



Missouri Department of Health and Senior Services  
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 Peter Ly skowski  
 Acting Director



Jeremiah W. (Jay) Nixon  
 Governor

**CONFIDENTIAL**

## Validation for a Special Admission Category (SAC) For Skilled Nursing Facility Placement

Please note this is only a review for a Special Admission Category (SAC). This **does not** indicate the client has been approved for nursing facility placement. The client still must meet the criteria for Skilled Nursing Facility (SNF) Placement under Missouri 19 CSR 30-81.

DCN or SSN:		The client <b><u>trigger</u></b> Level II for:  <input type="checkbox"/> Mental Illness <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Both
Client's Legal Name:		
Form Completed by/title:		
Hospital/Facility Name:		Is the client a Missouri resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Number:		<b>Send the          DA- 124 A/B and DA-124 C          forms with this request via  <u>encrypted email</u>  <a href="mailto:COMRU@health.mo.gov">COMRU@health.mo.gov</a>          or mail</b>
Fax Number:		
Proposed SNF Placement:		
Proposed Admission Date to SNF:		

**Please note if the Special Admission Category is validated:**

- Notification of COMRU's decision for this SAC request will be faxed back to the number provided on this form. Please allow 24 hours for processing of completed SAC requests. **The approved SAC Validation Notice and the submitted DA-124 application should be sent to the accepting nursing facility with the client.**
- It is the responsibility of the **skilled nursing facility** to subsequently NOTIFY the Central Office Medical Review Unit (COMRU) via fax 573-526-8602 or by sending an encrypted email to [COMRU@health.mo.gov](mailto:COMRU@health.mo.gov) if the client will exceed the thirty-day special admission stay. **Notice must be made within the first 30 days in order to complete the Level II screening for a client with an MI/MR diagnosis.**
- The Payment will stop at the end of the SAC time frame and will not begin again until the Level II is completed. The facility will need to notify COMRU of the client's discharge date for the determination to be sent to the local county Family Service Division (FSD) to begin your Medicaid reimbursement.

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[www.health.mo.gov](http://www.health.mo.gov)

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The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Client Name: \_\_\_\_\_  
DCN: \_\_\_\_\_

<b><u>COMRU USE ONLY</u></b>	
<b><u>SAC Validated?</u></b>	
Yes _____	No _____
Date: _____	
COMRU Staff: _____	

**#1 -- Terminal Illness**  
Expected to result in death in six months or less  
Diagnosis: \_\_\_\_\_  
Currently on Hospice: Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, \*\*please send Hospice order\*\***

**#2 – Serious Physical Illness**  
Severe/end stage disease (or physical condition)  
Diagnosis: \_\_\_\_\_  
(See the back of the DA124 C form for examples)

**#3 – Respite Care**  
Stays not more than thirty (30) days to provide relief for in-home caregivers  
**The client is going to be short term:** Yes \_\_\_\_\_ No \_\_\_\_\_  
Reason for Respite Care: \_\_\_\_\_

**#4 – Emergency Provisional Admission**  
Must be hotlined. Stays not more than 7 days to protect person from serious physical harm to self and others  
Reason for Hotline: \_\_\_\_\_

**#5 – Direct Transfer from a Hospital**  
Stays not more than thirty (30) days for the condition for which the person is currently receiving hospital care. **Please provide a copy of the hospital history and physical.**  
**The client is going to be short term:** Yes \_\_\_\_\_ No \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_  
What is the plan after 30 days? \_\_\_\_\_

**The facility must provide additional information for validation of a SAC listed with each category.**  
**If this information is not provided, COMRU will be unable to validate the SAC.**

- It is the facility/hospital's responsibility to notify COMRU immediately of any changes that occur after the SAC approval. For example, if the client was discharged to a psychiatric unit tomorrow, COMRU must be notified right away of the psychiatric admission. COMRU will provide additional instructions on how to proceed in the case of a change. If the facility/hospital fails to notify COMRU, rejection of the SAC may occur and payment would be impacted

**For questions, please call 573-522-3092. If additional space is needed, please attach another sheet.**

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