New Level Of Care (LOC)
Screening Tool for PASRR Users

Nevada Medicaid Provider Training

What Is LOC?

Level Of Care (LOC) screening:

- Used by Nevada Medicaid to determine if the individual meets Nursing Facility (NF) LOC criteria
- The LOC assessment also assesses individuals for the possibility of qualifying for other less restrictive services, which may be community-based, or to qualify for waiver services
- NF must request a new LOC determination when it appears the resident no longer meets an NF standard LOC

What is the LOC Screening Tool?

- LOC and PASRR in one online system
- Simplifies access for providers
- Notifications available online in the LOC/PASRR system
- NF must request a new LOC determination when it appears the resident no longer meets an NF standard LOC

The Screening Tool Process

- Provider submits an LOC request in the same manner as the PASRR (Pre-Admission Screening Resident Review)
- Data is processed by the business and workflow rules engine
- System will automatically determine the proper flow for the request and move the task into the appropriate queue for processing

The Screening Tool Process

- Real-time or near real-time determination is rendered via auto adjudication process
- Each request will be executed by an automated task or human centric determination if required
- Tool generates appropriate determination letters

Accessing the LOC Application

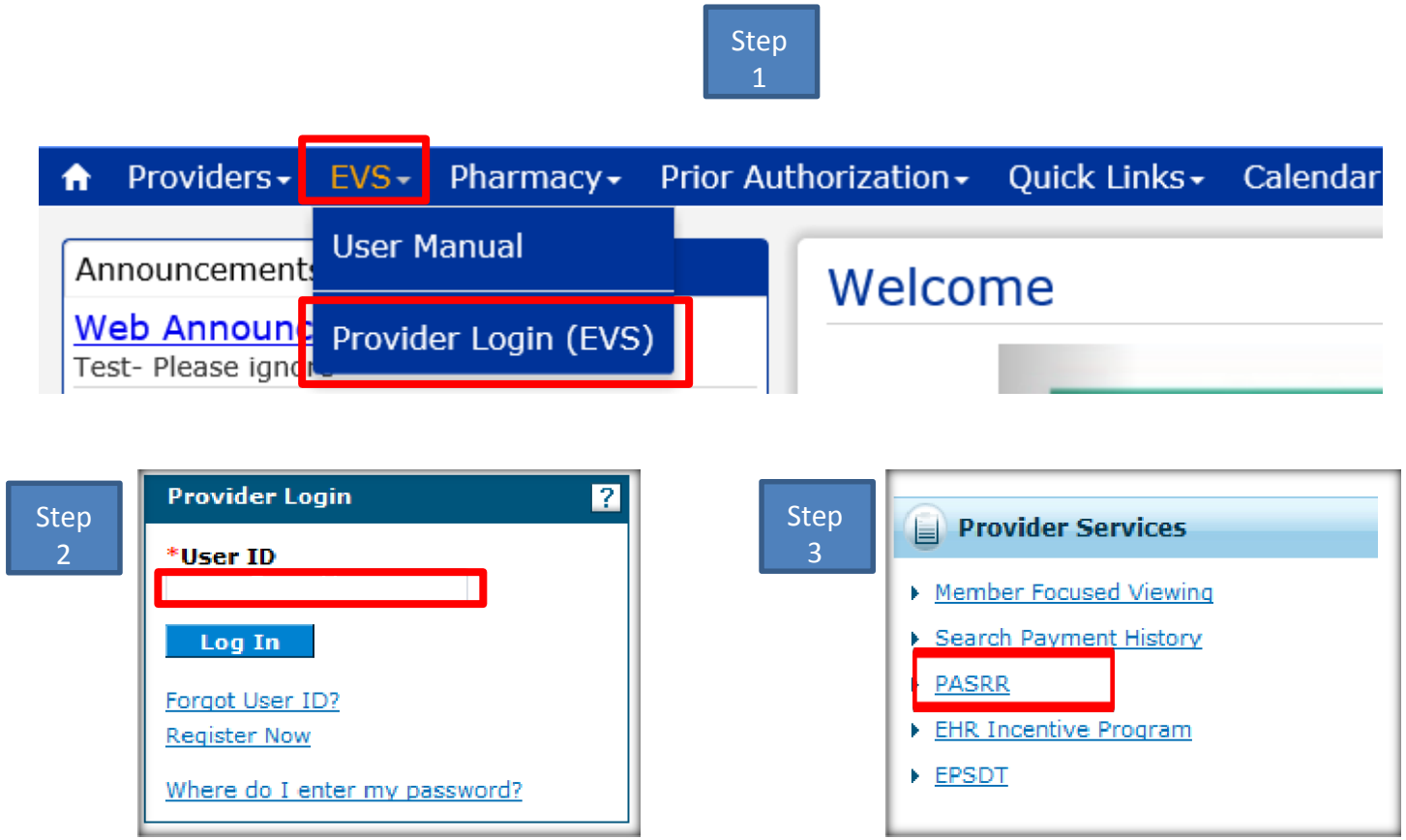
To access the LOC application:

- Go to www.medicaid.nv.gov

Step 1: Click on the EVS tab, and then Provider Login (EVS)

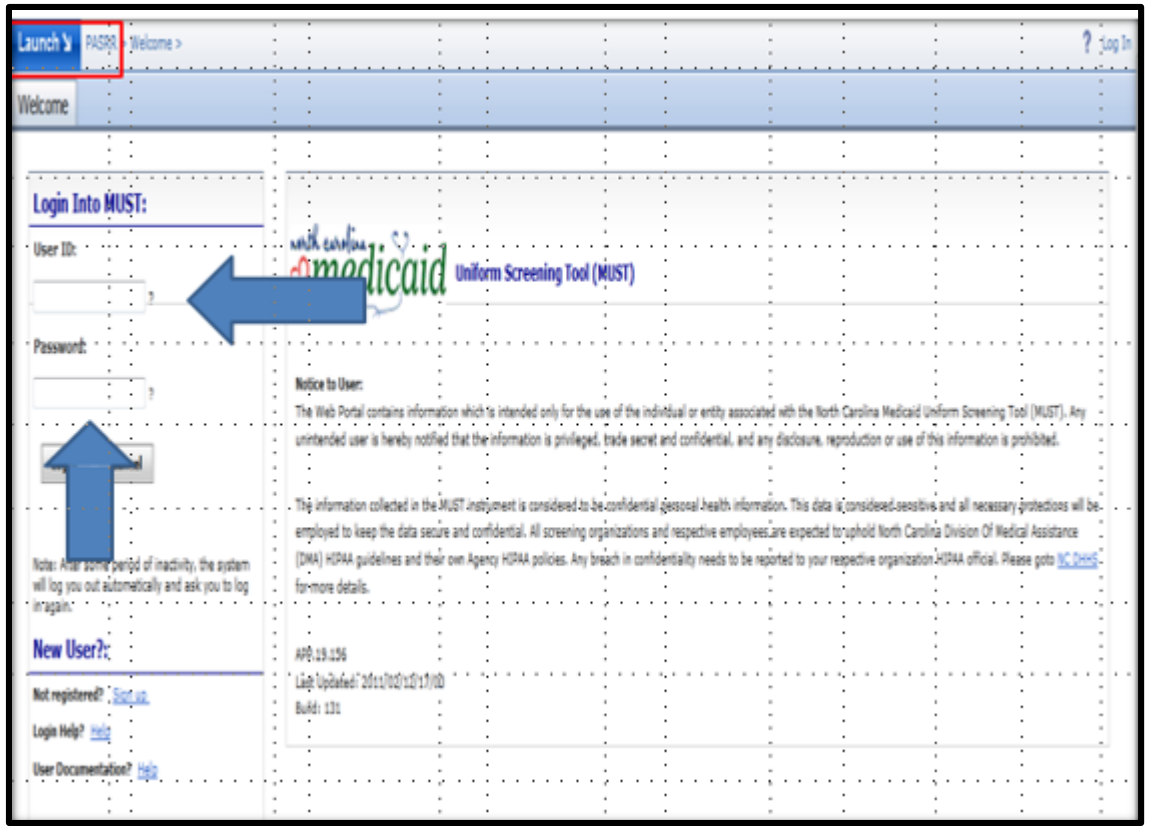
Step 2: Enter User ID

Step 3: Click on PASRR



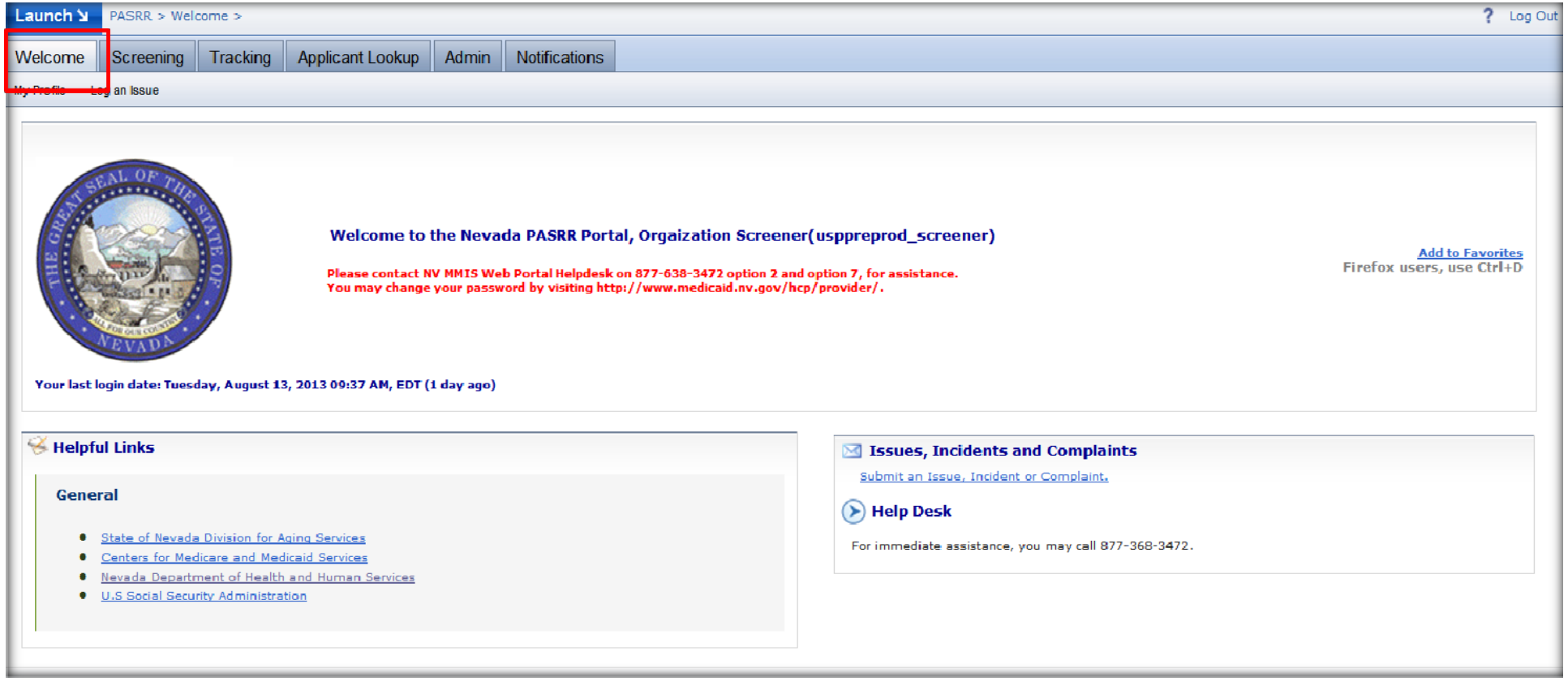
Logging on to the Application

- Log in to the Uniform Screening Tool
- Enter your User ID and Password
- Click Login



