CHOICES members, as it could inadvertently result in termination of member's eligibility, when in fact the member continues to qualify by virtue of continuing to receive LTC services in an alternate setting.)

It is our goal to have this form accessible in TPAES. We will update you as this capability becomes available.

If you have any questions regarding this form or its use, please feel free to contact the TennCare Division of Long-Term Care Enrollment Unit at 615-507-6964 or 1-877-224-0219.



NURSING FACILITY DISCHARGE/TRANSFER/HOSPICE FORM

(To be completed by the Discharging/Transferring/Hospice Nursing Facility
and submitted to the Member's MCO)

Member Name:

Last _____ First _____ MI _____ DOB ____/____/____ Health Plan Member ID _____

Representative/Designee/Power of Attorney:

Last _____ First _____ Phone (____) _____ - _____

Member Elects to Receive Hospice in the NF

Hospice Effective Date: ____/____/____
(MCO submits to TennCare only – Disenroll from CHOICES)

<p>Discharging/Transferring/Hospice Nursing Facility: NF/SNF Provider # _____</p> <p>_____</p> <p>City: _____ State: _____</p> <p>(____) _____ - _____</p> <p>Phone _____ Contact Name _____</p> <p>Member Discharging To: Date of Discharge ____/____/____</p> <p><input type="checkbox"/> Another NF – Discharging/Transferring NF completes the “Receiving Nursing Facility” box at right. (MCO submits copy to DHS county office <u>only</u> to update address.)</p> <p><input type="checkbox"/> Home <u>with</u> CHOICES HCBS (Transition to Group 2.) (MCO submits copy to TennCare <u>and</u> DHS county office. A completed Transition Form is also required.)</p> <p><input type="checkbox"/> Home <u>without</u> CHOICES HCBS (Disenroll from CHOICES.) (MCO submits copy to TennCare <u>and</u> DHS county office.)</p> <p><input type="checkbox"/> N/A – Member deceased (MCO submits copy to TennCare <u>and</u> DHS county office.)</p> <p><input type="checkbox"/> Hospital (Upon hospital discharge, <u>MCO</u> completes as follows):</p> <p>FOR MCO USE ONLY:</p> <p><input type="checkbox"/> Re-admitted to Discharging Facility</p> <p><input type="checkbox"/> Admitted to another NF (MCO completes “Receiving Nursing Facility” box at right and submits to DHS county office <u>only</u> to update address.)</p> <p><input type="checkbox"/> Member deceased (MCO submits copy to TennCare <u>and</u> DHS county office.)</p> <p><input type="checkbox"/> Home <u>with</u> CHOICES HCBS (Transition to Group 2.) (MCO submits copy to TennCare <u>and</u> DHS county office. A completed Transition Form is also required.)</p> <p><input type="checkbox"/> Home <u>without</u> CHOICES HCBS (Disenroll from CHOICES.) (MCO submits copy to TennCare <u>and</u> DHS county office.)</p>	<p>Receiving Nursing Facility (IF applicable): NF/SNF Provider # _____</p> <p>_____</p> <p>City: _____ State: _____</p> <p>(____) _____ - _____</p> <p>Phone _____ Contact Name _____</p> <p>Approved PAE(s) and Effective Dates:</p> <p><input type="checkbox"/> Level I (ICF) ____/____/____ thru ____/____/____</p> <p><input type="checkbox"/> Level II (SNF) ____/____/____ thru ____/____/____</p> <p><input type="checkbox"/> Enhanced Respiratory Care (indicate below):</p> <p><input type="checkbox"/> Vent Weaning ____/____/____ thru ____/____/____</p> <p><input type="checkbox"/> Chronic Vent ____/____/____ thru ____/____/____</p> <p><input type="checkbox"/> Tracheal Suctioning ____/____/____ thru ____/____/____</p> <p>COMMENTS:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>Check Member MCO below and fax completed form <u>to Member's MCO</u> at the number specified below:</p> <p><input type="checkbox"/> AmeriChoice <input type="checkbox"/> AMERIGROUP <input type="checkbox"/> BlueCare/TennCare Select</p> <p style="text-align: center;">1-888-582-1963 1-888-214-2882 1-615-386-8589</p>
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