

Level Of Care (LOC) Screening Tool for PASRR Users



Nevada Medicaid Provider Training

2021

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 a nursing facility standard LOC

What is the LOC Screening Tool?

- LOC and Pre-Admission Screening Resident Review (PASRR) in one online system
- Simplifies access for providers
- Notifications available online in the LOC/PASRR system
- The NF must request a new LOC determination when it appears the resident no longer meets a nursing facility standard LOC

The Screening Tool Process

- Provider submits an LOC request in the same manner as the PASRR
- 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:

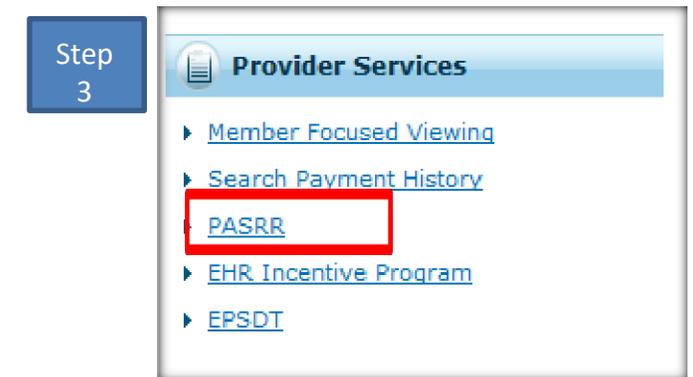
- Go to www.medicaid.nv.gov

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

Step 2: Enter User ID

Step 3: Click on PASRR

Step 1



Logging on to the Application

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

Launch PASRR Welcome > ? Log In

Welcome

Login Into MUST:

User ID:

Password:

Note: After some period of inactivity, the system will log you out automatically and ask you to log in again.

New User?:

Not registered? [Sign up](#)

Login Help? [Help](#)

User Documentation? [Help](#)

North Carolina Medicaid Uniform Screening Tool (MUST)

Notice to User:

The Web Portal contains information which is intended only for the use of the individual or entity associated with the North Carolina Medicaid Uniform Screening Tool (MUST). Any unintended user is hereby notified that the information is privileged, trade secret and confidential, and any disclosure, reproduction or use of this information is prohibited.

This information collected in the MUST instrument is considered to be confidential personal health information. This data is considered sensitive and all necessary protections will be employed to keep the data secure and confidential. All screening organizations and respective employees are expected to uphold North Carolina Division Of Medical Assistance (DMA) HIPAA guidelines and their own Agency HIPAA policies. Any breach in confidentiality needs to be reported to your respective organization HIPAA official. Please goto [NC DHS](#) for more details.

APP: 19.156
Last updated: 2011/02/12 17:00
Build: 131

LOC Screening Module

- The Welcome Page will display

The screenshot shows the user interface of the Nevada PASRR Portal. At the top, there is a navigation bar with a 'Launch' dropdown menu and a 'Log Out' link. Below this is a secondary navigation bar with tabs for 'Welcome', 'Screening', 'Tracking', 'Applicant Lookup', 'Admin', and 'Notifications'. The 'Welcome' tab is highlighted with a red box. Below the navigation bar, there is a 'My Profile' link and a 'Log an Issue' link. The main content area features the Nevada State Seal on the left and a welcome message on the right. The welcome message includes contact information for the NV MMIS Web Portal Helpdesk and a link to change the password. Below the welcome message, there is a 'Your last login date' notification. At the bottom, there are two sidebars: 'Helpful Links' with a 'General' section containing links to the State of Nevada Division for Aging Services, Centers for Medicare and Medicaid Services, Nevada Department of Health and Human Services, and U.S. Social Security Administration; and 'Issues, Incidents and Complaints' with a 'Submit an Issue, Incident or Complaint' link and a 'Help Desk' section with a phone number for immediate assistance.

Launch ▾ PASRR > Welcome > ? Log Out

Welcome | Screening | Tracking | Applicant Lookup | Admin | Notifications

My Profile | Log an Issue



Welcome to the Nevada PASRR Portal, Organization Screener(usppreprod_screener)

Please contact NV MMIS Web Portal Helpdesk on 877-638-3472 option 2 and option 7, for assistance.
You may change your password by visiting <http://www.medicaid.nv.gov/hcp/provider/>.

[Add to Favorites](#)
Firefox users, use Ctrl+D

Your last login date: Tuesday, August 13, 2013 09:37 AM, EDT (1 day ago)

Helpful Links

General

- [State of Nevada Division for Aging Services](#)
- [Centers for Medicare and Medicaid Services](#)
- [Nevada Department of Health and Human Services](#)
- [U.S Social Security Administration](#)

Issues, Incidents and Complaints

[Submit an Issue, Incident or Complaint.](#)

Help Desk

For immediate assistance, you may call 877-368-3472.

