

Notice of Medical Certification – Form 142 Instructions

Form 142 is used by the SCA to notify the Medicaid Office, RO and the DMC that the individual has met medical eligibility (waiver criteria) for waiver services. This form must be completed on ALL initials (i.e. transitioning from Adult Day Health Care (ADHC) Waiver to Community Choices Waiver (CCW) transitioning from a Nursing Facility (NF) to CCW transitioning from LT-PCS to CCW, etc.).

NOTE: If the individual does NOT meet medical eligibility (waiver criteria) for waiver services, RO will complete the 142 and send to Medicaid Office, the DMC and the SCA.

- SSN
- Date of Birth
- Medicaid No:
- To: (Name of Participant)
- Home Address: (of Participant)
- Facility/Provider Name: Indicate the name of the SC Agency
- Vendor No.: Indicate the provider # of the SC Agency
- Facility Address: Indicate the address of the SC Agency
- Parish: Indicate the appropriate parish of the participant
- (If Medicaid applicant in facility) – DO NOT complete this line. This line applies to Nursing Facility Admissions ONLY.

SECTIONS I and II:

Do not complete these two (2) sections.

SECTION III. WAIVER/PACE

A. Approved for Medicaid medical eligibility: (Indicate CCW or ADHC.) Waiver Services effective: (Indicate the date that the Plan of Care (POC) is approvable, which is the completion date of the 142 form).

B. Not Approved - Does not meet Medicaid medical eligibility. (Check box when individual does not meet OAAS waiver criteria).

NOTE: Do not complete B. if participant is denied based on Medicaid financial ineligibility.

C. Date of Home Visit:

NOTE: Do NOT Complete C. on ANY Waiver cases.

D. Vendor Payment May Begin: (Indicate the date of receipt of the Medicaid Decision Notice - Approval).

Date completed: (Do NOT complete this line).

EXCEPTION:

If currently receiving LT-PCS ONLY or ADHC Waiver, "Vendor Payment May Begin Date" will be fourteen (14) calendar days from the date of the Medicaid Decision Notice (Approval).

Agency Representative:

The form shall be signed and dated by the SC supervisor.

Do NOT indicate the RO name and address.

The SC supervisor must fax a copy of the completed 142 (Demographic portion and Section III. A.) to the Medicaid Office (must specify parish) on the day that the 142 is completed and signed.

On the same date that the SCA receives the Medicaid Decision Notice, the SC supervisor completes III.D. "Vendor Payment May Begin" and the "CC:"

[Facility/Provider OAAS & Other (if applicable)], the SC supervisor must send a copy of the completed form along with the applicable documents to OAAS RO, DMC provider(s) and others (if applicable).