LOC Screening Module

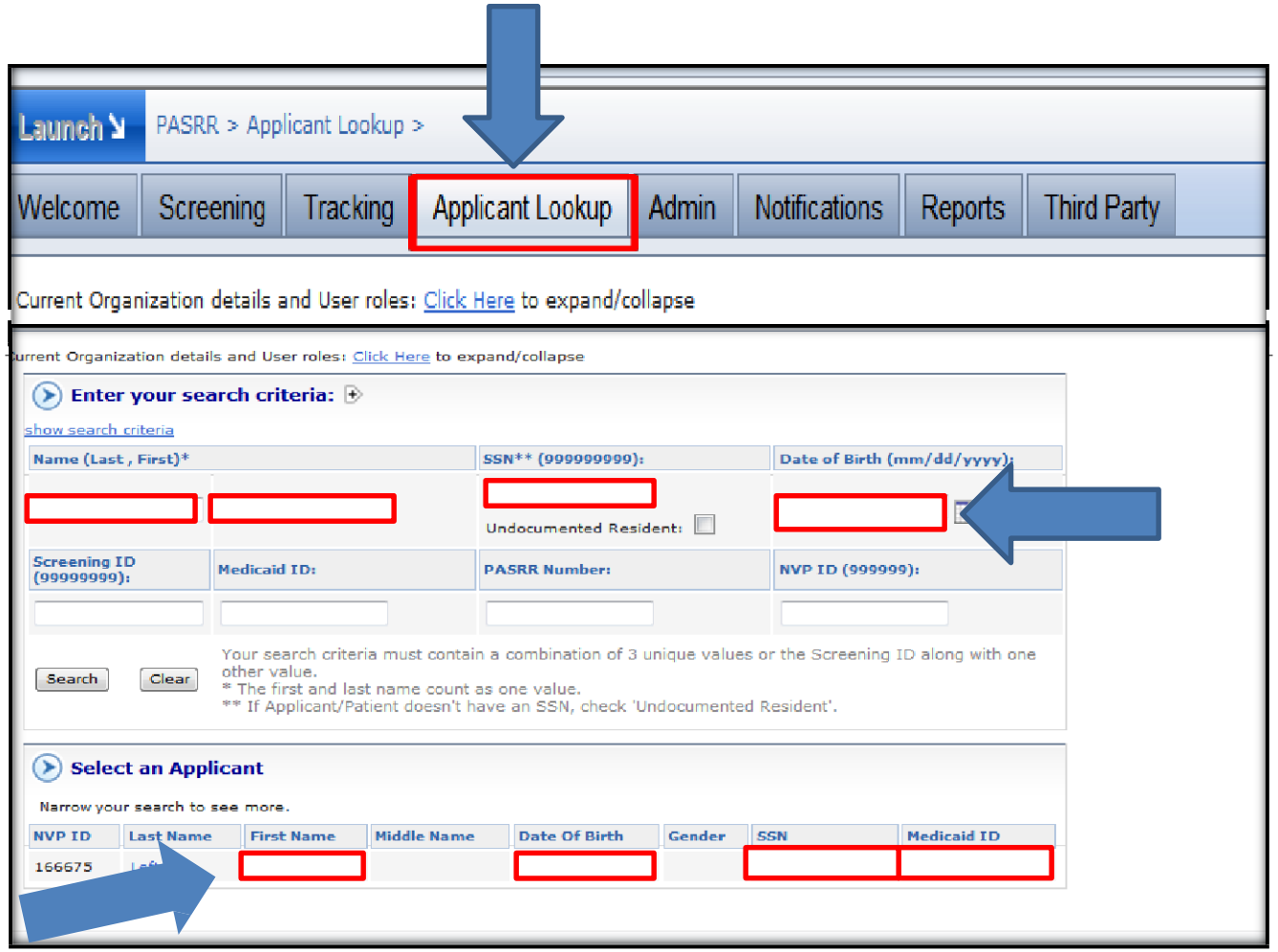
- The Welcome Page will display



Applicant Lookup

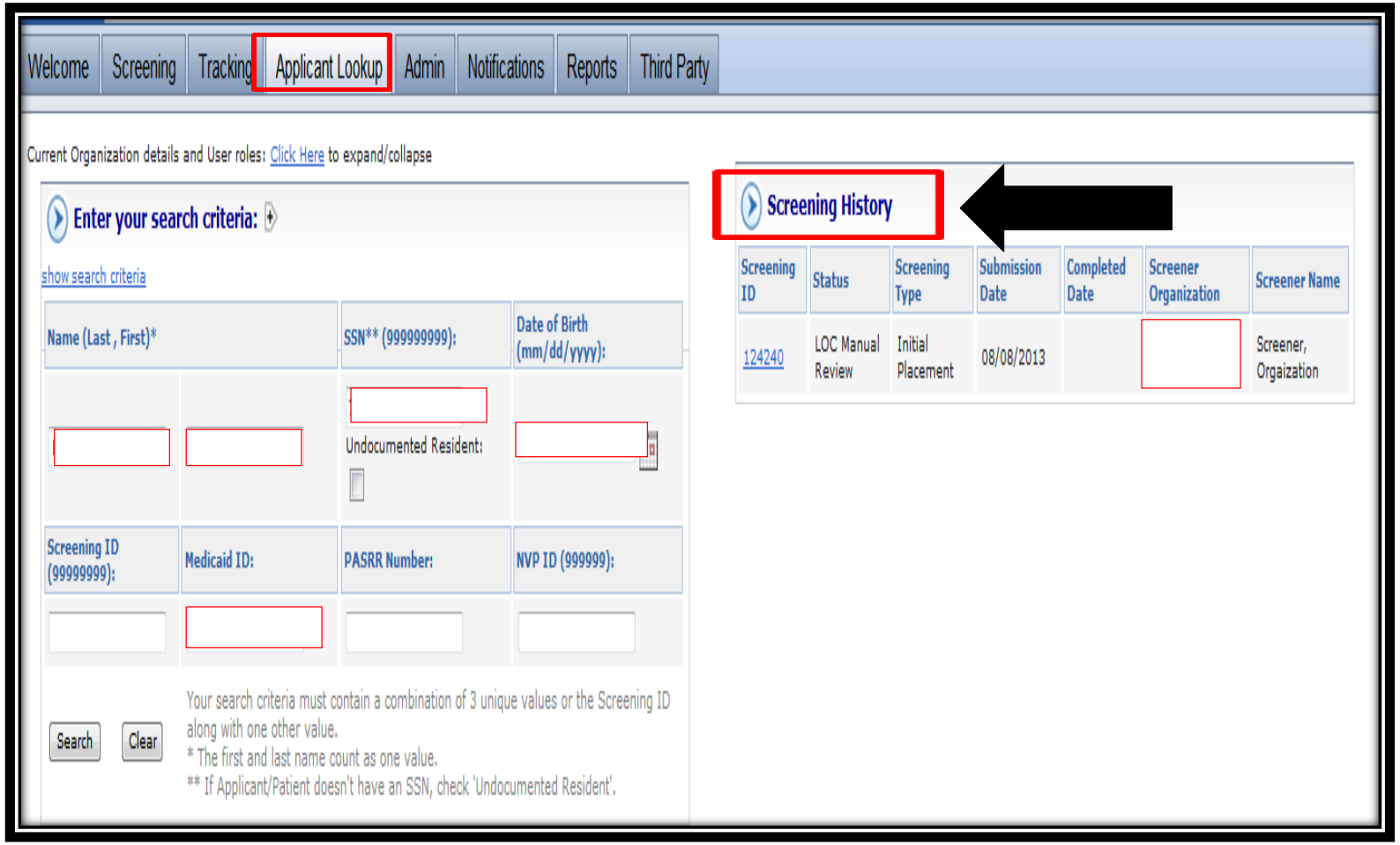
Once you have entered the system:

- Click on Applicant Lookup to determine if the recipient is already in the system
- Enter the search criteria
- When recipient is identified click on applicant's last name



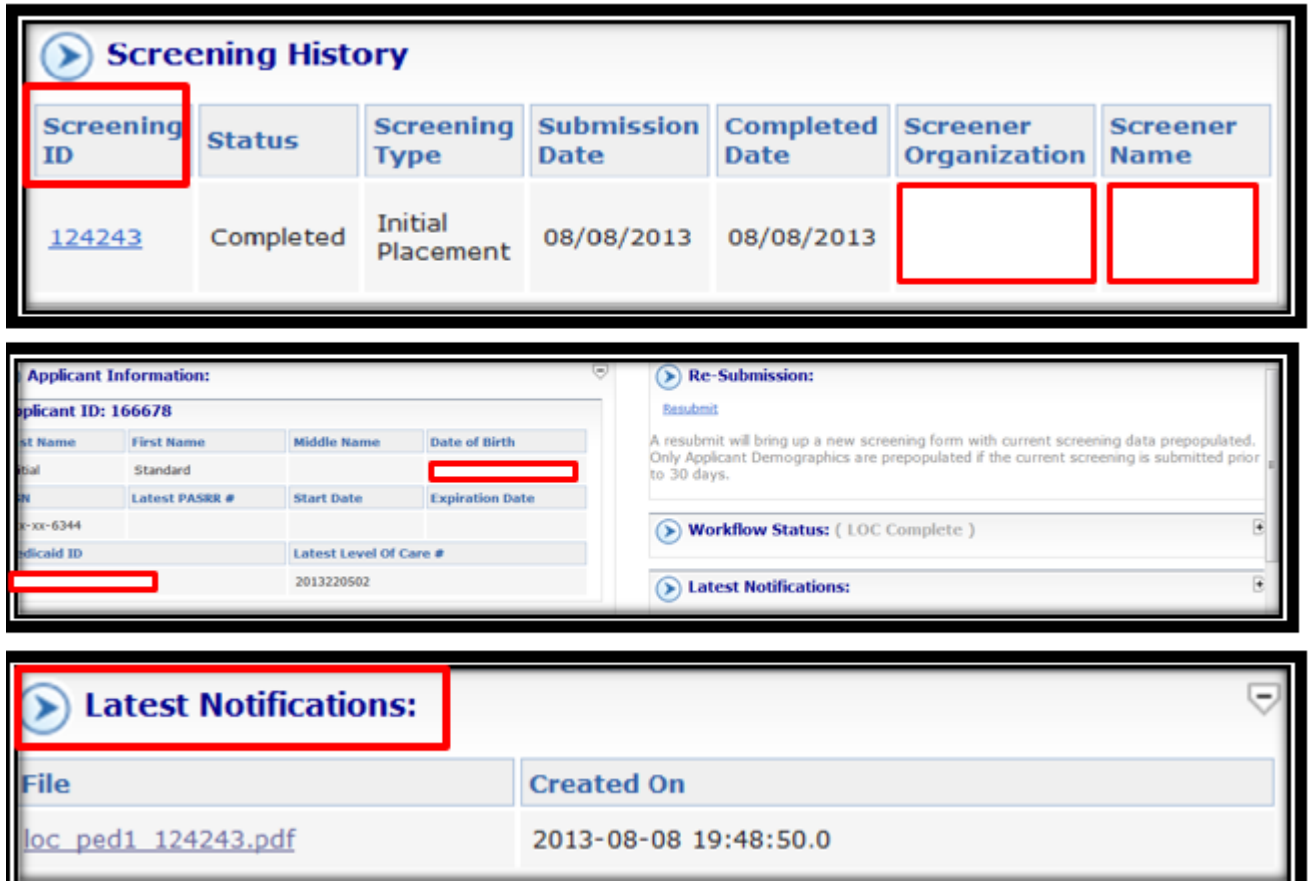
Applicant Look-Up: Existing LOC

- After selecting the recipient's last name, if an LOC is already in place it will be indicated under screening history



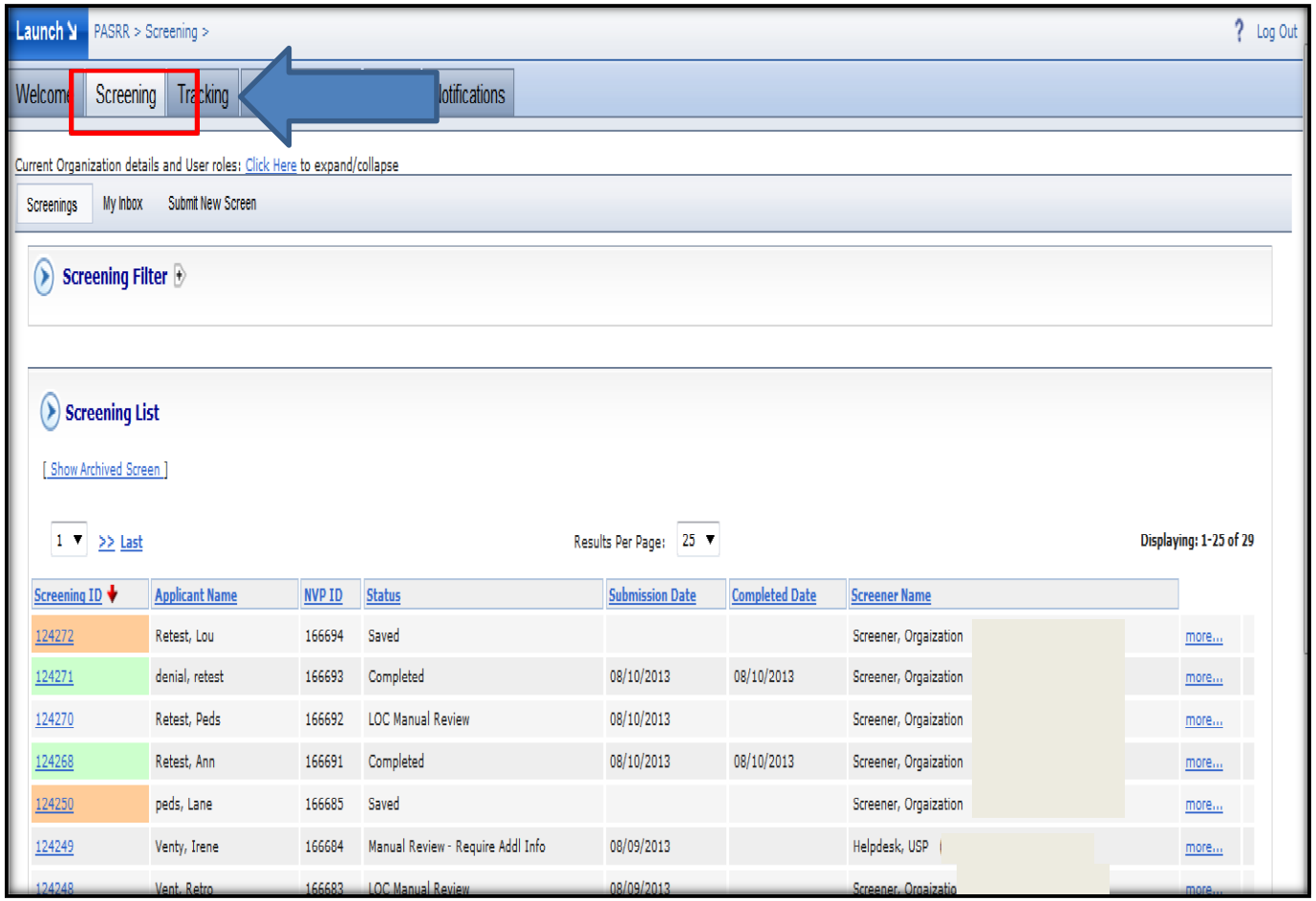
Screening History

- After selecting the recipient's last name, if an LOC is already in place, you may select the Screening ID to view the history
- Click on the arrow to expand Latest Notifications to view the most current LOC



