

# PROVIDER BULLETIN No. 16-10

Date: February 18, 2016

TO: All Nebraska Medicaid Intermediate Care Facilities/Developmental Disability Providers (ICF/DD)

FROM: Calder Lynch, Director   
Division of Medicaid & Long-Term Care

BY: Sue Clark, Program Specialist

RE: Changes in the Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) Utilization Review (UR) Process

**Please share this information with your office and administrative staff**

The purpose of this bulletin is to notify providers of changes in the ICF/DD UR process.

Effective February 1, 2016 Medicaid and Long-Term Care (MLTC) revised the UR process to include a random sampling of ICF/DD residents currently receiving NE Medicaid funding. The sample of approximately 10% or a minimum of 5 residents will be reviewed in detail. Refer to 471 NAC Chapter 31 for information regarding ICF/DD UR.

ICF/DD providers will continue to complete and retain the UR form (DM-28DD) for every Medicaid resident as evidence of the review.

MLTC forms required for UR include:

- DM-28-DD ICF/DD Utilization Review Form and
- DM-11 Annual Review Census Sheet

These forms are available on the DHHS Forms Website at <http://public-dhhs.ne.gov/Forms/Default.aspx>

MLTC reserves the right to expand the review based on the reviewer's discretion.

If you have questions about this provider bulletin, please contact Sue Clark at (402) 471-9226 or [DHHS.MedicaidICF@nebraska.gov](mailto:DHHS.MedicaidICF@nebraska.gov)

