



Arkansas Department of Human Services Division of Medical Services

Office of Long Term Care Mail Slot S408

P.O. Box 8059

Little Rock, Arkansas 72203-8059

Telephone (501) 682-8487 TDD (501) 682-6789 Fax (501) 682-8551

<http://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/index.aspx>

MEMORANDUM

LTC-A-2010-12

TO: ☒ Nursing Facilities; ☒ ICFs/MR 16 Bed & Over; ☒ HDCs;
☒ ICFs/MR Under 16 Beds; ☐ ALF Level I; ☐ ALF Level II;
☐ RCFs; ☐ Adult Day Cares; ☐ Adult Day Health Cares;
☐ Post-Acute Head Injury Facilities; ☒ Interested Parties;
☒ DHS County Offices

FROM: Carol Shockley, Director, Office of Long Term Care

DATE: October 11, 2010

RE: Advisory Memo – Emailing Medical Needs Notification Documents to Nursing Facilities

To better serve the long term care community, the Medical Needs Determination Section of the Office of Long Term Care is offering electronic or email communication to nursing homes and Intermediate Care Facilities for the Mentally Retarded (ICF/MR). If facilities would like to participate in this process, the Medical Needs Determination Section of the Office of Long Term Care will need an email address not directed to any specific individual at the facility, but rather a generic email address that will allow for the continual delivery of email to the facility in the absence of any specific individual. The following examples of email addresses will be accepted:

- 1) medneeds@nursinghomename.com or
- 2) administrator@nursinghomename.com

And if two facilities have the same name, the email addresses should be named

- 1) medneeds@nursinghomenameofcity.com or
- 2) administrator@nursinghomenameofcity.com

Email addresses such as JaneK@nursinghomename.com cannot be accepted as JaneK might resign from the facility. A generic email account like those listed on the above can be used by any employee that has the password, and account access or the password to the designated email account can be changed as an employee leaves.

Advantages:

The Medical Needs Determination Section will email Medicaid Medical Eligibility documents and avoid the 3 – 5 day traditional mail process. The facility would receive the documents the day the Medical Needs Determination Section of the Office of Long Term Care completes them. The documents that the Medical Needs Determination Section of the Office of Long Term Care will send to the long term care facilities include:

- The DHS 704, Decision for Nursing Home or ICF/MR Placement
- Missing Information Letters
- Notice of Review Letters (convalescence, hospice and medical reviews)
- Notice of requested documents not received
- Reminders of upcoming reviews
- Technical Denial 704s
- Stop Payment 704s

As an added advantage, with a reliable email address that is checked each business day, the Medical Needs Determination Section of the Office of Long Term Care can notify facilities if a fax machine is broken and provide them with an alternate fax number to use for a limited time period until the fax is repaired. For continuity, we must have the most reliable email address that we can obtain. Please complete the attached form and fax back to the Medical Needs Determination Section of the Office of Long Term Care.

The Medical Needs Determination Section of the Office of Long Term Care now has an email address that is available for nursing facilities to use to electronically submit the DHS 703, 787, and 780 forms along with other supporting documentation. The email address is medneeds@arkansas.gov . Facilities can scan their documents and use this email address to submit the forms or continue to fax, mail or hand deliver documents to the Medical Needs Determination Section of the Office of Long Term Care.

If you need this material in alternative format such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8307 (voice) or 501-682-6789 (TDD).

CS/bcs

From Facility Fax: _____
To Med Needs OLTC Fax: 501-682-8052 or 501-683-5306

Name of Facility: _____

Contact Person: _____

Facility telephone number: _____

Administrator Signature _____

- ☐ Yes, I would like to receive email notification/documents from the Medical Needs Determination Section of the Office of Long Term Care and my email address is below.

Email address

- ☐ No, I do not want to receive email notification/documents from the Medical Needs Determination Section of the Office of Long Term Care. I will continue to receive my documents by the United States Postal Service.

Fax to 501-682-8052 or 501-683-5306 (see above)

For any questions, contact Leroy Mayfield at 501-683-6389 or email at Leroy.Mayfield@arkansas.gov