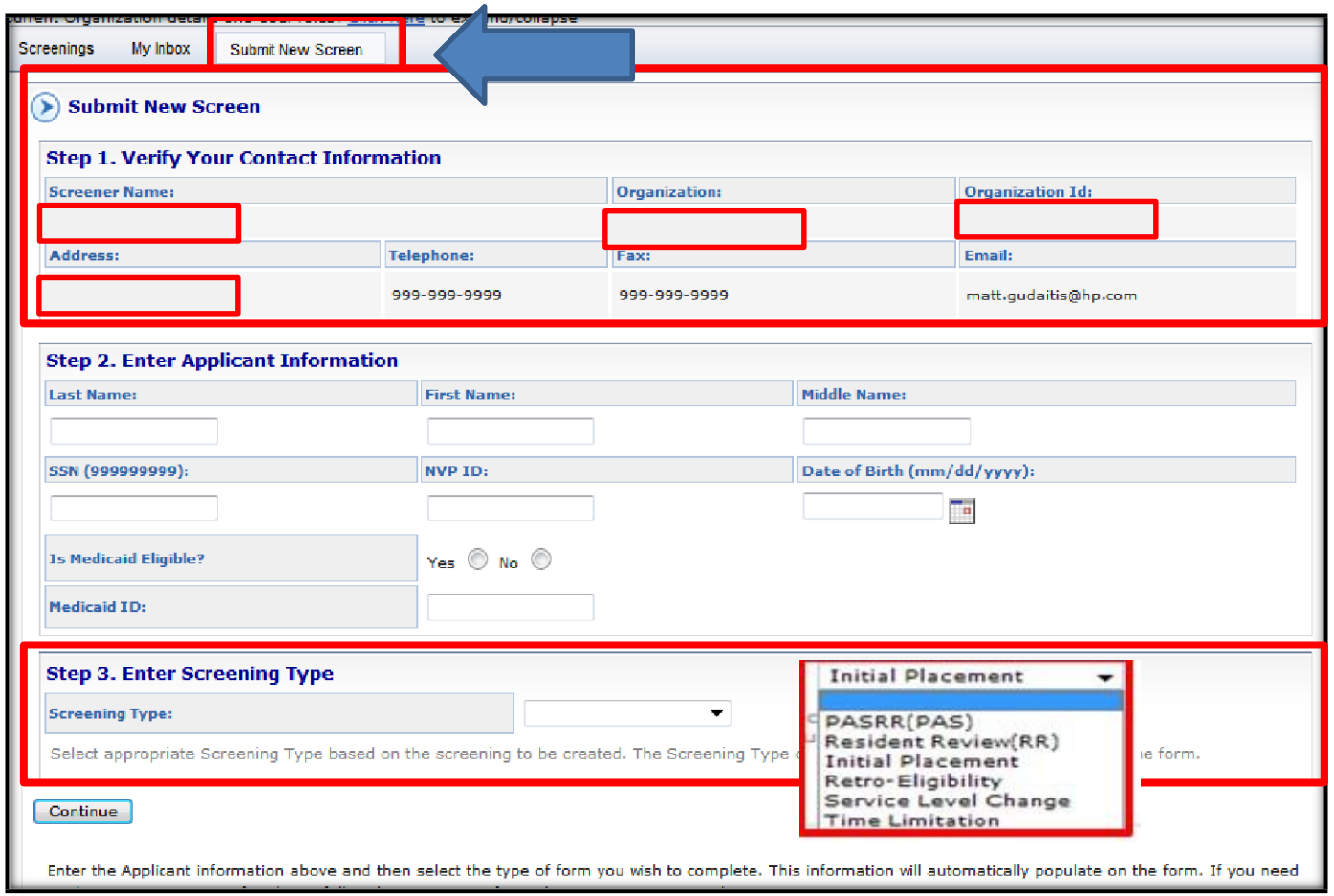
Accessing the Screening Module

- Click on the Screening tab



Submit New Screen

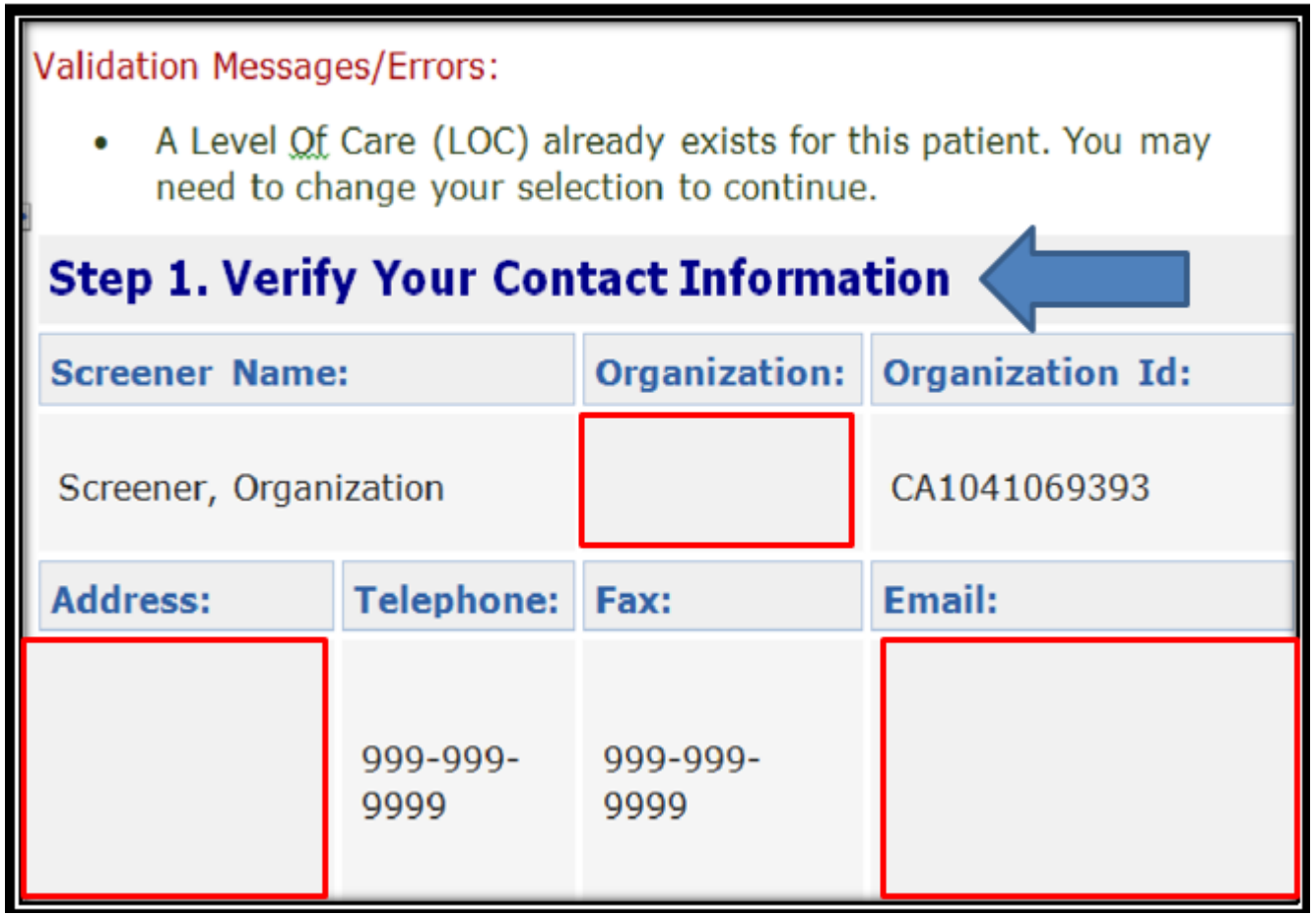
- Click on Submit New Screen tab
- New Submission Screen is available
- Verify your contact information
- Enter the applicant information



Error Alert for Existing LOC

Existing LOC:

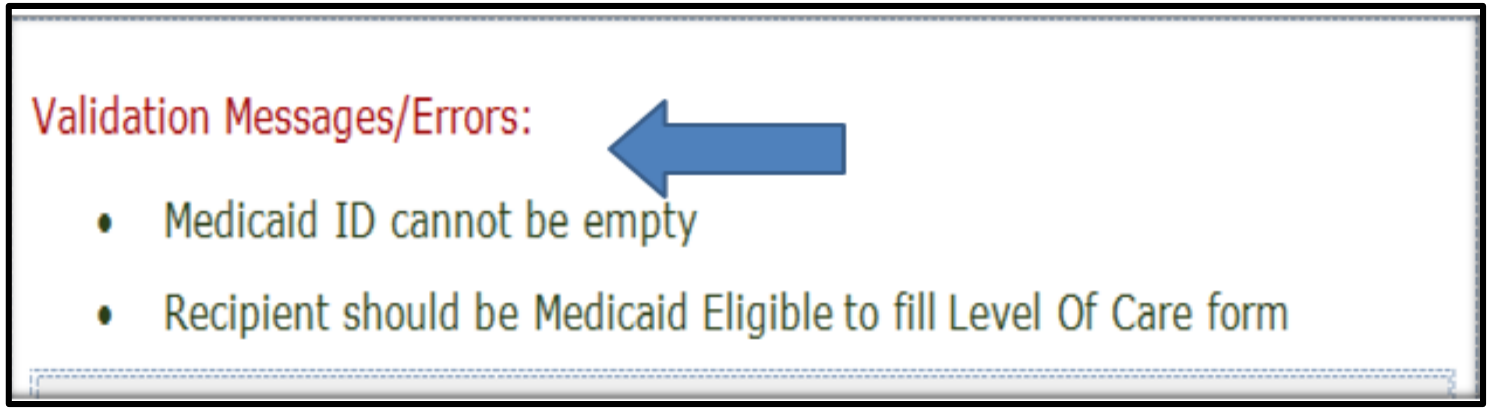
- After filling out the applicant information on page one of the screening tool, if an existing LOC is in place you will receive an alert that a Level of Care already exists for the patient and you may have to change your screening type selection to continue



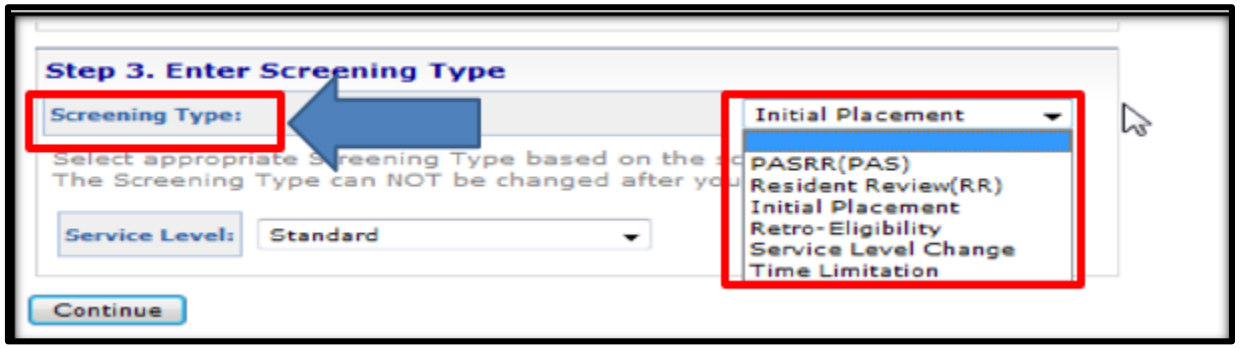
Medicaid Eligibility

Select if the applicant is Medicaid Eligible

- If you have selected YES, you will be able to proceed with the LOC screen
- If you have selected NO, the following message will appear and you will not be allowed to continue



Screening Type



Select from the drop-down box:

- Screening Type
  - Initial Placement: The recipient is being admitted into the nursing facility (NF) for the first time.
  - Retro-Eligibility: The recipient was determined eligible for Medicaid benefits retroactively.
  - Service Level Change: A recipient's service needs have changed. For example, the recipient was not ventilator dependent but now is or vice versa.
  - Time Limitation: The previous LOC assessment was time limited and is close to expiration. For example, Pediatric specialty care I and II can only be approved for 180 days at a time.
- Click Continue

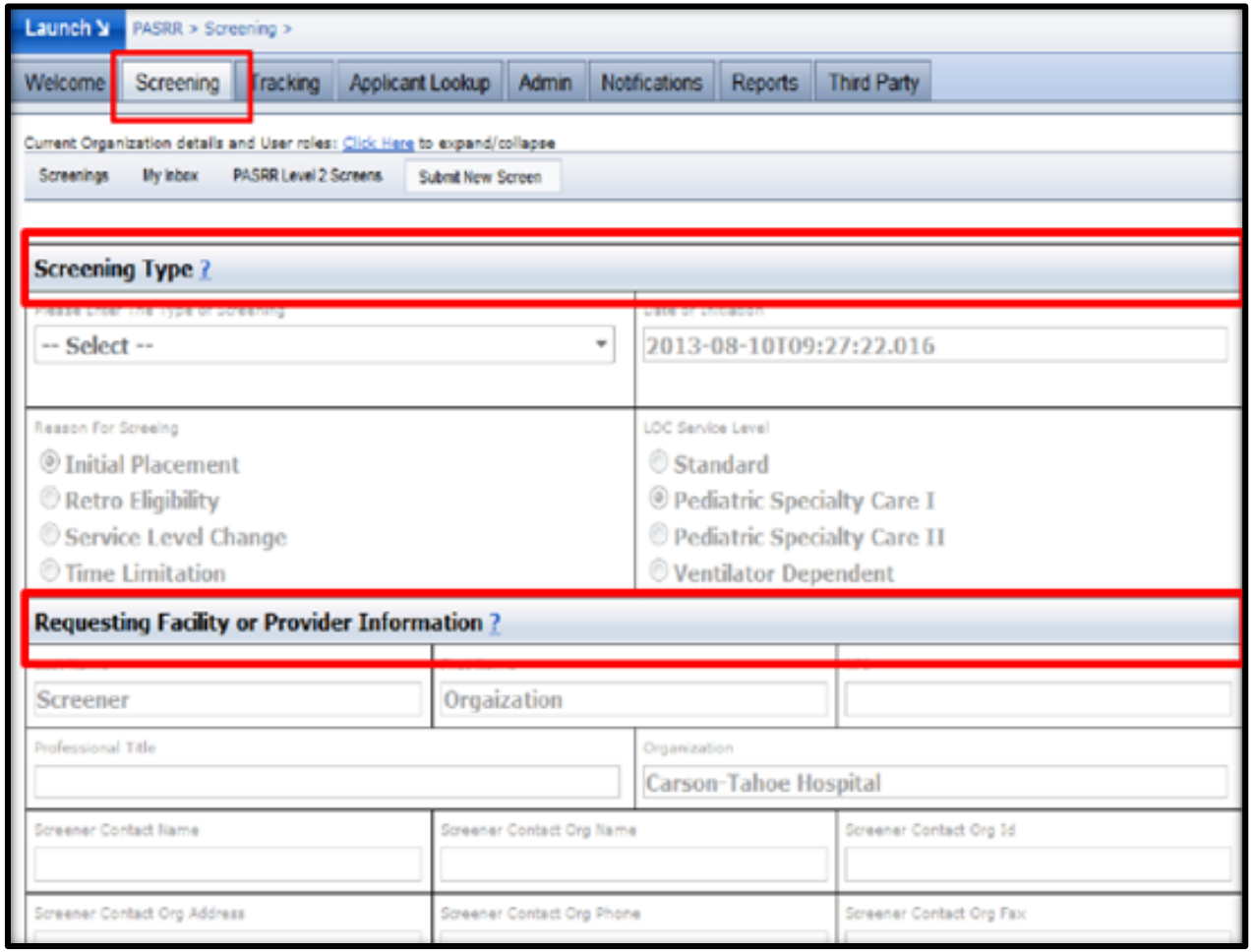
Service Level

Select from the drop-down box:

