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APPENDIX E
APPROVAL/DENIAL LETTERS

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COMMUNITY-BASED CARE SERVICES APPROVAL LETTER

(SAMPLE)

Mrs. Mary Jones
0000 Avenue
Home Town, Virginia 00000

Dear Mrs. Jones:

The Virginia Department of Medical Assistance Services (Medicaid) requires that any individual seeking admission to a nursing facility, assisted living facility, or a home- and community-based waiver be evaluated to determine whether the individual requires that level of services, if the individual is financially Medicaid eligible, or expects to become Medicaid eligible within 180 days of the beginning date of services. If the individual is Medicaid eligible at the time of application or expects to become Medicaid eligible within 180 days of the beginning date of services, the screening must be completed. Medicaid contracts with several different agencies to perform pre-admission screening using the level-of-care criteria, assessment tool, and procedures established by Medicaid.

In order to be approved for community-based care services, an individual must meet the same criteria as someone who is entering a nursing facility. Once it is determined that the individual meets this criteria, it must be determined whether the individual's needs can be met at home with the assistance from either the HIV/AIDS Waiver or the Elderly or Disabled with Consumer Direction Waiver. If that individual's needs can be met at home with some form of community-based care services, that individual may choose the option of receiving community-based care services in their home instead of nursing facility placement.

We have determined, using the policy, procedures, and forms required by Medicaid, that an appropriate plan of care for community-based care services can be developed for you, and you have chosen to receive Medicaid-funded home- and community-based care services. The forms we completed with your assistance will be sent to this provider along with our approval for you to begin receiving services. A registered nurse from the provider agency should contact you soon to develop your specific community-based care plan of care. Please call us at (XXX) XXX-XXXX or Medicaid at (804) 786-1465 if the provider does not contact you soon.

If you have been denied services, you may appeal this decision by writing to the Recipient Appeals Unit, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, Virginia 23219, of your desire to appeal within thirty (30) days of receipt of this decision letter. You have the right to appear in person for this appeal and you have the right to have someone represent you at the appeal, such as a lawyer or other person.

Sincerely,

(Name of a Screening Committee Member)
Pre-Admission Screening Committee

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NURSING FACILITY APPROVAL LETTER

(SAMPLE)

Mrs. Mary Jones
0000 Avenue
Home Town, Virginia 00000

Dear Mrs. Jones:

The Virginia Department of Medical Assistance Services (Medicaid) requires that any individual seeking admission to a nursing facility, assisted living facility, or a home- and community-based waiver be evaluated to determine whether the individual requires that level of services, if the individual is financially Medicaid eligible, or expects to become Medicaid eligible within 180 days of the beginning date of services. If the individual is Medicaid eligible at the time of application or expects to become Medicaid eligible within 180 days of the beginning date of services, the screening must be completed. Medicaid contracts with several different agencies to perform pre-admission screening using the level-of-care criteria, assessment tool, and procedures established by Medicaid.

Once the screening team determines an individual meets the criteria for nursing facility admission, the screening team considers the appropriate setting for the delivery of care.

The Pre-Admission Screening Team, in accordance with Medicaid policy and procedures, has determined that you meet the level-of-care criteria necessary for Medicaid-funded long-term care. The screening team discussed with you the choice of nursing facility care or community-based care services, and it was determined that nursing facility care would best meet your needs at the present time. The nursing facility is responsible for assessing your needs upon admission and periodically thereafter in order to demonstrate that you continue to meet the nursing facility criteria.

If you have been denied services, you may appeal this decision by writing to the Recipient Appeals Unit, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, Virginia 23219, of your desire to appeal within thirty (30) days of receipt of this decision letter. You have the right to appear in person for this appeal and you have the right to have someone represent you at the appeal, such as a lawyer or other person.

Sincerely,

(Name of a Screening Committee Member)
Pre-Admission Screening Committee

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MEDICAID-FUNDED LONG-TERM CARE DENIED, MR/MR ACTIVE TREATMENT NEEDS LETTER

(SAMPLE)

Mrs. Mary Jones
0000 Avenue
Home Town, Virginia 00000

Dear Mrs. Jones:

The Virginia Department of Medical Assistance Services (Medicaid) requires that any individual seeking admission to a nursing facility, assisted living facility, or a home- and community-based waiver be evaluated to determine whether the individual requires that level of services, if the individual is financially Medicaid eligible, or expects to become Medicaid eligible within 180 days of the beginning date of services. If the individual is Medicaid eligible at the time of application or expects to become Medicaid eligible within 180 days of the beginning date of services, the screening must be completed. Medicaid contracts with several different agencies to perform pre-admission screening using the level-of-care criteria, assessment tool, and procedures established by Medicaid.

Any individual who meets the criteria for nursing facility admission and has a diagnosis, history, or presents evidence of mental illness, mental retardation, or a related condition, must be referred to the local Community Services Board (CSB) for an evaluation of the need for active treatment. Any individual determined to be in need of active treatment for a condition of mental illness, mental retardation, or a related condition, may not be approved for nursing facility care.

The Pre-Admission Screening Team and Community Services Board, in accordance with policy and procedures of the Department of Medical Assistance Services and the Department of Mental Health, Mental Retardation, and Substance Abuse Services, has determined that you do not currently meet the criteria requirements for Medicaid-funded long-term care.

(Insert reason why individual does not meet criteria) but are in need of active treatment for a condition of Mental Illness, Mental Retardation, or a Related Condition. This determination is based on their assessment of your functioning abilities, medical needs, psychological needs, and need for active treatment. A member of the Community Services Board will be in touch with you to arrange for services.

You may appeal this decision by writing to the Recipient Appeals Unit, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, Virginia 23219, of your desire to appeal within thirty (30) days of receipt of this decision letter. You have the right to represent yourself or use legal counsel, a relative, a friend, or other spokesperson in the appeal. If you choose to appeal, please include a copy of the letter with your appeal request.

Sincerely,

(Name of a Screening Committee Member)
Pre-Admission Screening Committee

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MEDICAID-FUNDED LONG-TERM CARE DENIED, LEVEL-OF-CARE CRITERIA NOT MET, REFERRALS TO COMMUNITY AGENCIES LETTER

(SAMPLE)

Mrs. Mary Jones
0000 Avenue
Home Town, Virginia 00000

Dear Mrs. Jones:

The Virginia Department of Medical Assistance Services (Medicaid) requires that any individual seeking admission to a nursing facility, assisted living facility, or a home- and community-based waiver be evaluated to determine whether the individual requires that level of services, if the individual is financially Medicaid eligible, or expects to become Medicaid eligible within 180 days of the beginning date of services. If the individual is Medicaid eligible at the time of application or expects to become Medicaid eligible within 180 days of the beginning date of services, the screening must be completed. Medicaid contracts with several different agencies to perform pre-admission screening using the level-of-care criteria, assessment tool, and procedures established by Medicaid.

The Pre-Admission Screening Team, in accordance with Medicaid policy and procedures, has determined that you do not currently meet the criteria requirements for Medicaid-funded long-term care:

(Insert why the recipient does not meet the criteria.)

This determination is based on the screening team's assessment of your functioning abilities, medical needs, and overall risk of needing institutional care.

(If a referral to a community agency is made, reference this in your letter.)

You may appeal this decision by writing to the Recipient Appeals Unit, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, Virginia 23219, of your desire to appeal within thirty (30) days of receipt of this decision letter. You have the right to represent yourself or use legal counsel, a relative, a friend, or other spokesperson in the appeal. If you choose to appeal, please include a copy of the letter with your appeal request.

Sincerely,

(Name of a Screening Committee Member)
Pre-Admission Screening Committee