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## **Admissions and Discharges**

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Page updated: April 2023

This section describes admission and discharge procedures for Long Term Care (LTC) facilities.

«For the purposes of this section, the term “discharge” includes transfers to another facility, whether voluntary or involuntary. A voluntary discharge is initiated by the recipient or recipient’s representative whereas an involuntary discharge is initiated by the facility.»

**Note:** Nursing Facility Level A (NF-A) replaces Intermediate Care Facility (ICF) references, and Nursing Facility Level B (NF-B) replaces Skilled Nursing Facility (SNF) references.

### **Medi-Cal Long Term Care Facility Admission and Discharge Form (MC 171)**

NF-As and NF-Bs are required to complete the *Medi-Cal Long Term Care Facility Admission and Discharge Notification* (MC 171) form on admission or discharge of a patient.

«(See *Figures 1 and 2* on a following page in this section.)»

### **Admission Procedures**

On admission to an LTC facility, a Medi-Cal recipient or the recipient’s representative must complete the *Medi-Cal Long Term Care Facility Admission and Discharge Notification* (MC 171) form, Parts I and II.

The MC 171 must have the original signature of the recipient. «If the recipient’s signature cannot be obtained (for example, in the case of a comatose recipient), the recipient’s representative must indicate the reason the recipient’s signature cannot be obtained.

The facility representative should review the information and submit a copy of the signed form with the initial *Treatment Authorization Request* (TAR).»

### **Supplemental Security Income Recipients**

When a Supplemental Security Income (SSI) recipient enters a Nursing Facility (NF), providers must notify a Social Security Administration (SSA) field office of the recipient’s name, Social Security Number (SSN) and date of entry. SSI recipients are required to report their status to the provider when entering an NF.

## **Form Submission to Government Agencies**

The LTC facility must retain a copy of the MC 171 for its files and send either the original or a copy to the proper government agencies depending on whether:

- A patient receives Supplemental Security Income/State Supplemental Payment (SSI/SSP). The original MC 171 should be sent to the local Social Security Office. The aid code for these recipients is 10, 20 or 60. A copy of the MC 171 should be forwarded to the local county welfare department. <<(See the list of County Welfare Departments on the following pages in this manual section.)>>
- A patient receives aid under any program other than SSI/SSP. The original MC 171 should be sent to the local county welfare department. The aid code for these recipients will be other than 10, 20 or 60.

## **Form Submission Not Required by DHCS, Medi-Cal Eligibility Division**

The LTC facility is not required to submit a copy of the MC 171 form to the Department of Health Care Services (DHCS), Medi-Cal Eligibility Division. The Medi-Cal consultant will use the recipient's initial *Treatment Authorization Request* (TAR) as notification of the patient's admission.

## **Routine or Standing Orders – Hospitals and Skilled Nursing Facilities**

Services billed to Medi-Cal that are the result of routine or standing orders for admission to a hospital or NF-B are not payable when applied indiscriminately to all patients. All patient orders, including standing orders for particular types of cases, must be specific to the patient and must represent necessary medical care for the diagnosis or treatment of a particular condition. Claims for routine orders will be subject to audit for medical necessity and will be denied if not justified by the facts relating to the case or if in excess of current patient needs.

The use of routine or standing orders is discouraged by the American College of Surgeons, the California Medical Association, the California Association of Hospitals and Health Systems, the Joint Commission on Accreditation of Healthcare Organizations and the American Medical Association.

## **Discharge Procedures**

«The six reasons a recipient is discharged from an LTC facility are as follows:

- A discharge is necessary for the recipient's welfare and the recipient's needs cannot be met in the facility.
- The discharge is appropriate because the recipient's health has improved sufficiently such that the recipient no longer needs the services provided by the facility.
- The safety of the individuals in the facility is endangered due to the clinical or behavioral status of the recipient.
- The health of individuals in the facility would otherwise be endangered.
- The recipient has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medi-Cal), a stay at the facility. Non-payment applies if the recipient does not submit the necessary paperwork for payment or Medi-Cal denies the claims and the recipient refuses to pay for their stay.
- The facility ceases to operate.
  - In the event of an involuntary facility closure, or termination of Medicare/Medi-Cal agreement, DHCS is responsible for arranging the safe and orderly discharge of any Medi-Cal recipients.»