- Level of Service
  - NF Standard encompasses a majority of recipients
  - NF PED spec care I and II are limited to recipients birth to 21 years of age who require specialized, intensive, licensed skilled nursing care beyond the scope of services provided to the majority of NF recipients
  - NF Ventilator Dependent is limited to recipients who are dependent on mechanical ventilation a minimum of 6 hours per day
- Click Continue

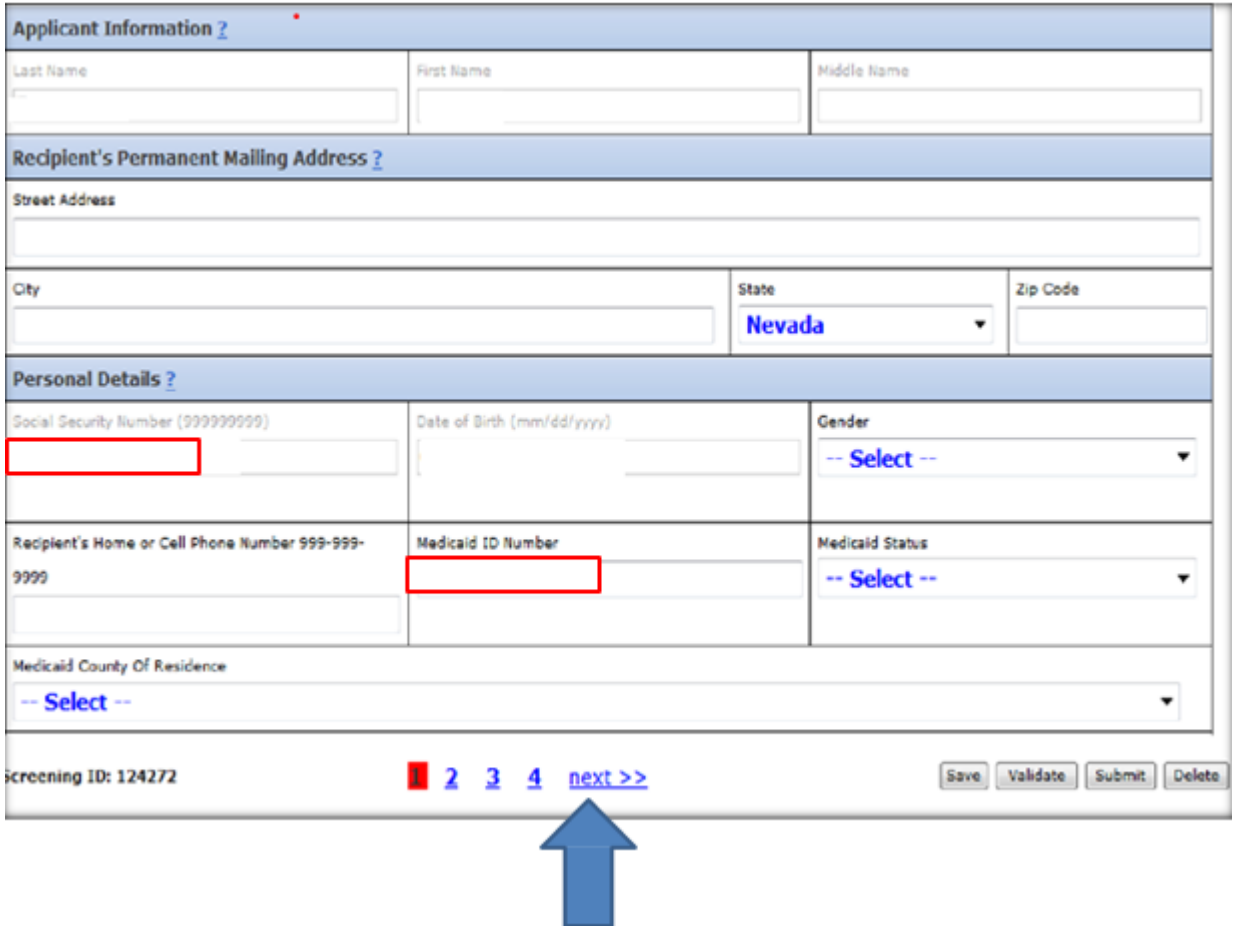
Screening Type and Requesting Facility - Page 1

- Screening Type and Requesting Facility or Provider Information will be auto-populated from the choices previously made



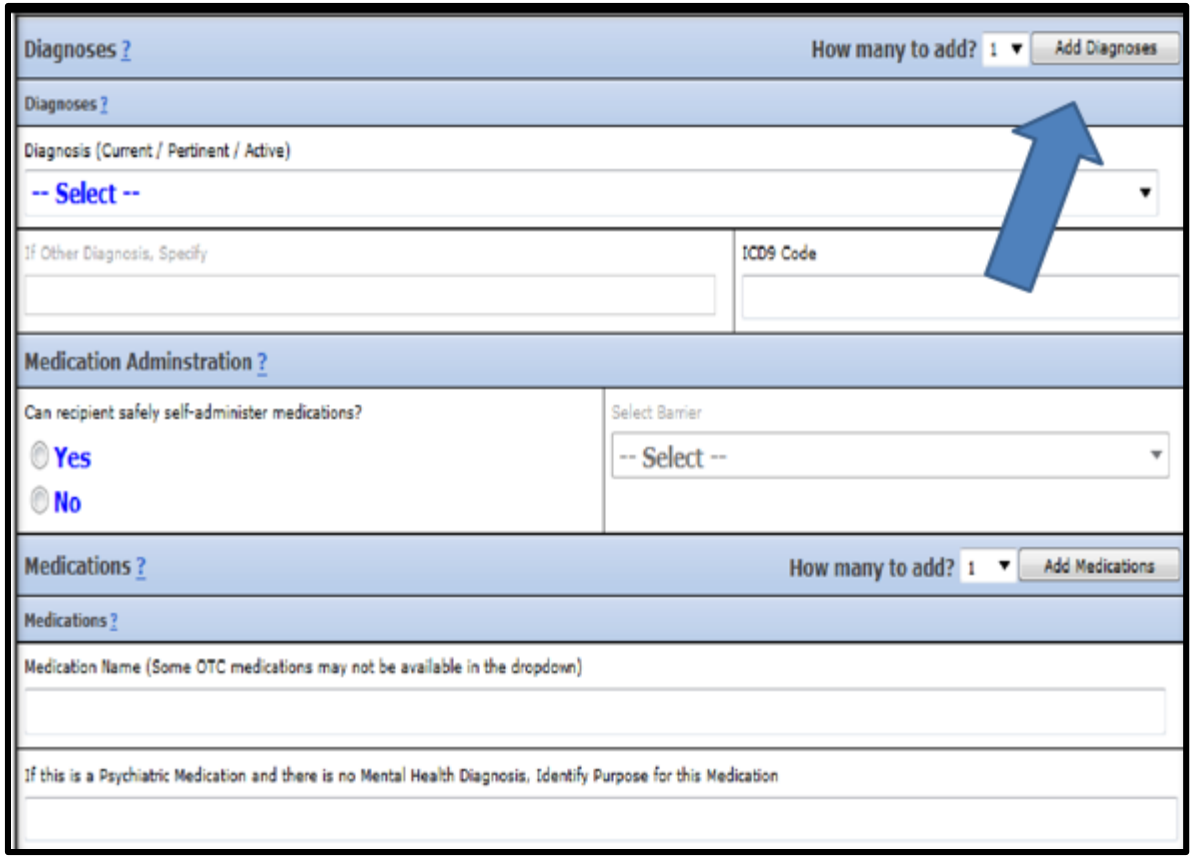
Entering Applicant Information - Page 1

- Applicant Name will be auto-populated
- Enter the Recipient's Permanent Mailing address and Phone Number
- Medicaid ID# is auto-populated
- Select from the drop-down boxes the recipient's Gender and Medicaid Status
- Select from the drop-down box the member's County of Residence
- Click Next



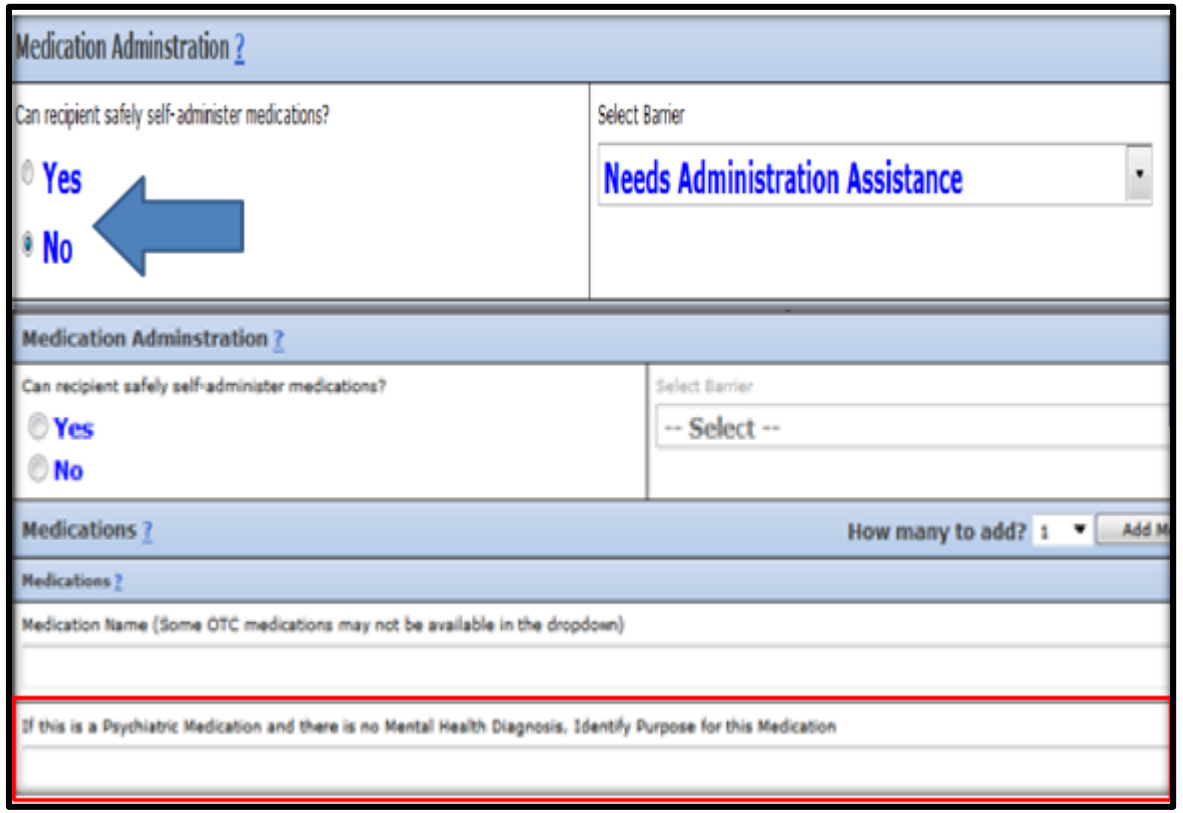
Entering Diagnosis Information - Page 2

- Select from the drop-down box the recipient's Diagnosis
- To enter additional diagnoses, indicate how many diagnoses you would like to add and click Add Diagnosis
- If diagnosis cannot be located in the drop down box, enter the diagnosis in the other field or enter the diagnosis code



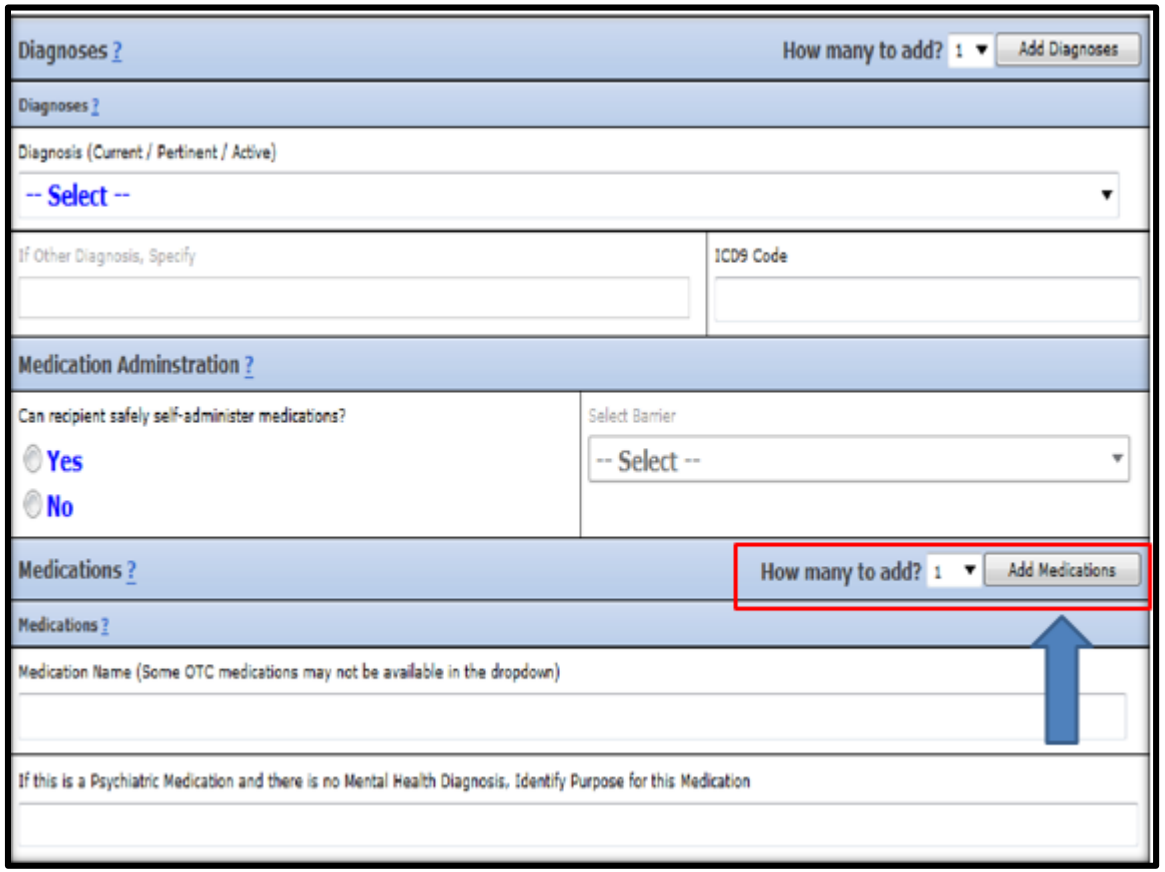
Medication Administration

- Indicate whether the recipient can self-administer medication
- If No is selected, the provider will need to select the barrier from the drop-down box on the right hand side
- If YES is selected, the Select Barrier option does not need to be completed
- One medication should be indicated in the Medication Name box. As the provider begins to type, a list of medications will be displayed for the provider to select



