

INSTRUCTIONS FOR COMPLETION OF REVISED FORM 161

POLICY: The completion of this form is required by all nursing facility providers for all types of admissions to your facility. The form is to be maintained in the facility files. It is to be completed for new admissions, readmissions, and transfers from an approved Medicaid facility to another approved Medicaid facility or for spend down admissions. The Form 161 should be typed or completed in ink. The Form 161 must be completed in its entirety, including the RN signature/date and the Certification signature before any Medicaid admission dates are entered into the HP LTC notification software for billing claims to Medicaid.

1. **Medicare Admission Date:** Record if the recipient has had Medicare Part A coverage just prior to this admission, please record the effective begin date of the Medicare coverage. If there has been no Medicare Part A utilization just prior to this admission, then document “NA”.
2. **Medicaid Admission Date:** Record the date that the recipient meets both Medicaid medical and financial eligibility criteria associated with the current admission.
3. **Medicaid Death/Discharge Date:** Pull the admission record that matches with the current discharge or death and record the date in this location. An example is resident that was admitted to the facility on January 1, 2014 and discharged to the hospital on January 10, 2014. The form with the admission date of January 1, 2014 should be the one where the Medicaid discharge date is recorded.
4. **If no Medicare Days are used provide reason(s):** Example: No Medicare coverage, no three day qualifying hospital stay, not skilled, etc.
5. **Provider Name and Address:** Record the name and address of the provider in this location.
6. **Provider Number:** Record your NPI if you have only one service location. If you have multiple locations under the same NPI record your six or eight digit Medicaid provider number.
7. **Telephone Number:** Record the Provider’s phone number including the area code.
8. **Patient’s Name:** The name should be recorded by first name, any known initial, and then the last name.
9. **Sex:** Please indicate the sex of the recipient by placing a check mark by the appropriate gender.
10. **Date of Birth:** Enter by the 2 Digit Month, 2 Digit Day, and 4 Digit Year.
11. **Medicaid Number:** Record the recipient’s thirteen digit number.
12. **Type of Admission:** Check the appropriate admission as reflective of the Medicaid admission date.
13. **Diagnosis and Pertinent Medical Information:** This section is to be completed by the Registered Nurse assessing the level of care. The Registered Nurse assessing the medical level of care must attach

and include all pertinent medical diagnoses. This section should also contain documentation that supports an unstable medical condition requiring active treatment in the previous sixty days of admission if criteria G or K-9 are documented on the form. Please refer to www.medicaid.alabama.gov/news.aspx?t=26, alert number 449 dated 1/27/2002 regarding chronic stable state.

14. **Medications:** The Registered Nurse assessing the medical level of care must attach a list of all medications that the recipient is receiving for the requested Medicaid admission date.
15. **Criteria:** Please list criteria a-k that the recipient meets at the time of Medicaid admission date. Must document which specific K criteria are met by listing numbers for criteria, 1-9.
16. **The Physician, Nurse Practitioner or Physician Assistant must certify that the resident requires nursing facility care effective on the admission date appearing on this form.** The authorized person is attesting to the certification date to be the Medicaid admission date in the top right hand corner of this form. The nurse practitioner or physician assistant cannot be employed by the facility.
17. **Facility Registered Nurse Signature:** This should be the actual signature of the Registered Nurse completing the medical information on the form as indicated above and assessing the medical level of care as required by Medicaid guidelines stated in the Medicaid Administrative Code, Long Term Care Chapter 10.