

480-000-27 Instructions for Completing Form MC-9AD, "Prior Authorization for Assisted Living Waiver Service"

Use: Form MC-9AD is used by AD waiver services coordinators whenever waiver assisted living is initially authorized and when there are changes in level of care, service is discontinued due to death, discharge from facility, or change in Medicaid eligibility. A replacement form is required when there is a change in ALF ownership.

Completion:

Client Name: Enter the name of the AD Waiver client for whom assisted living payment is being authorized.

Medicaid Number: Enter the AD Waiver client's 11-digit Nebraska Medicaid identification number.

Facility Name/Address: Enter the name and complete address including zip code +4, of the assisted living facility to which waiver payment is being authorized.

Facility Provider Number: Enter the assisted living facility's 11-digit Nebraska Medicaid provider number, the NPI provider number and taxonomy number.

Level: Enter the following appropriate payment level designation:

- |                                    |                                    |
|------------------------------------|------------------------------------|
| 40 (Rural single bed room)         | 42 (Urban single bed room)         |
| 41 (Rural multiple occupancy room) | 43 (Urban multiple occupancy room) |

**NOTE:** "Urban" includes Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders and Washington counties.

Service Begin Date: Enter the date the waiver client entered the assisted living facility.

Service End Date: Enter the date the waiver client left the assisted living facility or the date waiver eligibility ends, if either applies.

Waiver Payment Effective Date: Enter the date Medicaid Waiver payment to the assisted living facility begins, even if it is the same as the Service Begin Date.

Comments: Use this space to write comments specific to this client, if applicable. If the box indicating a change to the original authorization is checked, use this space to briefly describe the change (for example, client no longer eligible for waiver services as of [date]).

Distribution: Form MC-9AD is completed on the CONNECT system. An electronic copy is routed to the Medicaid provider enrollment section. A printed copy is provided to the Assisted Living facility.

**NOTE:** The SC must notify DHHS Medicaid eligibility staff of the waiver client's assisted living payment effective date.

Retention: Form MC-9AD is retained in the CONNECT waiver case for six years from the service end date.



Client	DPFS - add	EDN - add	MHCP - add	Respite - add	▼ Waiver	SCO
View Case		Service Needs		Select Narrative		Add New Referral
Edit Case		► Select Auth		Select HHS-6		Other Waiver Case Actions
Select Attached Documents		Select Level of Care		Select POSS		Move LOC or WW
				Select Worksheet		

Authorization Number: 218

Printer Friendly (new window)

Email Auth #

View Auth

**Client Information**

Name: Laway, Cal

Medicaid Number: 508411111-11

**Assisted Living Facility:**

To search for an Assisted Living Facility: Search

**Authorization Information: MC-9AD**

\*Level: Choose One

License Number: 2801 MD

Diagnosis Code: V719

\*Service Begin Date: (mmddyyyy)

Service End Date: (mmddyyyy)

\*Waiver Payment Effective Date: (mmddyyyy)

Close Reason: Choose One

Notes:

**Services Coordinator**

Flury, Pattie  
 Rockhurst AAA

January 5, 2012  
 (402) 471-8091