Form MLTC-78 Instructions for Completion

USE: Form MLTC-78 is used to prior authorize payment for Specialized Add-On Services as required by the Nebraska Medicaid Program (471-NAC-000). Copy this form for office use. Incomplete forms will be returned. Please contact the Department for this information.

Completion: Providers shall complete **Form MLTC-78** as follows:

1. Recipient Name: Enter the recipient's full name as listed on the Nebraska Medicaid Eligibility card.
2. Medicaid ID: Enter the recipient's 11-digit Medicaid identification number as listed on the Nebraska Medicaid eligibility card.
3. Nursing Facility: Enter the name of the nursing facility the recipient resides in.
4. Diagnosis Code(s): Enter the diagnosis code(s) associated with the intellectual disability or related condition.
5. Provider's Name: Enter the name of the provider.
6. Provider's Address and Phone Number: Enter the provider's complete street address (including city, state and zip code) and the office phone number.
7. Medicaid Provider ID: Enter the 11-digit Medicaid Provider ID.
8. Provider's NPI: Enter the provider's 10-digit National Provider Identifier (NPI).
9. Provider's Taxonomy: Enter the provider's 10-digit taxonomy code.
10. Provider's Zip + 4: Enter the provider's zip code + 4 numbers that are assigned to the billing address for the provider.
11. Service Type Requested: Only **one** Specialized Add-On Service can be on each prior authorization form. Check the box for the service being requested.
12. Start Date of Service: Enter the anticipated start date for the implementation of the service.
13. End Date of Service: Enter the anticipated end date of the service. Prior Authorizations are time limited and should not have a time frame of more than 3 months. If services continue after the three month time period a new prior authorization should be submitted.
14. Describe the Frequency and Duration: Enter the number of hours per week the service will be provided and the duration of the service in weeks or months.
15. Needs/Goals and Objectives: List the needs identified in the Level II Pre-Admission Screening and Resident Review (PASRR) that will be addressed with this specific service. Also, list goals and objectives that are specific, measurable, attainable, realistic and time limited (SMART) that will address the identified needs. The goals are the training goals that will be implemented.
16. Signature: Service Provider Designee signature.
17. Date: The date the form is signed by the designee.

Fields 18 – 24 are for DHHS – MLTC use only

Distribution: Submit the completed Form MLTC-78 with a copy of the Level II PASRR and the Nursing Facility Plan of Care to the Department's Long-Term Care and Institutional Services

unit at the email below. You will receive notification from the Long-Term Care and Institutional Services unit regarding any questions and approval/disapproval within 4 business days of submission.

DHHS.MLTCInstitutionalServices@nebraska.gov