Entering Additional Medications

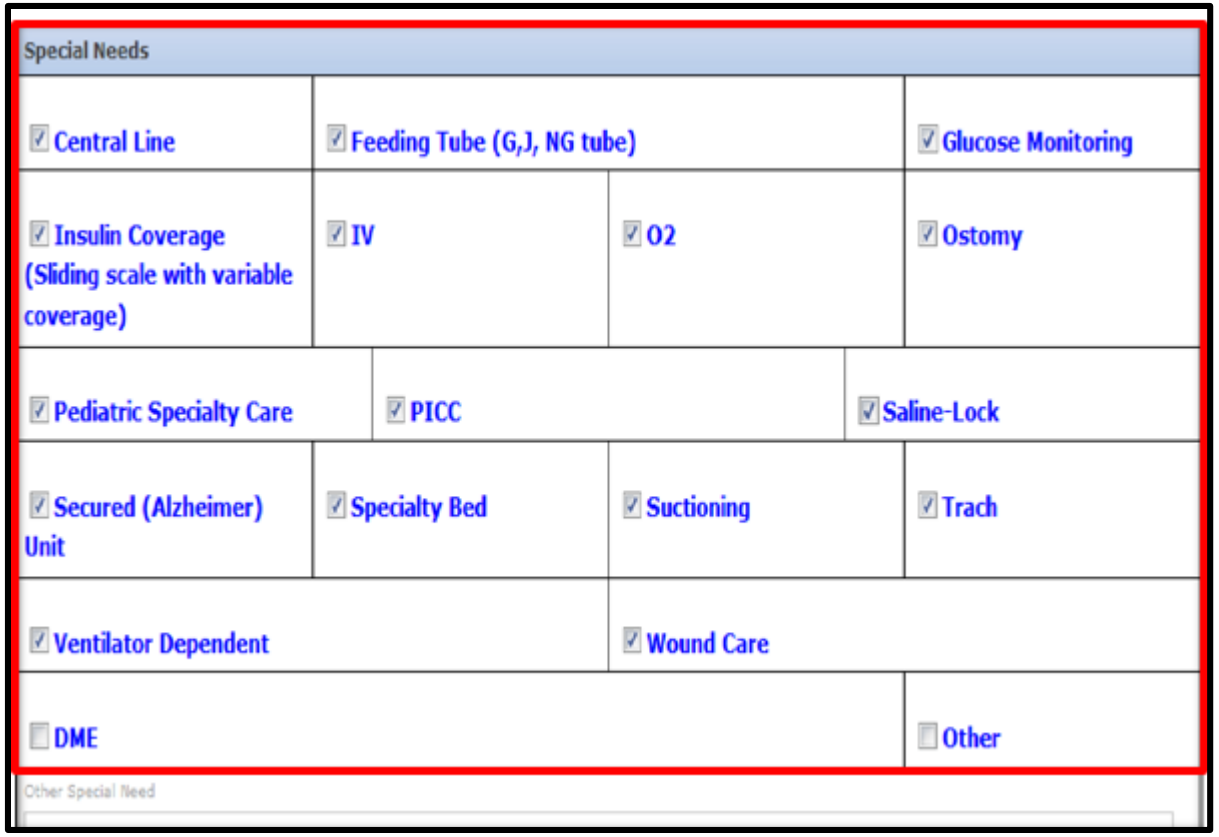
- To enter additional medications, indicate how many medications you would like to add and click add medications
- The system will provide additional fields for entry



Entering Special Needs Information

Special Needs

- Select all special needs that apply
- You can select one or more needs



Entering Activities of Daily Living

Activities of Daily Living

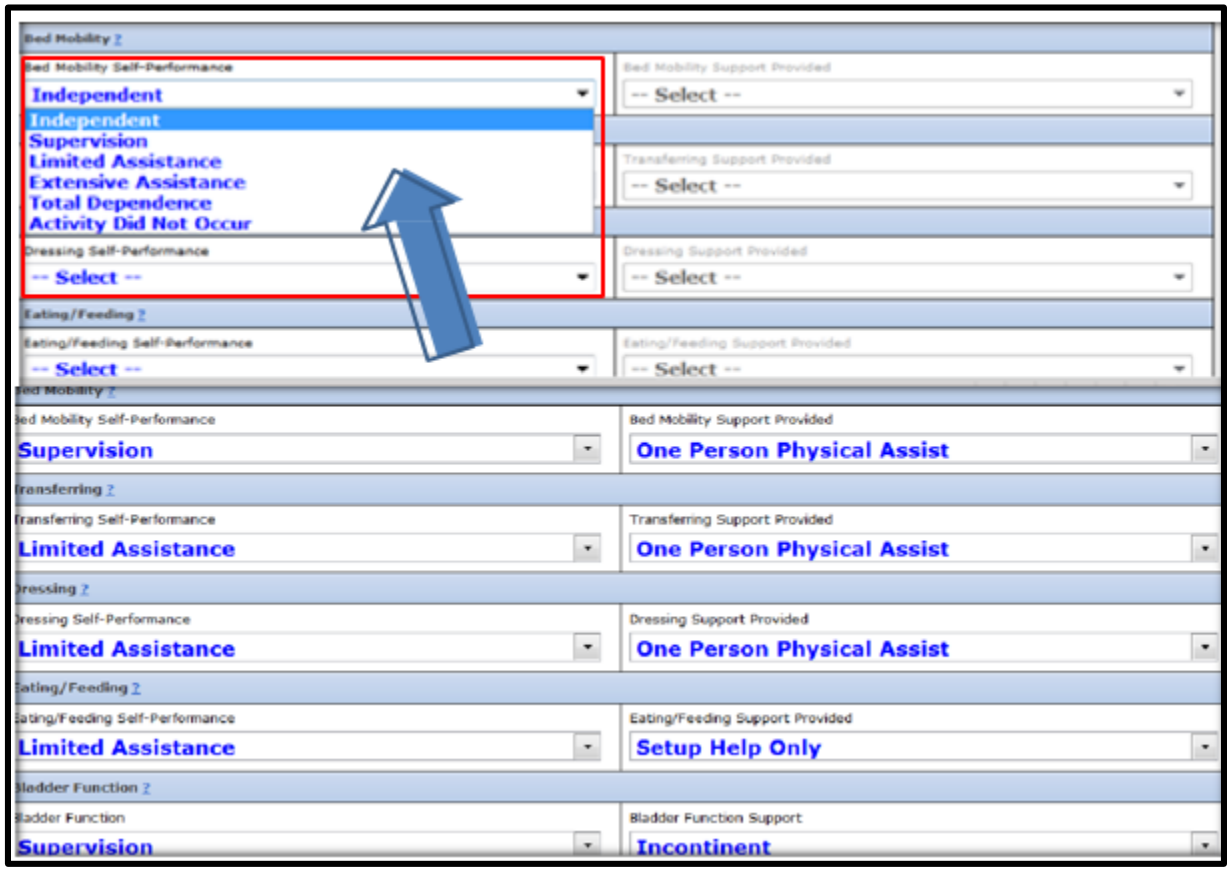
- For all activities, select from the drop-down box the level of care needed

Activities of Daily Living include:

- Bed mobility
- Transferring
- Dressing
- Eating/Feeding
- Hygiene
- Bathing

Note: If the level of care is anything other than independent or activity did not occur, you will be required to select the level of support needed in the column to the right.

<u>This is a requirement for all activities of daily living on page 2</u>

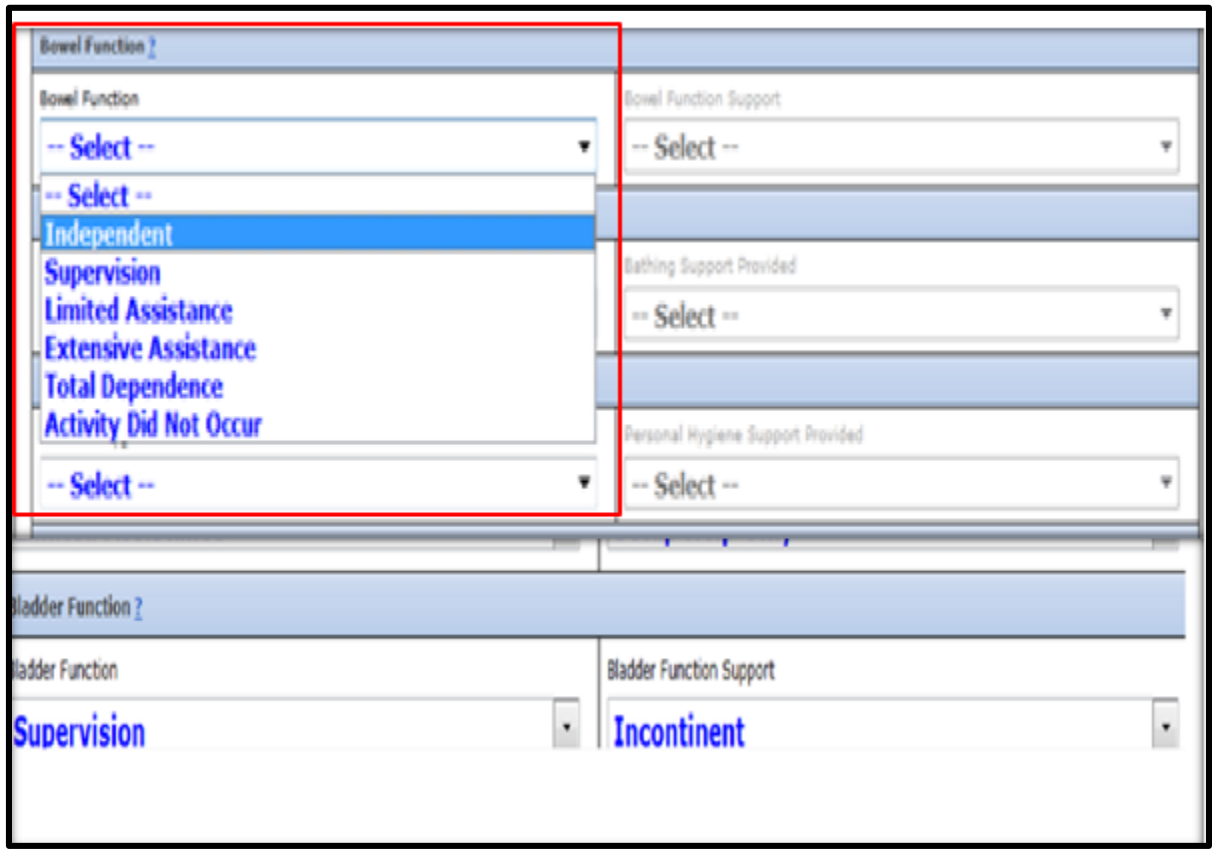


Entering Bladder and Bowel Function Information

Activities of Daily Living

- For all activities, select from the drop-down box the level of care needed

Note: If the level of care is anything other than independent or activity did not occur, you will be required to select the level of support needed in the column to the right

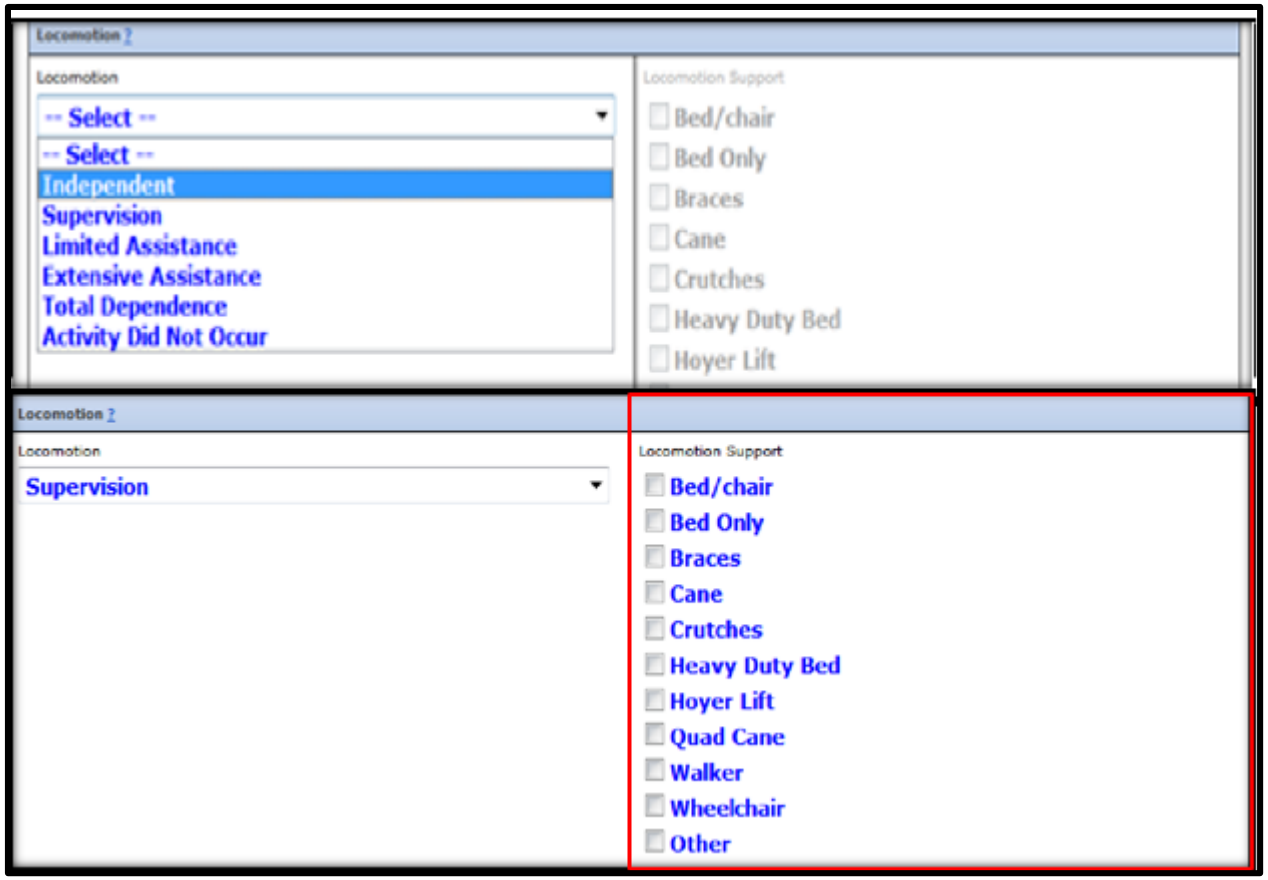


Entering Locomotion Information

Activities of Daily Living

- For all activities, select from the drop-down box the level of care needed

Note: If the level of care is anything other than independent or activity did not occur, you will be required to check all that apply under locomotion support in the column to the right