When a patient receiving NF-A or NF-B expires or is discharged from an LTC facility, the facility must complete Part III of the MC 171 and submit the original to the county welfare department.

«If the patient expires or at least 30 business days prior to the patient's discharge, the facility should update the existing TAR (except for bedhold TARs) and attach a copy of the MC 171 with Part III completed. The facility should submit the updated TAR electronically or to the TAR Processing Center for paper TARs.»

### **Discharge/Death on Day of Admission**

If the day of discharge or death is the same day as admission, the day is payable regardless of the hour of discharge or death. If the day of death/discharge is not the same day as admission, the day is not payable.

## **Notice of Action**

«The DHCS-issued Notice of Action (NOA) will be delivered to the recipient by mail, electronic format, or hand-delivery when DHCS modifies or denies a request for services, including non-acute Long Term Care services. The recipient then has the right to contest this determination. For more information regarding aid paid pending and a recipient's right to request a state hearing, refer to the *TAR Overview* section in the Part 1 Provider Manual, the *TAR Deferral/Denial Policy (Frank v. Kizer)* section of the Part 2 manual or the "Long-Term Care Information Sheet for Public Assistance and Medi-Cal Recipients (MC 171A)" section on a following page in this manual section.»

## **Long Term Care Facility Information for Public Assistance or Medi-Cal Recipients (MC 171A)**

The *Long Term Care Facility Information for Public Assistance or Medi-Cal Recipients* (MC 171A) form is an information sheet for facilities to use to advise SSI/SSP and Medi-Cal-only recipients of the need to complete the MC 171 (see the "Long-Term Care Information Sheet for Public Assistance and Medi-Cal Recipients [MC 171A]" section on a following page). The form also explains a recipient's Share of Cost and the need to inform SSA and county welfare departments of a change in status.

## **Ordering Forms**

Refer to the *Forms Reorder Request: Long Term Care* section in this manual for ordering information.

**Figure 1. Long Term Care Facility Admission and Discharge Notification (MC 171) Form.**

State of California— Health and Human Services Agency		Department of Health Services	
<b>MEDI-CAL LONG-TERM CARE FACILITY ADMISSION AND DISCHARGE NOTIFICATION</b> (Instructions and distribution on reverse.)			
<b>I. COMPLETE THIS PORTION FOR ALL ACTIONS</b>			
Patient's name (last) (first) (MI)		Name of facility	
Social security number		Address (number and street)	
Note: Level of care is SNF/ICF unless checked here as board and care. <input type="checkbox"/>		City	State ZIP code
<b>II. COMPLETE THIS PORTION ONLY FOR ADMISSIONS</b>			
Medi-Cal ID number (taken from the Medi-Cal card)		Admission date (month/day/year)	
<b>A. Do you have Medicare Part A, Hospital Coverage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>E. Admission from:</b> <input type="checkbox"/> Home <input type="checkbox"/> Board and Care <input type="checkbox"/> Household of another <input type="checkbox"/> Acute Hospital— Home, B&C, other household immediately prior to acute <input type="checkbox"/> Acute Hospital— SNF/ICF immediately prior to acute <input type="checkbox"/> Acute Hospital extended stay— over 30 days <input type="checkbox"/> Another SNF/ICF	
<b>B. Expected length of stay:</b> <input type="checkbox"/> At least one full month after the month of admission <input type="checkbox"/> Less than one full month after the month of admission		<b>F. If known, enter your address prior to facility admission. If admitted from an acute hospital, enter your address prior to the acute hospital admission. (Do not give the acute hospital's address.)</b>	
<b>C. Medi-Cal is expected to pay over 50% of facility cost of care.</b> <input type="checkbox"/> Yes, beginning with month of _____, 20 <input type="checkbox"/> No, other insurance, private pay, etc.		Address (number and street) City State ZIP code	
<b>D. Current income (check all applicable boxes):</b> <input type="checkbox"/> Supplemental Security Gold Checks <input type="checkbox"/> Social Security Green Checks <input type="checkbox"/> Other Income (i.e., railroad, military retirement, etc.) <input type="checkbox"/> None			
<b>G. Signature of recipient or representative payee or family member/other:</b>			
Signature of recipient		Signature of Representative Payee	Phone number
If recipient's signature cannot be obtained, please indicate reason in this space.			
Signature of family member/other (Indicate your relationship to the recipient.)		Phone number	
<b>III. COMPLETE THIS PORTION ONLY FOR DISCHARGES</b>			
<b>A. Reason for discharge:</b> <input type="checkbox"/> Discharged to Acute Hospital <input type="checkbox"/> Discharged to another SNF/ICF <input type="checkbox"/> Discharged to residence/home of another <input type="checkbox"/> Discharged to Board and Care <input type="checkbox"/> Discharged to other <input type="checkbox"/> Discharge due to death		<b>B. Date of discharge (month/day/year)</b>	
		<b>C. Medi-Cal ID number (taken from the Medi-Cal card)</b>	
		<b>D. Complete the forwarding address for discharges other than death:</b>	
		Name of facility (if not discharged home)	
		Address (number and street)	
		City	State ZIP code
Facility representative signature		Date	
MC 171 (6/02)			

