



## Administrative Day Request Form

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Please print clearly and fill out the entire form (*even if the information is documented in attachments*). Incomplete or illegible forms will be returned or delay processing.

### MEMBER INFORMATION

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Medicaid ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender:  Male  Female  Unidentified

Additional Insurance:  Yes  No Insurance Policy #: \_\_\_\_\_

Additional Insurance Name: \_\_\_\_\_

### BILLING PROVIDER

Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Provider Tax ID: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Group/Facility Name: \_\_\_\_\_

Group/Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Criteria for Administrative Days

Discharge planning is a partnership between hospitals and MCOs, and both parties should work collaboratively to identify any barriers to post-discharge placement as soon as possible upon admission.

**If answer to any of the below is a no, administrative days (AD) will not be considered due to not meeting HFS AD criteria.**

Please provide documentation of all areas below:

COVERAGE CRITERIA	
Criteria	Yes/No (additional documentation required)
Member is covered by Medicaid and was initially admitted with a diagnosed condition that required an acute inpatient level of care, either medical or psychiatric care.	
The provider notifies the MCO of an initial member admission within 48 hours. Provide date and time of admit notification and admission.	
The initial admission was authorized by the MCO, the member:	
– no longer meets medical necessity criteria for inpatient acute care;	
– there is a specific and documented discharge plan in place to a lower level of care <b>Provide copy of discharge plan</b>	
– documented barriers to implementation of the discharge plan exist that are beyond the control of the provider, facility and the MCO	
The facility notifies the MCO as soon as they believe post-discharge placement will be difficult so the MCO can collaborate on discharge placement. <b>Provide date of notification to MCO and contact.</b>	
The provider or facility has made reasonable and documented efforts to engage the MCO in discharge planning and has identified substantial barriers to discharge in advance of the discharge date. <b>Provide details of documented efforts to engage MCO and contact (additional attachments may be required).</b>	
The facility has documented its attempts to place the member in at least five (5) appropriate settings. <b>Provide list of documented attempts and reasons for not accepting.</b>	

### Exclusionary Criteria:

- The member has met his/her individualized discharge criteria and substantial barriers to discharge no longer exist. ADs do not replace any or all non-covered days past medical necessity unless Coverage Criteria above are met.
- The inpatient facility is pursuing a discharge to a level of care or service that a MCO has explicitly stated is not a Medicaid covered benefit, and/or the member does not meet clinical criteria for the intended placement, and the facility has not worked with the MCO to identify alternative and appropriate placements.
- Health plans are not responsible for administrative days that are the responsibility of DCFS.