Entering Recipient's Need for Supervision & IADLs

Recipient's need for Supervision:

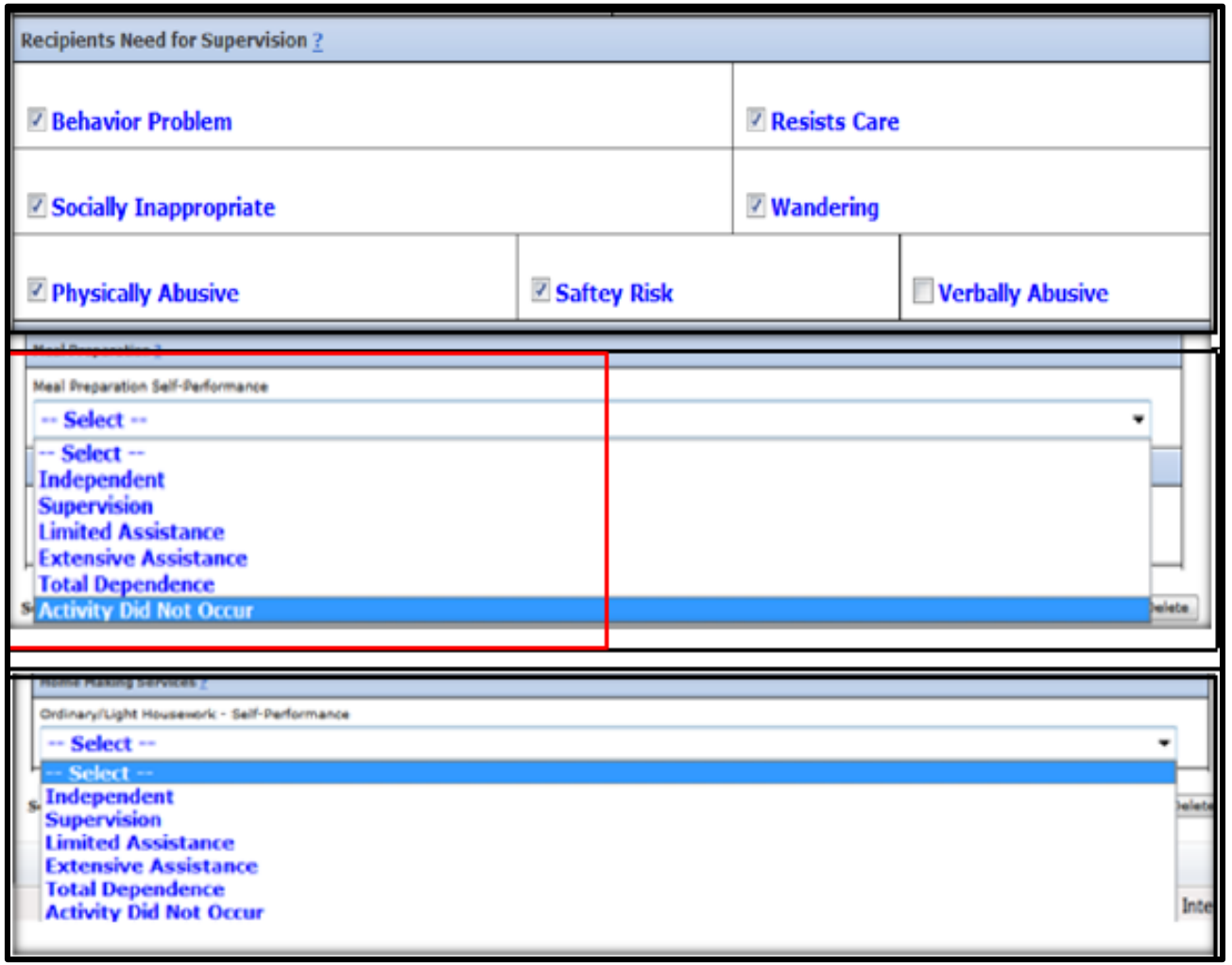
- Select all that apply
- You are able to select one or more of the needs for supervision

Meal Preparation:

- Select level of Self-Performance from the drop-down box

Home Making Services:

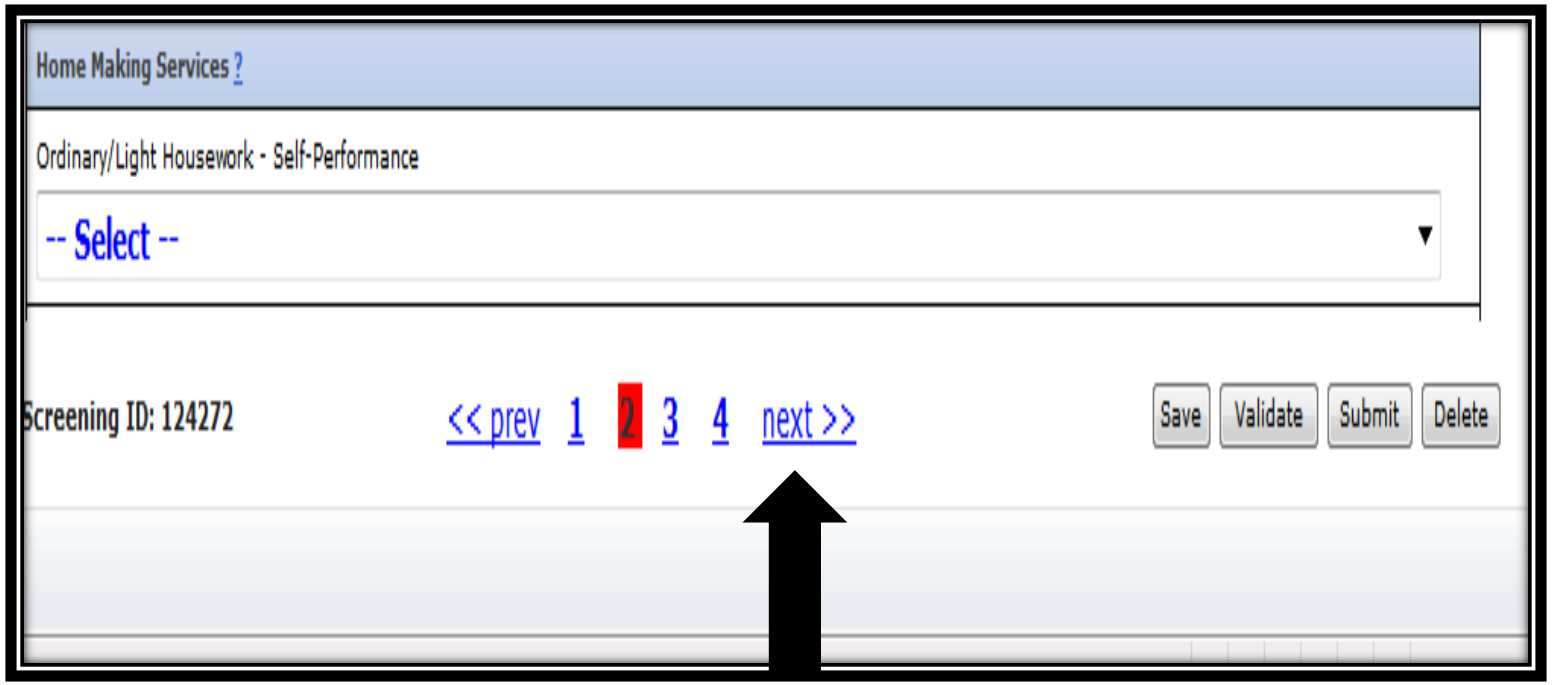
- Select the level of Self-Performance from the drop-down box



Form Completion

After completion of Page 2:

- Click Next or 3, if you are requesting a pediatric LOC
- Or you may click 4 to complete the submission process



Note: Page 3 should only be selected for recipients birth to 21 years of age who require specialized, intensive, licensed skilled nursing care beyond the scope of services provided to the majority of NF recipients

Entering Pediatric Specialty Care Information - Page 3

This is Form FA-22 and is only required for a Pediatric Level of Care.

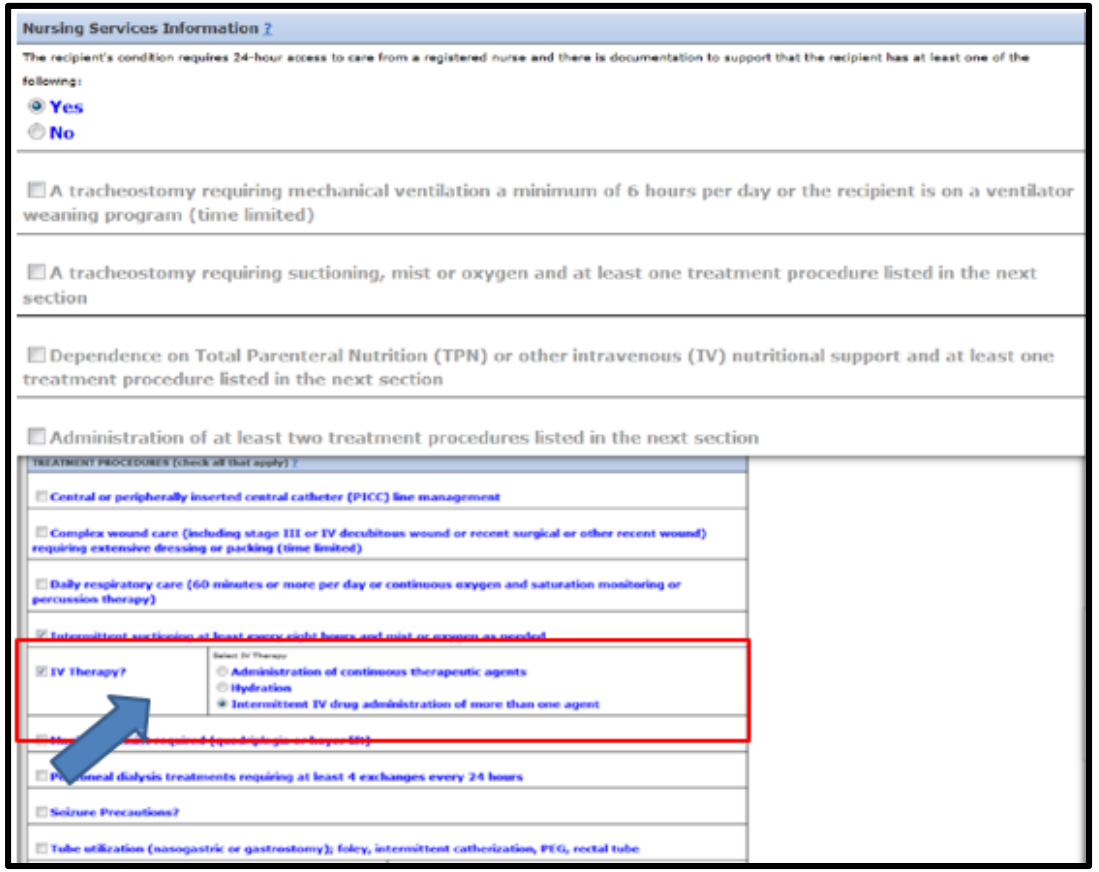
Nursing Services Information:

- Select Yes or No if the recipient requires 24-hour nursing care
- If you select Yes, then you will be required to select one or more of the required nursing services
- If you select No, you will not have the capability to select any nursing services

Treatment Procedures

- Select all treatment/procedures that apply to the recipient. You do have the capability to select one or more.

Note: If IV Therapy is selected, you must select one of the IV Therapies to the right side.



Entering Applicant Behavior Issues, Discharge Potential and Justification

This is Form FA-22 and is only required for a Pediatric Level of Care.

