

**Notification of Admission, Status Change, or
Decertification/Discharge for HCBS Waiver**
BHSF Form 148-W

Purpose:

BHSF Form 148-W is used by a Support Coordination Agency to notify local Medicaid, Data Management Contractor and/or Regional OAAS or OCDD Waiver offices of:

1. any waiver participant's admission (Medicaid or non-Medicaid);
2. a participant's request for an application for Medicaid;
3. a change in a waiver participant/Medicaid eligible's status;
4. a discharge from the waiver program;
5. death of a waiver participant/Medicaid eligible; or
6. change in the waiver participant's personal information.

Use of this form is required:

- As the initial step to determine if the person meets the medical criteria for waiver services;
- To notify the applicable offices within 24 hours of a change in a waiver participant/Medicaid eligible's status (including discharge, death, or transfer);
- When a waiver participant/Medicaid eligible is temporarily placed in a nursing facility, ICF/DD facility or rehabilitation hospital, but not discharged from waiver ;
- When a waiver participant/Medicaid eligible is discharged from temporary placement (released from a nursing facility or rehabilitation hospital).
- When a nursing facility resident is transitioning to waiver.

Preparation:

This form is completed by the Support Coordination Agency representative.

Enter accurate information on the Support Coordination Agency and mark the waiver the participant/Medicaid eligible is connected to.

Section I:

Enter accurate and current demographic information on the waiver participant/Medicaid eligible and the name and contact information of the personal representative and/or curator. Indicate if there is a change in personal information by checking the box "Change in Personal Information "

Section II:

- A. The *program linkage date* for all waivers is the date the waiver participant has been linked to the support coordination agency.
 1. Enter, from *Section V*, the place the participant resided prior to being admitted or linked to the waiver program.
 2. Choose or enter the intended payment source (Medicaid, another agency, or private pay. If the payment source is another agency like OCS, specify the agency).

- B. Enter the Region that the participant is transferring from and the *date* of transfer.
- C. Enter the *name of the waiver* that the participant is transitioning from and to and the date of transition.
- D. Enter date the facility resident was approved for waiver services for transitioning.

Section III:

- A. Enter the *date* the waiver participant entered a facility on a temporary basis. Enter the *name of the facility* to which the participant was temporarily placed. Check or enter the *type of facility* to which the participant was placed. If an acute care hospital stay immediately preceded temporary placement, enter the date of the acute care hospital admission.

NOTE: Acute Care/Hospital admissions do not need to be reported for Community Choice and ADHC recipients except when facility placement follows hospital stay.

- B. Enter the *date* the waiver participant discharged from temporary facility or Acute Care placement
- C. Enter the Region the participant transferred from and to and the *date* of transfer.
- D. Enter the *name of the waiver* that the participant transitioned from and to and the *date* of transition.
- E. Enter the *name of the agency* the participant is transferring from and to and the date.
- F. Enter the date participant discharged from the facility and transitioned to wavier.

Section IV:

- A. Enter, from *Section V*, the place to which the waiver participant is being permanently discharged. Enter the reason for discharge. Enter the *date* of discharge authorized by OAAS or OCDD Regional Office that the participant was discharged from the waiver. The notification can be by phone, fax, mail, or in person.
- B. Enter *date of death*.

Section V:

This section includes a list of possible sources of admission and discharge destinations. When these sources are used to complete Sections I-IV, specify the name and address where applicable.

Form 148-W is signed by *the Support Coordination Agency representative* who completed the form and he/she enters the *date* the form was completed.

OAAS* or OCDD Waiver Representative reviews and approves the discharge information in Section IV and he/she enters the *date* the form is completed.

*NOTE: OAAS Waiver Representative shall ONLY review and approve permanent discharges, not deaths.

Disposition:

OAAS:

For permanent discharges (NOT including deaths), the support coordination agency shall forward the completed Form148-W to the OAAS Regional office for action.

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For all other types of notifications (including deaths), the support coordination agency shall forward the completed Form 148-W to the Data Management Contractor and Medicaid office for action. OAAS Regional office (Nursing Facility Admission Unit) shall receive a copy of the completed form for Temporary facility stays for their records.

OCDD:

Form 148-W is forwarded to the Medicaid office and the appropriate regional OCDD Waiver office, Human Services Authority or District, for action.

For all offices:

A copy of the Form 148-W will be kept in the files of the support coordination agency. Copies of the form will also be maintained in the Medicaid Electronic Case Record, Data Management Contractor (if applicable) and in the Regional OAAS or OCDD Waiver office, Human Services Authority or District.

Any information on Form 148-W which conflicts with information available from other sources shall be cleared and documented by Medicaid Program personnel. Information that is found to be incorrect on the form need not be corrected, but the agency's case record must clearly record the correct information.