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

The screenshot shows the 'Applicant Lookup' page in the PASRR system. The breadcrumb trail is 'PASRR > Applicant Lookup >'. The navigation menu includes 'Welcome', 'Screening', 'Tracking', 'Applicant Lookup' (highlighted with a red box), 'Admin', 'Notifications', 'Reports', and 'Third Party'. A blue arrow points to the 'Applicant Lookup' menu item. Below the navigation, there is a section for 'Current Organization details and User roles' with a 'Click Here' link to expand/collapse. The main search area is titled 'Enter your search criteria:' and includes a 'show search criteria' link. The search form has several input fields: 'Name (Last, First)*', 'SSN** (999999999)', 'Date of Birth (mm/dd/yyyy)', 'Screening ID (99999999)', 'Medicaid ID', 'PASRR Number', and 'NVP ID (999999)'. The 'Name' field is split into two boxes, and the 'Date of Birth' field has a calendar icon. A blue arrow points to the 'Date of Birth' field. Below the search fields are 'Search' and 'Clear' buttons. A note states: 'Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value. * The first and last name count as one value. ** If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.' Below the search area is a 'Select an Applicant' section with the instruction 'Narrow your search to see more.' It contains a table with columns: 'NVP ID', 'Last Name', 'First Name', 'Middle Name', 'Date Of Birth', 'Gender', 'SSN', and 'Medicaid ID'. The first row shows '166675' in the 'NVP ID' column, and the 'Last Name', 'First Name', 'Date Of Birth', 'SSN', and 'Medicaid ID' columns are highlighted with red boxes. A blue arrow points to the 'Last Name' column header.

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

Current Organization details and User roles: [Click Here](#) to expand/collapse

Enter your search criteria:

[show search criteria](#)

Name (Last, First)*	SSN** (999999999):	Date of Birth (mm/dd/yyyy):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	Undocumented Resident:	<input type="text"/>
Screening ID (99999999):	Medicaid ID:	PASRR Number:	NVP ID (999999):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value.
* The first and last name count as one value.
** If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.

Screening History

Screening ID	Status	Screening Type	Submission Date	Completed Date	Screener Organization	Screener Name
124240	LOC Manual Review	Initial Placement	08/08/2013		<input type="text"/>	Screener, Organization

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

Screening History

Screening ID	Status	Screening Type	Submission Date	Completed Date	Screener Organization	Screener Name
124243	Completed	Initial Placement	08/08/2013	08/08/2013		

Applicant Information:

Applicant ID: 166678

Last Name	First Name	Middle Name	Date of Birth
Abal	Standard		

SN	Latest PASRR #	Start Date	Expiration Date
11-xx-6344			

Medicaid ID	Latest Level Of Care #
	2013220502

Re-Submission:

[Resubmit](#)

A resubmit will bring up a new screening form with current screening data prepopulated. Only Applicant Demographics are prepopulated if the current screening is submitted prior to 30 days.

Workflow Status: (LOC Complete)

Latest Notifications:

Latest Notifications:

File	Created On
loc_ped1_124243.pdf	2013-08-08 19:48:50.0

Accessing the Screening Module

- Click on the Screening tab

Launch PASRR > Screening > Log Out

Welcome Screening Tracking Notifications

Current Organization details and User roles: [Click Here](#) to expand/collapse

Screenings My Inbox Submit New Screen

Screening Filter

Screening List

[Show Archived Screen](#)

1 >> Last Results Per Page: 25 Displaying: 1-25 of 29

Screening ID	Applicant Name	NVP ID	Status	Submission Date	Completed Date	Screener Name
124272	Retest, Lou	166694	Saved			Screener, Organization more...
124271	denial, retest	166693	Completed	08/10/2013	08/10/2013	Screener, Organization more...
124270	Retest, Peds	166692	LOC Manual Review	08/10/2013		Screener, Organization more...
124268	Retest, Ann	166691	Completed	08/10/2013	08/10/2013	Screener, Organization more...
124250	peds, Lane	166685	Saved			Screener, Organization more...
124249	Venty, Irene	166684	Manual Review - Require Addl Info	08/09/2013		Helpdesk, USP more...
124248	Vent. Retro	166683	LOC Manual Review	08/09/2013		Screener, Organization more...

Submit New Screen

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

The screenshot shows a web application interface for submitting a new screen. At the top, there are navigation tabs: 'Screenings', 'My Inbox', and 'Submit New Screen'. A blue arrow points to the 'Submit New Screen' tab. Below the tabs, the form is titled 'Submit New Screen' and is divided into three steps:

Step 1. Verify Your Contact Information

Screener Name:	Organization:	Organization Id:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address:	Telephone:	Fax:	Email:
<input type="text"/>	999-999-9999	999-999-9999	matt.gudaitis@hp.com

Step 2. Enter Applicant Information

Last Name:	First Name:	Middle Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN (999999999):	NVP ID:	Date of Birth (mm/dd/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/>
Is Medicaid Eligible?	Yes <input type="radio"/> No <input type="radio"/>	
Medicaid ID:	<input type="text"/>	

Step 3. Enter Screening Type

Screening Type:

Select appropriate Screening Type based on the screening to be created. The Screening Type of form.