Moderate Behavior Issues and Other special treatments:

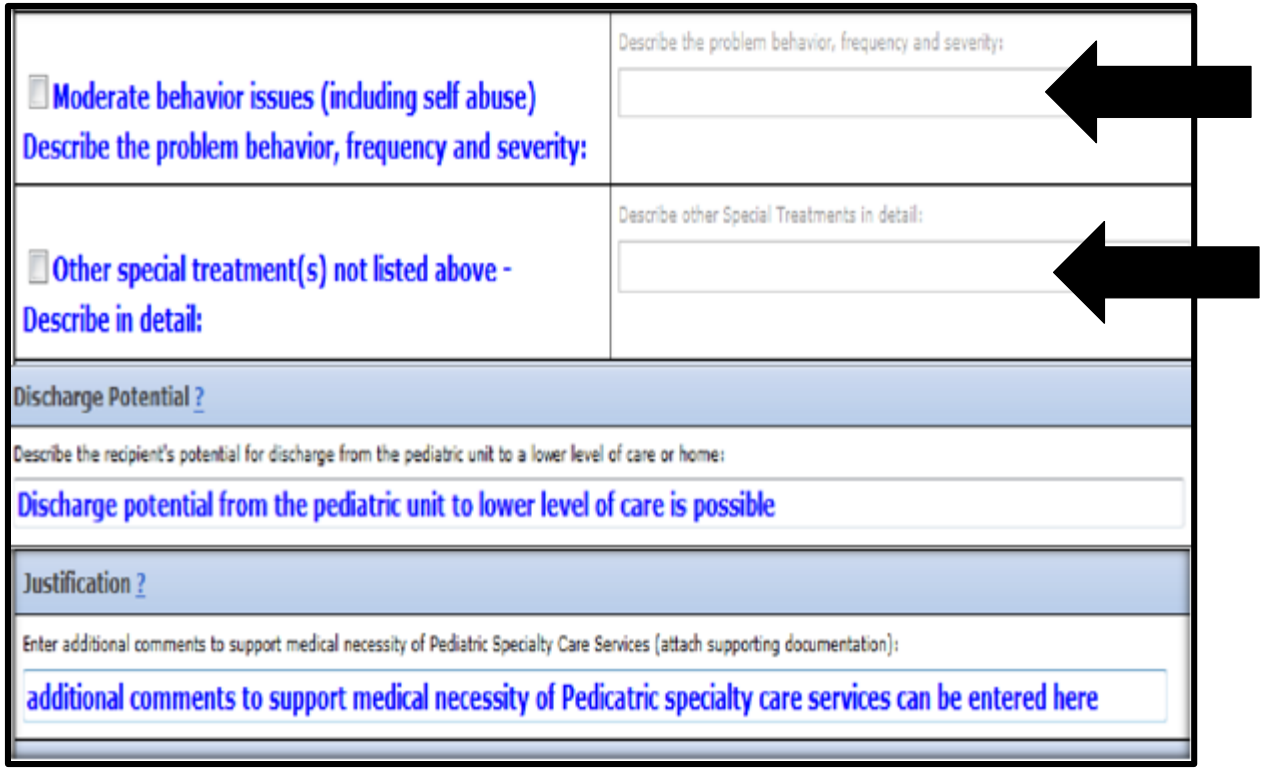
- Select one or both of these needs
- If you select either one of these as being a member need, you will be required to enter a description of what the specific needs are in the column to the right

Discharge Potential

- Enter details of the member's potential for discharge

Justification

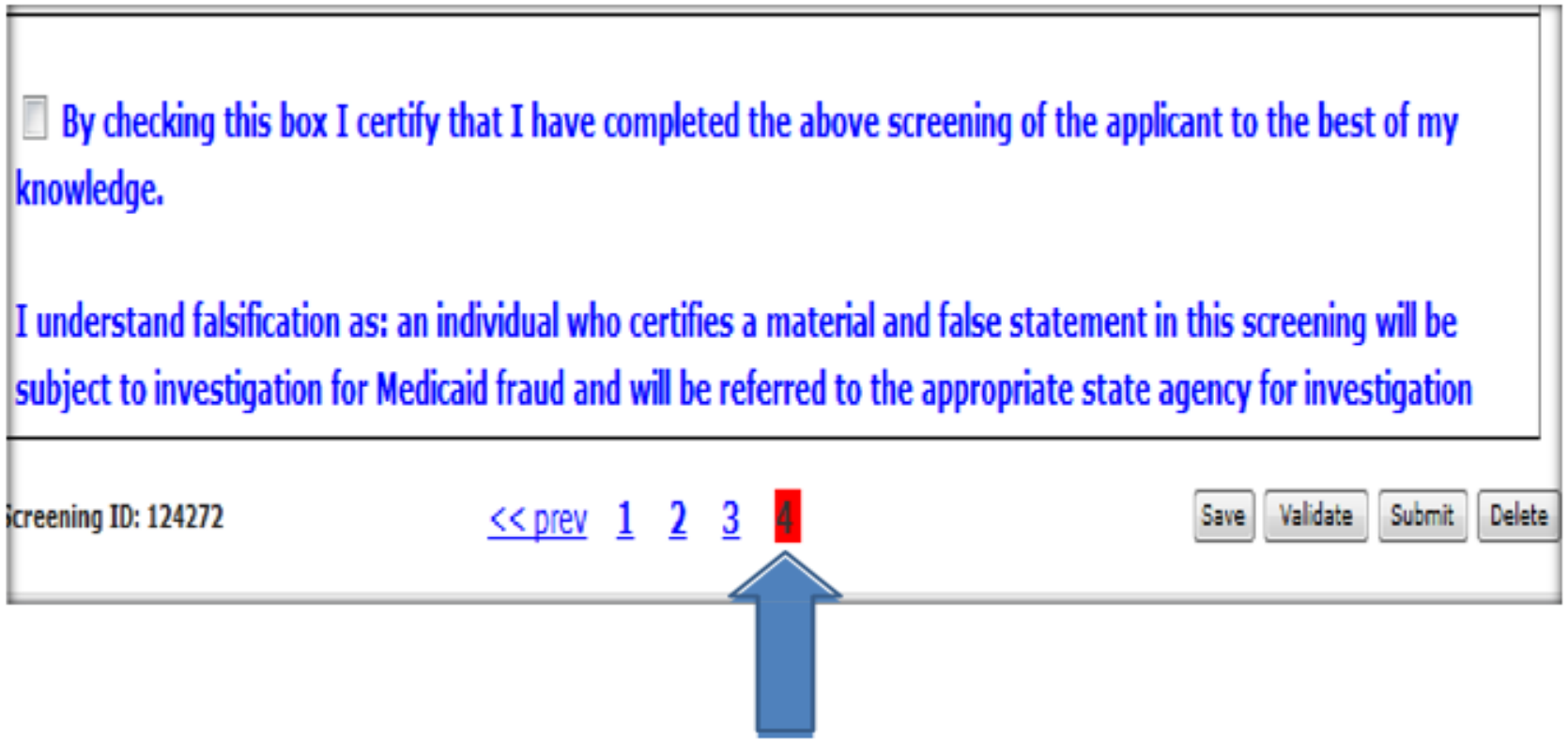
- Enter information to support the medical necessity of Pediatric specialty care
- If you have selected Pediatric Specialty Care I or II, you are required to attach documentation; indicate if you are faxing it.



Completion of Pediatric Specialty Care Page

After completing all information on Page 3:

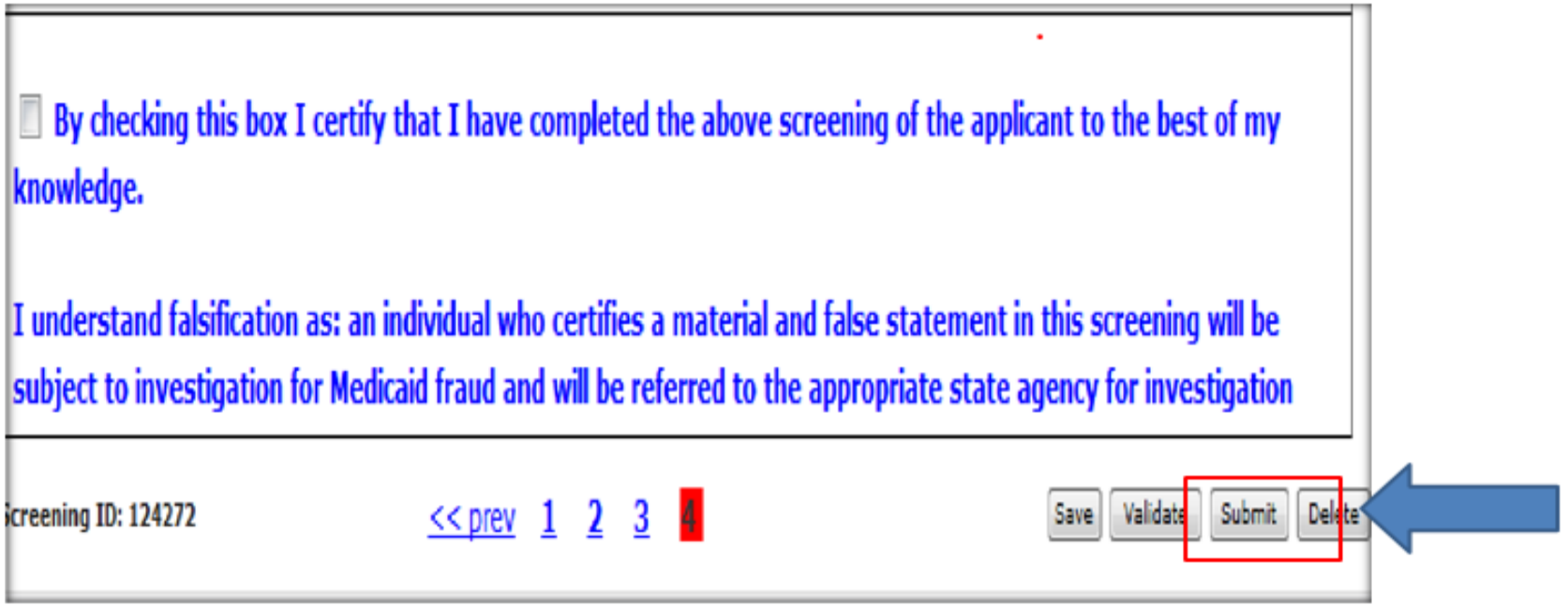
- Click Next or the number 4



Submission Page

You are now ready to submit your request:

- Click Submit



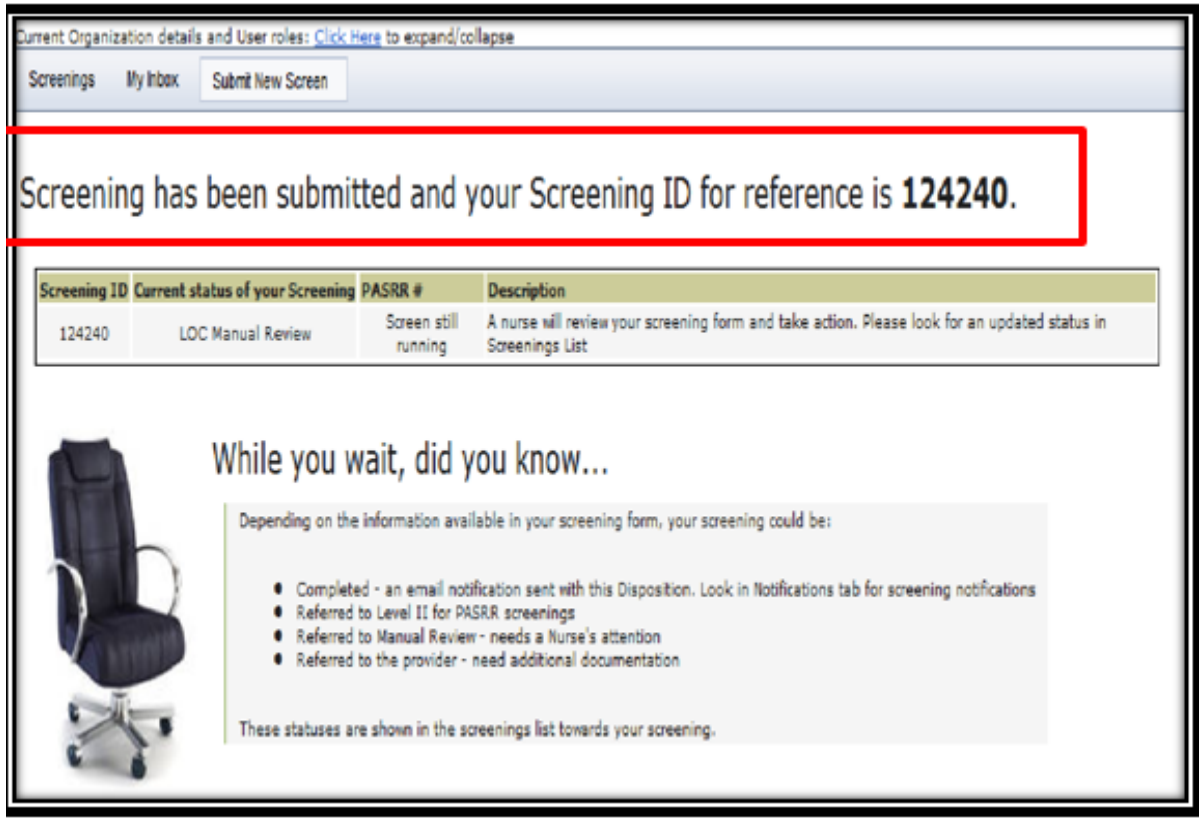
Error: Incomplete Information

If you have not completed all areas of the tool based on your selection of the screening type and service level:

- You will receive alerts directing you to the area of the tool that has not been completed
- To complete these alerts, click on the alert in the Section column and you will automatically be taken to that section of the tool to be completed
- Continue to click on each alert until all sections have been completed
- Once all alerts have been addressed you now are ready for submission
- Click on Submit