**Figure 2. Long Term Care Facility Admission and Discharge Notification (MC 171)  
Form (Back)**

I. General Instructions

This form is to be used for each admission and discharge. Please do not use this form for Medi-Cal reauthorizations.

II. Admission Instructions

A. Preparation

Prepare an original and two copies of this form for each SSI/SSP and/or Medi-Cal admission.

B. Distribution

Original: Send to your local social security office for recipients with aid codes 10, 20, and 60. Send to the county welfare department (see attached list) for all other aid codes.

Copy 1: Attach to the Treatment Authorization Request (TAR) and send to the Department of Health Services, Medi-Cal field office in your area. It will be forwarded by the Medi-Cal field office to the county welfare department.

Copy 2: Retain for your file.

III. Discharge Instructions

A. Preparation

Prepare an original and two copies of this form for each SSI/SSP and/or Medi-Cal discharge. Instead of completing a new form, use copy two of the form retained in your file as part of the admissions process. Complete Part III of the form (which becomes the original for the discharge process), and make two copies.

B. Distribution

Original: Send to the Medi-Cal field office.

Copy 1: Send to the county welfare department (see attached list).

Copy 2: Retain for your file.

IV. Explanation of over 50% of cost of care mentioned in item II.C. of this form.

Cost of care is the daily charge per patient excluding any additional services rendered to the patient which are billed separately by other providers (i.e., ambulance, physician, pharmacy, etc.).

For example, if the daily rate is \$30 per day, the monthly charge for a 30-day month would be \$900. If a patient enters the facility during the month of January, and is expected to stay at least one full calendar month after the month of admission (through February), a "YES" response would be indicated for item II.C. if Medi-Cal is expected to pay over \$450 of the \$900 charge for February.

MC 171 (6/02)

**Long Term Care Facility Admission and Discharge Notification (MC 171)  
Form – County Welfare Departments**

<b>County/Coordinator</b>	<b>Telephone Number</b>
Alameda County Social Services Agency P.O. Box 12941 Oakland, CA 94604 Liz Blankenship	(510) 777-2343 Fax (510) 777-2310
Alpine County Department of Social Services 75 A Diamond Valley Road Markleeville, CA 96120 Cami Chavez, Coordinator	(530) 694-2235 Fax (530) 694-2252
Amador County Department of Social Services 1003 Broadway Jackson, CA 95642 Pattie Edmunds	(209) 223-6642 Fax (209) 223-6579
Butte County Department of Employment and Social Services P.O. Box 1649 Oroville, CA 95965-1649 Carol Kuopus, Coordinator	(530) 583-3713 Fax (530) 538-4328
Calaveras County Social Welfare Department 891 Mountain Ranch Road San Andreas, CA 95249-9709 Connie McLain	(209) 754-6447 Fax (209) 754-6724
Colusa County Department of Social Welfare P.O. Box 370 Colusa, CA 95932 Sharon Carvalho	(530) 458-01275
Contra Costa County Employment and Human Services 40 Dougal Drive «Martinez, CA 94553» Daniel Chan	(925) 313-1619 Fax (925) 313-1710

