

DHB ADMINISTRATIVE LETTER NO: 12-22, PREPAID HEALTH PLAN(PHP) NOTIFICATION OF NURSING FACILITY LEVEL OF CARE FORM

DATE: December 13, 2022

SUBJECT: PHP Notification of Nursing Facility Level Of Care Form

DISTRIBUTION: County Departments of Social Services
Medicaid Supervisors
Medicaid Eligibility Staff

I. CONTENT OF CHANGE

A. DHB-2039 Notification of Nursing Facility Level of Care

For beneficiaries enrolled in NC Medicaid Managed Care, the medical necessity and level of care are approved by the beneficiary's assigned Prepaid Health Plan (PHP). To streamline processes for nursing facility admissions and the determination of long-term care financial eligibility, NC Medicaid created a new standardized [DHB-2039, PHP Notification of Nursing Facility Level of Care Form](#) for PHPs and nursing facilities to communicate with local Departments of Social Services (DSS).

The PHP will use the **DHB-2039** form to document the approved level of care. The PHP will provide the appropriate form to the nursing facility which will send the approval form to the local Department of Social Services (DSS) **within 5 business days** of receipt. Once counties conduct the financial determination and establish the patient monthly liability (PML), the PML will be shared with health plans automatically through a file exchange and allow payments to proceed to nursing facilities.

The PHP will be notified of the approval of LTC when the case worker updates the evidence for the PML and the living arrangement. The approval is transmitted to the plan via the 834 file that is transmitted from NC FAST. When cost of care is denied, the county should send an email and a copy of the denial notice to Medicaid.BusinessSupport@dhhs.nc.gov. The Business Support team notifies the plan of the denial of LTC.

The local agency should reference October 19, 2022 [Prepaid Health Plan Notification of Nursing Facility Level of Care Form listserv](#).

B. Inappropriate Level of Care


It has been determined that the terminology "inappropriate level of care" is inaccurate and will no longer be used. MA 2270 will be updated to remove this language. Individuals will be identified as receiving **nursing facility level of care** in a Swing bed or in acute care hospital bed.

If the individual in the hospital no longer meets acute care requirement and is approved for nursing facility level of care, the individual may receive these services in either a Swing bed or in acute care hospital bed. The PHP notification of level of care form will identify the individual was in a hospital and approved for nursing facility services. The caseworker should follow policy in MA 2270 II. to determine the CPI and when to begin LTC budgeting.

II. EFFECTIVE DATE OF CHANGE AND IMPLEMENTATION

This letter is effective December 19, 2022.

If you have any questions regarding this information, please contact your [Medicaid Operational Support Team representative](#).

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Dave Richard
Deputy Secretary, NC Medicaid