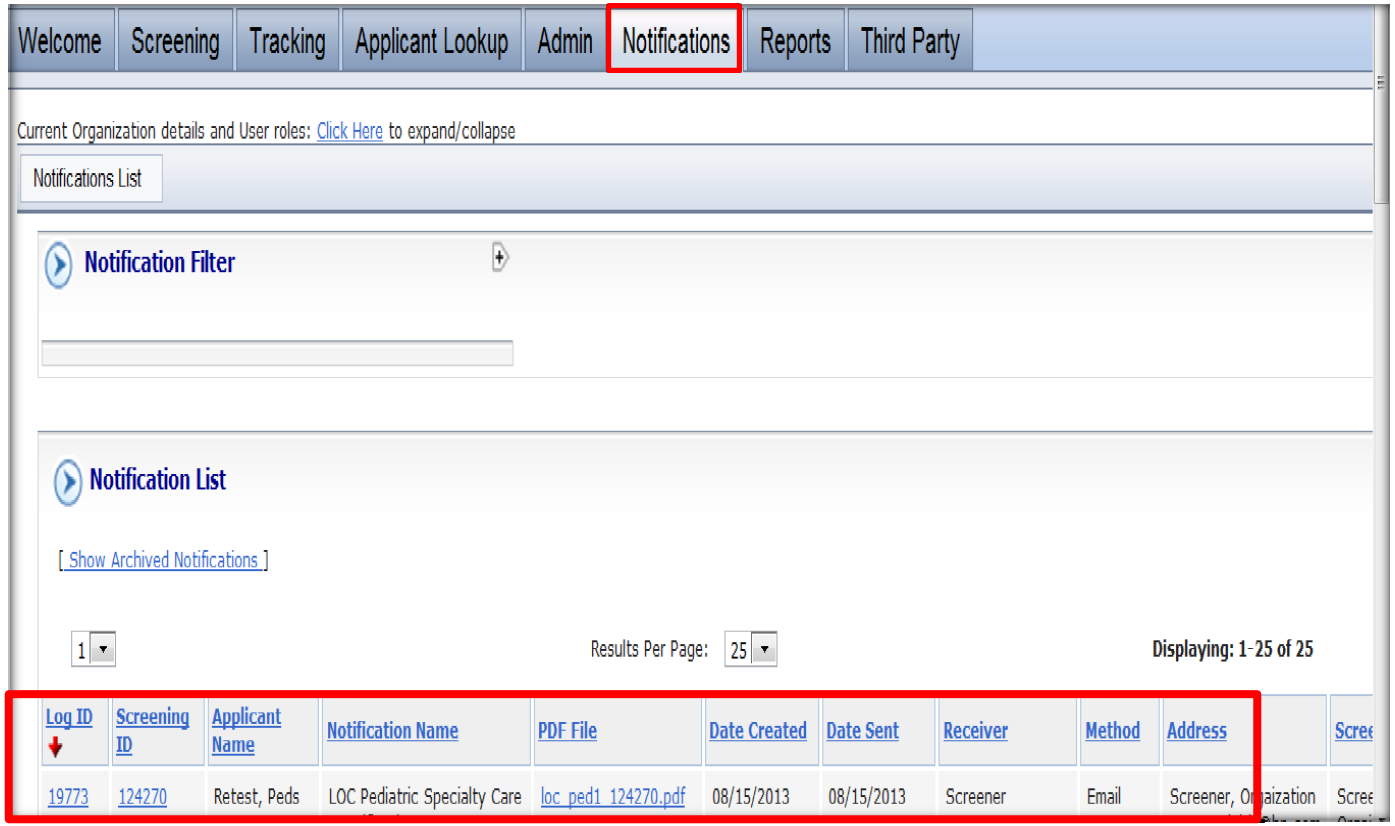
Request Submission

- Once your submission has been made you will receive the following screen as to the status of your request
- If the request goes to manual review, the LOC will be reviewed by a nurse and will either be completed and or returned for additional information
- If the recipient is not Medicaid eligible, you will receive a cancellation notice
- If the LOC is approved, you can go to the notifications tab to retrieve the letter



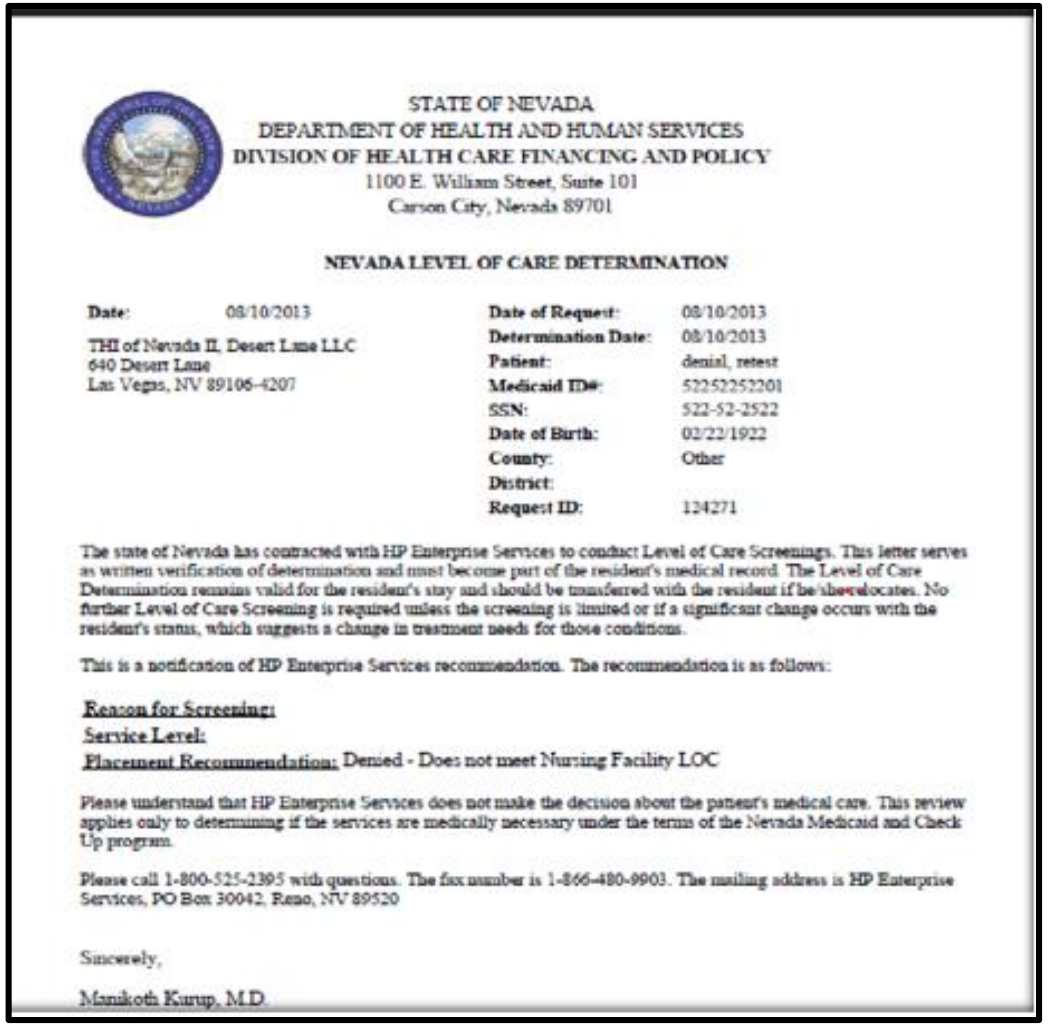
Notification Tab

- From the notification list you can select the PDF File associated with the Screening ID



Letter Generation

- Once a determination has been made, a letter will be generated indicating the status and level of care



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701

NEVADA LEVEL OF CARE DETERMINATION

Date: 08/10/2013

THI of Nevada II, Desert Lane LLC
640 Desert Lane
Las Vegas, NV 89106-4207

Date of Request:	08/10/2013
Determination Date:	08/10/2013
Patient:	denial, retest
Medicaid ID#:	52252252201
SSN:	522-52-2522
Date of Birth:	02/22/1922
County:	Other
District:	
Request ID:	124271

The state of Nevada has contracted with HP Enterprise Services to conduct Level of Care Screenings. This letter serves as written verification of determination and must become part of the resident's medical record. The Level of Care Determination remains valid for the resident's stay and should be transferred with the resident if he/she relocates. No further Level of Care Screening is required unless the screening is limited or if a significant change occurs with the resident's status, which suggests a change in treatment needs for those conditions.

This is a notification of HP Enterprise Services recommendation. The recommendation is as follows:

Reason for Screening:
Service Level:
Placement Recommendation: Denied - Does not meet Nursing Facility LOC

Please understand that HP Enterprise Services does not make the decision about the patient's medical care. This review applies only to determining if the services are medically necessary under the terms of the Nevada Medicaid and Check Up program.

Please call 1-800-525-2395 with questions. The fax number is 1-866-480-9903. The mailing address is HP Enterprise Services, PO Box 30042, Reno, NV 89520

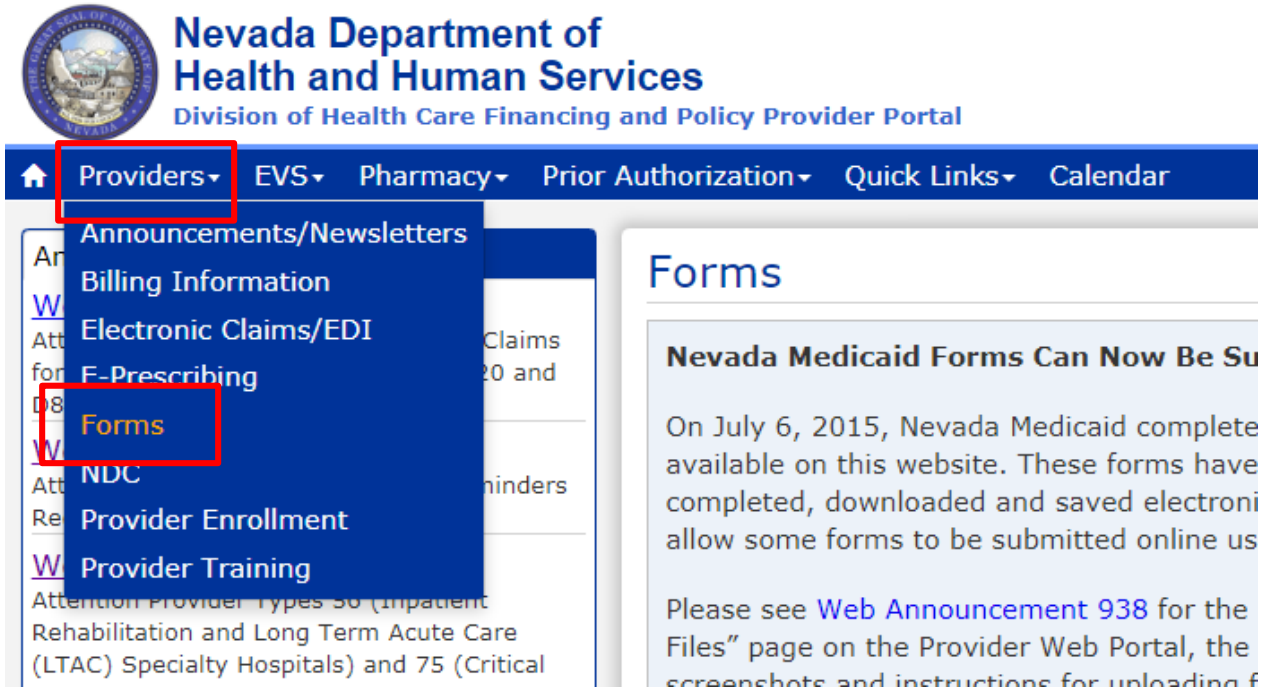
Sincerely,

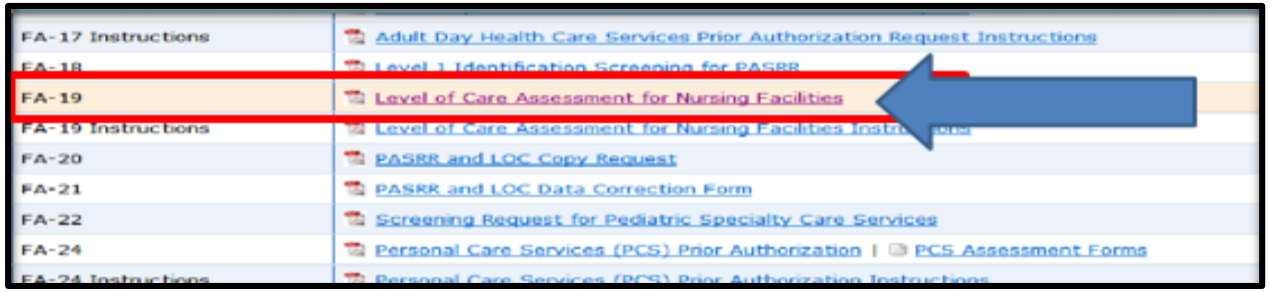
Manikoth Kurup, M.D.

LOC Screening Forms

To access LOC form FA-19, go to:
www.medicaid.nv.gov

- Locate the FA-19 form and click to open
- Form FA-19 Instructions are also available

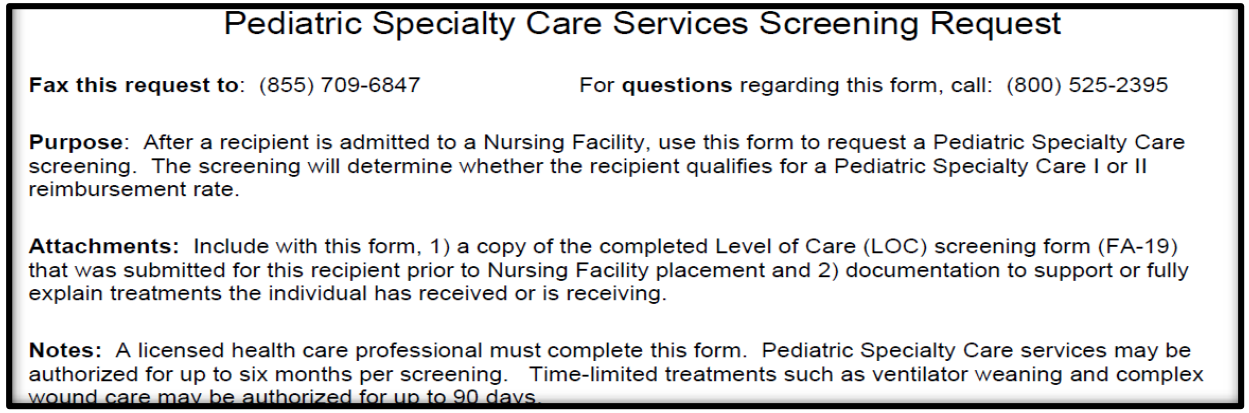




LOC Screening Forms, continued

To access LOC form FA-22, go to: www.medicaid.nv.gov

- Locate the FA-22 form and click to open



Pediatric Specialty Care Services Screening Request

Fax this request to: (855) 709-6847 For **questions** regarding this form, call: (800) 525-2395

Purpose: After a recipient is admitted to a Nursing Facility, use this form to request a Pediatric Specialty Care screening. The screening will determine whether the recipient qualifies for a Pediatric Specialty Care I or II reimbursement rate.

Attachments: Include with this form, 1) a copy of the completed Level of Care (LOC) screening form (FA-19) that was submitted for this recipient prior to Nursing Facility placement and 2) documentation to support or fully explain treatments the individual has received or is receiving.

Notes: A licensed health care professional must complete this form. Pediatric Specialty Care services may be authorized for up to six months per screening. Time-limited treatments such as ventilator weaning and complex wound care may be authorized for up to 90 days.

Resources

Resources

Website:

www.medicaid.nv.gov
Log into EVS (Select PASRR Link)

PASRR/LOC:

Phone: (800) 525-2395
Fax: (855) 709-6847

State Website:

dhcfp.nv.gov

Requests for LOC Assistance:

Phone: (775) 335-8556

Requests for Provider Training:

Email: NevadaProviderTraining@dxc.com

Phone: (877) 638-3472

Thank You