**«Long Term Care Facility Admission and Discharge Notification (MC 171)  
Form – County Welfare Departments (continued)**

<b>County/Coordinator</b>	<b>Telephone Number</b>
Del Norte County Department of Social Services 880 Northcrest Drive Crescent City, CA 95531-3485 Mary Yingst, Coordinator	(707) 464-3191 Fax (707) 465-1783
Fresno County Department of Employment and Temporary Assistance 4944 E. Clinton Way, Suite 112 Fresno, CA 93750-0001 Nancy Gillitzer	(559) 253-9271 Fax (559) 253-9250
Glenn County Human Resources Agency P.O. Box 611 420 East Laurel Street Willows, CA 95988-0611 Lily Montz, Coordinator	(530) 934-6514 extension 139 Fax (530) 934-6521
Humboldt County Department of Health and Human Services 929 Koster Street Eureka, CA 95501 Sany Katri	(707) 476-4714 Fax (707) 441-5600
Imperial County Department of Social Services 2995 South Fourth Street, Suite 105 El Centro, CA 92243 Gloria Hernandez, Coordinator	(760) 337-6878 Fax (760) 337-5716
Inyo County Department of Social Services Drawer A Independence, CA 93526 Pam Joseph	(760) 878-0300 Fax (760) 878-0266



**Long Term Care Facility Admission and Discharge Notification (MC 171)  
Form – County Welfare Departments (continued)**

<b>County/Coordinator</b>	<b>Telephone Number</b>
Kern County Department of Human Services P.O. Box 511 Bakersfield, CA 93302 Vicki Lay, Coordinator	(661) 631-6518 Fax (661) 633-7058
Kings County Human Services Agency 1200 South Drive Hanford, CA 93230 Lupe Macias, Coordinator	(559) 582-3211 extension 2227 Fax (559) 585-0346
Lake County Department of Social Services P.O. Box 9000 Lower Lake, CA 95457 Rynda Murdock, Coordinator	(707) 995-4282 Fax (707) 995-4340
Lassen County Department of Social Services P.O. Box 1359 Susanville, CA 96130 Yvonne Smith, Coordinator Karen Wheeler	(530) 251-8154 (530) 251-8372 Fax (530) 251-8370
Los Angeles County Department of Public Social Services 14714 Carmenita Boulevard Norwalk, CA 90650 Stephanie Davis, Coordinator	(562) 632-2079
Madera County Department of Social Services P.O. Box 569 Madera, CA 93639-0569 Marilyn Cheatham, Coordinator	(559) 675-7841 Fax (559) 675-7603

**Long Term Care Facility Admission and Discharge Notification (MC 171)  
Form – County Welfare Departments (continued)**

<b>County/Coordinator</b>	<b>Telephone Number</b>
Marin County Department of Health and Human Services Division of Social Services P.O. Box 4160, Civic Center Br. San Rafael, CA 94913 John Paul, Coordinator	(415) 499-7056 Fac (415) 499-6731
Mariposa County Department of Human Services P.O. Box 7 Mariposa, CA 95338 Shana Long, Coordinator	(209) 966-3609 Fax (209) 966-5943
Mendocino County Department of Social Services P.O. Box 1759 825 Franklin Street Fort Bragg, CA 95437 Bev Sipila	(707) 962-1144 Fax (707) 962-1010
Merced County Human Services Agency P.O. Box 112 Merced, CA 95341 Kathy Southworth	(209) 385-3000 «extension 5789 Fax (209) 383-6925
Modoc County Department of Social Services 120 North Main Street Alturas, CA 96101 Pat Wood, Coordinator	(530) 233-6504 Fax (530) 233-2136
Mono County Department of Social Services P.O. Box 2969 Mammoth Lakes, CA 93546 Julie Timerman, Coordinator	(760) 934-3411 Fax (760) 924-5431

