

907 KAR 1:022E Most Frequently Asked Questions Revised High Intensity/Low Intensity Nursing Care Services

1) Why is the Department making this change?

Currently, an applicant must meet two (2) out of thirteen (13) stated criterions in order to qualify for high intensity nursing care services. An applicant must meet two (2) out of twelve (12) stated criterions in order to qualify for low intensity nursing care services.

Additionally, the Department is also adding a clause addressing those residents who may have resided in an institution for at least eighteen (18) consecutive months and who no longer meet two (2) of the twelve (12) low intensity patient status requirements. For that particular segment of residents that may be denied, if their attending physician believes that a transfer from the institution would be detrimental to the physical, emotional or mental health of the resident, the physician may submit a statement to that effect for review by the Department. If approved, the resident may continue to reside in the institution without meeting the patient status criteria and will be reevaluated every six (6) months.

2) When is this change effective?

This change is effective July 15, 2004.

3) What recipients will be affected by this change?

Nursing facility residents, Home and Community Based Waiver recipients and anyone applying for these types of services.

4) Does the resident have to be in Medicaid payment status for the full eighteen (18) months of consecutive institutionalization, in order to qualify for "transfer trauma exemption"?

No, the institutionalization period applies to the date of admission of the resident to the facility, regardless of payment status.

5) How would an application for "transfer trauma exemption" affect a resident's rights concerning denial of patient status?

A resident may still appeal denial of the decision on whether the patient status criteria have been met while applying for "transfer trauma exemption".

6) What providers will be impacted by this change?

Nursing Facilities, Model Waiver II, Home and Community-Based Waiver Services, and Adult Day Health Care providers may be impacted by this change.