

# Key Message and Tips for Providers: Institutional Long-Term Services and Supports



## Message

Individuals have the right to live in the least restrictive setting appropriate to meet their needs.[1] Some people, because of their age, chronic illness, or disability, are best cared for in an institutional setting.

Medicaid coverage for institutional long-term services and supports encompasses a comprehensive range of services and activities that promote the beneficiary's physical, mental, and psychosocial well-being as guided by a plan of care.[2, 3] Coverage includes care and services plus room and board paid at a bundled rate, according to the level of care.[4] Physical and financial eligibility requirements for Medicaid institutional long-term services and supports are different and may require the beneficiary to meet institutional level of care criteria to qualify for services.

Facilities must be licensed and certified by the State and meet Federal standards. Facilities include hospitals, nursing facilities, intermediate care facilities for individuals with an intellectual disability, inpatient psychiatric facilities for individuals under age 21, and institutions for mental diseases for individuals age 65 and older.[5] Under Medicaid, only nursing facility services are a mandatory benefit for persons age 21 or over who meet nursing facility level of care criteria. Long-term care services provided to other age groups and in other institutions are at the State option.[6]

## TIPS

- Evaluate patients to make sure they meet Medicaid level of care eligibility requirements for institutional long-term services and supports and that services cannot be provided in the community;[7, 8]
- Evaluate beneficiaries' functional capabilities upon admission, when there is a change in their condition, and at least annually. Update the plan of care or individualized program plan as needed;[9, 10]
- Administer the required preadmission screening and resident review (PASRR) for mental illness and intellectual disability to all beneficiaries upon admission and annually;[11]
- Consult the State Medicaid plan to determine the services that are included in the bundled rate for institutional long-term services and supports.[12, 13] Bill separately for services that are not included;
- Do not bill for services at a level of complexity that is higher than the service provided or documented in the file;[14] and
- Check with your State Medicaid agency for information about services in your area since these programs vary from State to State.

For more information about Medicaid Program Integrity, visit <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS Medicaid Program Integrity Education website.

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November 2015

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