**Long Term Care Facility Admission and Discharge Notification (MC 171)  
Form – County Welfare Departments (continued)**

<b>County/Coordinator</b>	<b>Telephone Number</b>
Monterey County Department of Social Services 1000 South Main Street, Suite 308 Salinas, CA 93901 Veronica Wells, Coordinator	(831) 755-4675 Fax (831) 755-8476
Napa County Health and Human Services 2261 Elm Street Napa, CA 94559 Mike Elroy, Coordinator	(707) 253-4598 Fax (707) 253-6095
Nevada County Human Services Agency 950 Maidu Avenue Nevada City, CA 95959 Debbie Parman, Coordinator	(530) 265-1612 Fax (530) 265-7062
Orange County Department of Social Services 888 North Main Street, Bldg. 153 Santa Ana, CA 92701 Marie Williams, Coordinator mwilliams@ssa.co.orange.ca.us	(714) 541-7867 Fax (714) 541-7855
Placer County Health and Human Services MIS Division 375 Nevada Street Auburn, CA 95603 Penny James, Coordinator	(530) 886-4525 Fax (530) 886-4545
Plumas County Department of Social Services 270 County Hospital Road, Suite 207 Quincy, CA 95971-9126 Betty Z. Cortez, Coordinator	(530) 283-6460 Fax (530) 283-6368

**Long Term Care Facility Admission and Discharge Notification (MC 171)  
Form – County Welfare Departments (continued)**

<b>County/Coordinator</b>	<b>Telephone Number</b>
Riverside County Department of Public Social Services 4060 County Circle Drive Riverside, CA 92503 Linda Avila	(909) 358-3057 Fax (909) 358-3389
Sacramento County Department of Human Assistance 3737 Marconi Avenue Sacramento, CA 95821-4807 Diane Waite, Coordinator	(916) 875-3524 Fax (916) 875-3789
San Benito County Health and Human Services Agency 1111 San Felipe Road, #206 Hollister, CA 95023 Antoinette Moreno	(831) 636-4180 Fax (831) 637-9754
San Bernardino County Social Services Group 1950 Sunwest Lane, Third Floor San Bernardino, CA 92415-8515 Sharon Williamson, Program Spec. I	(909) 388-0486 Fax (909) 387-8575
San Diego County Health and Human Services Agency 1700 Pacific Highway, W401 San Diego, CA 92101-7439 Roxanne Brown	(858) 492-2236 Fax (858) 492-2265
San Francisco County Department of Social Services, S120 P.O. Box 7988 San Francisco, CA 94120-9939 Tom Conrow, Coordinator	(415) 558-1953 Fax (415) 558-1976
San Joaquin County Human Services Agency 1111 North California Street Stockton, CA 95201-3006 Donna Yim	(209) 468-8761 Fax (209) 468-2399

**Long Term Care Facility Admission and Discharge Notification (MC 171)  
Form – County Welfare Departments (continued)**

<b>County/Coordinator</b>	<b>Telephone Number</b>
San Luis Obispo County Department of Social Services P.O. Box 8119 «San Luis Obispo, CA 93401-8119» Pauline Barnett, Coordinator	(805) 781-1903 Fax (805) 781-1846
San Mateo County Human Services Agency 400 Harbor, Building C Belmont, CA 94002-4047 Gail Akam, Coordinator	(650) 595-7534 Fax (650) 802-6490
Santa Barbara County Department of Social Services 2125 S. Centerpoint Parkway Santa Maria, CA 93455-1338 Farrell Kisio, Coordinator	(805) 346-8217 Fax (805) 346-8366
Santa Barbara County Department of Social Services 1100 West Laurel Avenue Lompoc, CA 93436 Barry McCampbell, Secur	(805) 346-7162 Fax (805) 737-7089
Santa Clara County Social Services Agency 1725 Technology Drive San Jose, CA 95110-1360 Eddie Moth, Coordinator	(408) 441-5371 Fax (408) 436-0735
Santa Cruz County Human Resources Agency «1020 Emeline Avenue» Santa Cruz, CA 96061 Nyla Noroyan, Coordinator	(831) 454-4074 Fax (831) 454-4842
Shasta County Department of Social Services P.O. Box 496005 Redding, CA 96049 Francine, Orr, Coordinator	(530) 225-5589 Fax (530) 245-7630

