Missouri Department of Health and Senior Services
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RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711

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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:	
Client's Legal Name:	
Form Completed by/title:	
Hospital/Facility Name:	
Telephone Number:	
Fax Number:	
Proposed SNF Placement:	
Proposed Admission Date to SNF:	

The client ***trigger*** Level II for:

___ Mental Illness
___ Intellectual Disability or Related Condition
___ Both

Is the client a Missouri resident?
____Yes ____No

Send the DA- 124 A/B and DA-124 C forms with this request via encrypted email COMRU@health.mo.gov) or mail

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 48 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 if the client will exceed the thirty-day special admission stay. In order to avoid loss of Medicaid payment, notice must be made to COMRU within the first 20 days of the client's stay.**
- **If the client discharges, transfers or leaves the nursing facility this Special Admission Category is completed and a new application or Special Admission would need to be completed prior to the client's return to any nursing facility.**
- **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.**

COMRU USE ONLY
SAC Validated?

Yes _____ No _____
Date: _____
COMRU Staff: _____

Client Name: _____

DCN or SSN: _____

☐ **#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: _____
Plan after 30 days: _____

☐ **#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: _____
Date of 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.
Must provide a copy of the hospital history and physical.
The client is going to be short term: Yes ____ No ____
Reason for Transfer: (Be Specific) _____
_____
What is the plan after 30 days? _____
_____

The hospital/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.