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|  | <b>MENTAL RETARDATION BULLETIN</b><br>COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE |   |
|   | <b>SUBJECT</b><br><br>OBRA Time-Limited Determinations  | <b>BY</b><br><br><br><b>Nancy R. Thaler</b><br>Deputy Secretary for Mental Retardation |
| <b>NUMBER:</b>  | 00-03-04  |   |
| <b>ISSUE DATE:</b>  | May 13, 2003  |   |
| <b>EFFECTIVE DATE:</b>  | Immediately   |   |

**SCOPE:**

County MH/MR Administrators  
 Base Service Unit Directors  
 Community Residential MR Facility Directors  
 State ICF/MR Directors  
 Non-state ICF/MR Directors  
 Medicaid Certified Nursing Facility Administrators  
 Office of Income Maintenance Directors  
 County Assistance Office Directors

**PURPOSE:**

The purpose of this Bulletin is to clarify and communicate procedures for re-evaluating OBRA Time-Limited Determinations of an individual's need for nursing home services and/or specialized services.

**BACKGROUND:**

The Office of Mental Retardation (OMR) issues OBRA Time-Limited Determinations for individuals who need to receive nursing facility services for a period of 180 days or less.

**DISCUSSION:**

The following procedures must be used when re-evaluating an OBRA Time-Limited Determination for those individuals initially determined eligible for 180 days or less of nursing facility services.

- The person was determined to need time-limited nursing home/specialized services by the Regional Office of Mental Retardation.
- If nursing facility services are anticipated to be medically necessary beyond the 180 days, the nursing facility will notify the County Mental Health/ Mental Retardation (MH/MR) Program that they request an extension of the time-limited determination period. The request must be received by the County MH/MR Program at least 30 days prior to the end of the initial 180 days. Also, the nursing facility will send a Medical Assistance (MA) 408 to their Utilization Management Review (UMR) team 30 days prior to the end of the initial 180 days if no discharge is anticipated. This will be considered a change in condition.
- The County MH/MR Program immediately contacts the Regional OMR to review the nursing facility's request to ensure that the conditions of the request are appropriate and that the extension is due to the person's change in health or age-related condition(s). If a determination can be made at this point through discussions with the County MH/MR Program and the nursing facility, a letter is issued by the Regional OMR.
- If the Regional OMR requires additional information to make a final determination, Regional staff will confer with the County MH/MR Program and the nursing facility. If a determination still cannot be issued, the Regional OMR will contact the UMR Supervisor in charge of the nursing facility team to request that a re-evaluation be completed. If the team considers the re-evaluation unnecessary, they will advise their Central Office of Medical Assistance Programs (OMAP) office who will notify the OMR. The OMR will then respond to the OMAP regarding actions to be taken.
- When the UMR team conducts an evaluation at the request of the Regional OBRA Coordinator, they submit the re-evaluation results and their recommendation(s) to the County MH/MR Program and the Regional OMR following current procedures.
- The Regional OMR will issue a determination on need for nursing facility/specialized services following current

procedures.

If a person is not eligible for nursing facility placement beyond 180 days, the nursing facility will proceed with appropriate discharge or alternate arrangements for payment for the individual's continued stay.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO THE APPROPRIATE REGIONAL PROGRAM MANAGER.**