**Long Term Care Facility Admission and Discharge Notification (MC 171)  
Form – County Welfare Departments (continued)**

<b>County/Coordinator</b>	<b>Telephone Number</b>
Sierra County Human Services P.O Box 1019 202 Front Street Loyalton, CA 96118 Donna May, Coordinator	(530) 993-6720 Fax (530) 993-6767
Siskiyou County Human Services Department 818 South Main Street Yreka, CA 96097-9905 Elizabeth Steward, Coordinator	(530) 841-4323 Fax (530) 841-2723
Solano County Health and Social Services Department P.O. Box 12000 355 Tuolumne Street Vallejo, CA 94590-9000 Janet Stolling, Coordinator	(707) 553-5626 Fax (707) 553-5651
Sonoma County Human Services Department 520 Mendocino Avenue Santa Rosa, CA 95402-1539 Tara Smith, Coordinator	(707) 565-5303 Fax (707) 565-5353
Stanislaus County Community Services Agency P.O. Box 42 251 East Hackett Modesto, CA 95353 Janet Sandoval, Coordinator	(209) 558-2592 Fax (209) 558-3310
Sutter County Welfare and Social Services P.O. Box 1535 Yuba City, CA 95992 Davis Nara, Coordinator	(530) 822-7230 «extension 206 Fax (530) 822-7212

**Long Term Care Facility Admission and Discharge Notification (MC 171)  
Form – County Welfare Departments (continued)**

<b>County/Coordinator</b>	<b>Telephone Number</b>
Tehama County Department of Social Services P.O. Box 1515 22840 Antelope Boulevard Red Bluff, CA 96080 Sandy Bruce, Coordinator	(530) 528-4090
Trinity County Health and Human Services Department P.O. Box 1470 #1 Industrial Parkway Weaverville, CA 96093 Diane Darrah, Coordinator	(530) 623-8224 Public (530) 623-1265 Fax (530) 623-1250
Tulare County Health and Human Services Agency Public Social Services Branch 5957 South Mooney Boulevard Visalia, CA 93277 Cheryl Cheek, Coordinator	(559) 737-4660 extension 2107
Tuolumne County Department of Social Services 20075 Cedar Road North Sonora, CA 95370-5900 Laurie Moore	(209) 553-5730 Fax (209) 553-0306
Ventura County Human Services Agency 505 Poli Street Ventura, CA 93001-2632 Sylvia Pinuelas, Coordinator	(805) 652-7619 Fax (805) 652-7845

**Long Term Care Facility Admission and Discharge Notification (MC 171)  
Form – County Welfare Departments (continued)**

<b>County/Coordinator</b>	<b>Telephone Number</b>
Yolo County Department of Employment and Social Services 25 North Cottonwood Woodland, CA 95695-2979 Berlita McGrath Berlita.mcgrath@ccm.yolocounty.org	(530) 661-2919 Fax (530) 661-2847
Yuba County Human Services P.O. Drawer 2320 6000 Lindhurst Avenue, #504 Marysville, CA 95901 Jackie Watson, Coordinator	(530) 749-6321 Fax (530) 749-6797



## **Long-Term Care Facility Information Sheet For Public Assistance or Medi-Cal Recipients (MC 171A)**

The long term care (LTC) facility to which you are being admitted must comply with various federal and state regulations in order for its services to be paid for by the Medi-Cal program. Please cooperate with the LTC facility in completing any federal and state forms that must be prepared. The information you provide on these forms will assist in ensuring that you receive all of the benefits to which you are entitled without any undue delays. The Medi-Cal Long-Term Care Facility Admission and Discharge Notification Form (MC 171) which you have just been asked to complete is such a form.

The information you provide will be checked by computer with information provided by employers, banks, Social Security Administration, tax files, welfare, and other agencies.

California Code of Regulations, Title 22, Section 50185, says that as a Medi-Cal recipient you must report any changes in circumstances that might affect your eligibility for Medi-Cal no later than 10 calendar days following the date of the change. To assist you in reporting this type of change in your circumstances, the LTC facility will send the MC 171 to the appropriate Social Security Office and the county welfare department on your behalf. You are still responsible for ensuring that the proper action is taken in regard to your eligibility for Medi-Cal benefits, and therefore, if you do not hear from either SSA or the county within 45 days, please contact them immediately.

Depending on your individual situation, you may have to pay or obligate to pay a portion of your medical costs before Medi-Cal can pay for the rest of your care. This obligation is referred to as the recipient's share of cost. A worker from the county welfare department will determine whether you have a share of cost and the amount of any obligation now that you have entered an LTC facility. Persons in LTC facilities who have a share of cost pay or obligate the share of cost directly to the facility.

You have the right to a fair hearing if you are dissatisfied with any action taken by the county welfare department or the State Department of Health Services. If you wish to ask for a fair hearing, you must do so within 90 days after the date the notice of action was sent by the county or the date of the action with which you are dissatisfied.

To request a fair hearing, write to the Administrative Adjudication Division, Department of Social Services, 744 P Street, Sacramento, CA 95814. You may also request a fair hearing by calling Toll Free: 800-952-5253.

If you want a family member to act on your behalf or you have any question or need other services, please contact your county welfare department for assistance.

Information Notice 006A

## **«Discharge to Home**

### **Figure 3.** Initial Billing.

*This is a sample only. Adapt to your billing situation.*

In this example, a patient was admitted to an NF-B on October 11, 2024, and remained until October 30, 2024. Therefore, “101124” and “103024” are entered in the *Statement Covers Period From and Statement Covers Period Through* field (Box 6).

During this billing period, the patient’s discharge status is noted as “09” (admitted as an inpatient to this hospital) in the *Status* field (Box 17). See the *UB-04 Completion: Long Term Care Services* section for more information about patient discharge status codes.

Because the billing period is for 20 days at the NF-B per diem rate of \$109.53, the gross amount \$2190.60 is entered in the *Total Charges* field (Box 47).

### **Figure 4.** Discharge to home.

*This is a sample only. Adapt to your billing situation.*

On November 6, 2024, the patient was discharged to home. The date of service period extended from November 1, 2024, through November 6, 2024, and is entered in the *Statement Covers Period From and Statement Covers Period Through* field (Box 6). During this billing period, the patient’s discharge status is noted as “01” (discharged to home or self care) in the *Status* field (Box 17).

This billing period is calculated based on six days minus one day for discharge at the NF-B per diem rate of \$109.53. The gross amount, \$547.65, is entered in the *Total Charges* field (Box 47).

Also, because these services require a *Treatment Authorization Request (TAR)*, the eleven-digit *TAR Control Number (TCN)* is entered in the *Treatment Authorization Codes* field (Box 63).>>

1 GARDEN GROVE CARE CENTER 6748 GARDEN GROVE HWY ANYTOWN, CA		2		3a PAT. CNTR. # b. MED. REC. # 123456		4 TYPE OF BILL 211																					
5 PATIENT NAME DOE, JANE				9 PATIENT ADDRESS																							
10 BIRTHDATE 100135		11 SEX F	12 DATE 101124		13 HR.	14 TYPE 5	15 SRC 3	16 DHR 4	17 STAT 09	22		23		24		25		26		27		28		29 ACCT STATE		30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 CODE		36 OCCURRENCE SPAN FROM THROUGH		37		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42		43		44	
38		39		40		41		42		43		44		45		46		47		48		49		50		51	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50		51		52		53		54		55	
0101								20		2190.60																	
53 001		PAGE		OF		CREATION DATE		TOTALS		2190.60																	
50 PAYER NAME LTC MEDI-CAL		51 HEALTH PLAN ID		52 REL. INFO.		53 ASG. SERV.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 2190.60		56 NPI 0123456789		57 OTHER PRV ID		58		59		60		61		62		63	
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID 9000000A95002		61 GROUP NAME		62 INSURANCE GROUP NO.		63		64		65		66		67		68		69		70		71	
63 TREATMENT AUTHORIZATION CODES 98765432220		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66		67		68		69		70		71		72		73		74		75		76	
69 DX D1D1D1D O		70 ADMIT DX		71 PATIENT REASON DX		72 PPS CODE		73 EQI		74 ATTENDING NPI 0234567891		75 QUAL		76		77		78		79		80		81		82	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 ATTENDING NPI		80 QUAL		81		82		83		84		85		86		87	
75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE		80 ATTENDING NPI		81 QUAL		82		83		84		85		86		87		88	
80 REMARKS		81 CC		82		83		84		85 ATTENDING NPI		86 QUAL		87		88		89		90		91		92		93	
		a		b		c		d		85 ATTENDING NPI		86 QUAL		87		88		89		90		91		92		93	
		b		c		d		e		86 ATTENDING NPI		87 QUAL		88		89		90		91		92		93		94	
		c		d		e		f		87 ATTENDING NPI		88 QUAL		89		90		91		92		93		94		95	
		d		e		f		g		88 ATTENDING NPI		89 QUAL		90		91		92		93		94		95		96	

«Figure 3. Initial Billing.»

1 <b>GARDEN GROVE CARE CENTER</b>		2		3a PAT. CNTR. # <b>123456</b>		4 TYPE OF BILL <b>211</b>	
6748 GARDEN GROVE HWY				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 110124 THROUGH 110624	
ANYTOWN, CA							
8 PATIENT NAME <b>DOE, JANE</b>				9 PATIENT ADDRESS			
10 BIRTH-DATE <b>100135</b>				11 SEX <b>F</b>			
12 DATE <b>110124</b>		13 HR <b>5</b>		14 TYPE <b>3</b>		15 SRC <b>4</b>	
16 DHR <b>16</b>		17 STAT <b>01</b>		18-23 CONDITION CODES			
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 CODE		36 CODE		37 CODE		38 CODE	
39 VALUE CODES AMOUNT <b>24</b>		40 VALUE CODES AMOUNT <b>01</b>		41 VALUE CODES AMOUNT		42 VALUE CODES AMOUNT	
43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
<b>0101</b>						<b>5</b>	
						<b>547 65</b>	
23 <b>001</b> PAGE <b>OF</b>		CREATION DATE		TOTALS <b>547 65</b>			
50 PAYER NAME <b>LTC MEDI-CAL</b>		51 HEALTH PLAN ID		52 FILL INFO		53 ASST BEN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE <b>547 65</b>		56 NPI <b>0123456789</b>		57 OTHER PRV ID	
58 INSURED'S NAME		59 REL		60 INSURED'S UNIQUE ID <b>90000000A95002</b>		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES <b>98765432220</b>		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX <b>D1D1D1D</b>		67 A B C D E F G H		68 I J K L M N O P Q		69	
69 ADMIT REASON DX		70 PATIENT REASON DX		71 ICD CODE		72 EDI	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI <b>0234567891</b>		77 QUAL	
78 OTHER PROCEDURE DATE		79 OTHER PROCEDURE DATE		78 OTHER NPI		79 QUAL	
80 REMARKS		81 CC a b c d		78 OTHER NPI		79 QUAL	
				78 OTHER NPI		79 QUAL	
				78 OTHER NPI		79 QUAL	
				78 OTHER NPI		79 QUAL	

<<Figure 4. Discharge to Home.>>

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.