Enter the Applicant information above and then select the type of form you wish to complete. This information will automatically populate on the form. If you need

Initial Placement

- PASRR(PAS)
- Resident Review(RR)
- Initial Placement
- Retro-Eligibility
- Service Level Change
- Time Limitation

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 recipient and you may have to change your screening type selection to continue

Validation Messages/Errors:

- A Level Of Care (LOC) already exists for this patient. You may need to change your selection to continue.

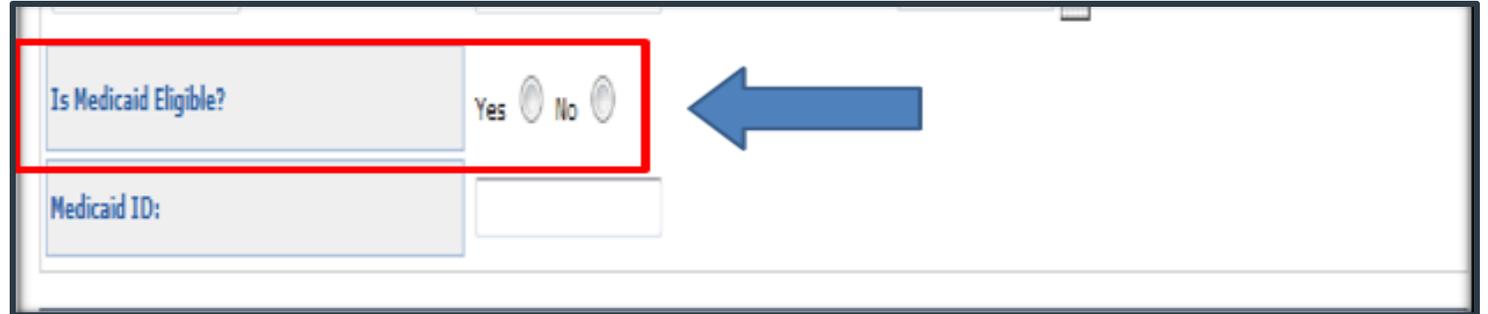
Step 1. Verify Your Contact Information ←

Screener Name:	Organization:	Organization Id:	
Screener, Organization		CA1041069393	
Address:	Telephone:	Fax:	Email:
	999-999-9999	999-999-9999	

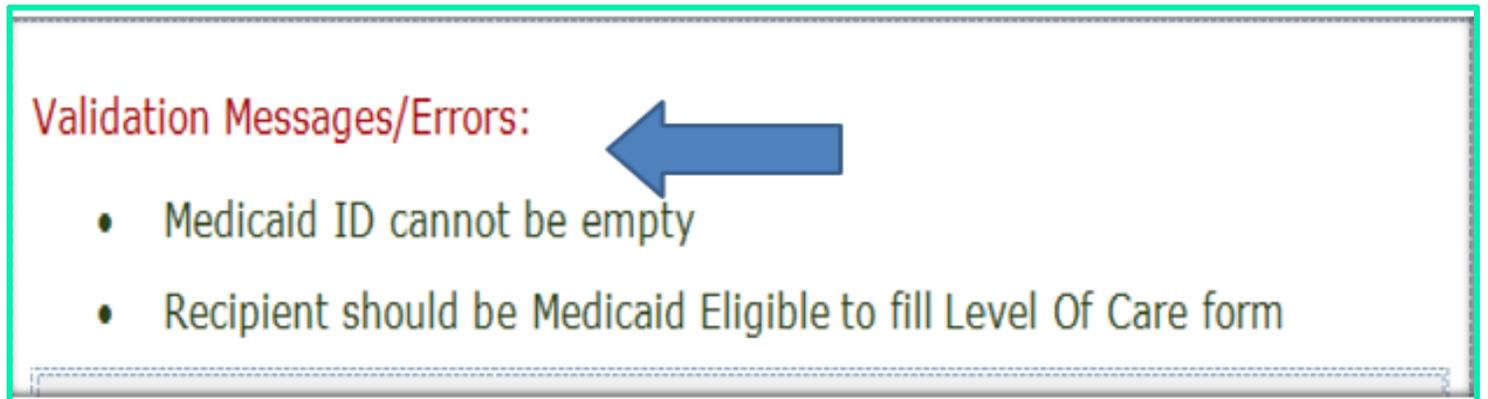
Medicaid Eligibility

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



The screenshot shows a form with two main sections. The top section is labeled 'Is Medicaid Eligible?' and contains two radio buttons, 'Yes' and 'No'. A red rectangular box highlights this entire section. A blue arrow points from the right towards the 'No' radio button. Below this section is a text input field labeled 'Medicaid ID:'.



The screenshot shows a validation message box with a red border. The title is 'Validation Messages/Errors:' in red text. Below the title are two bullet points: 'Medicaid ID cannot be empty' and 'Recipient should be Medicaid Eligible to fill Level Of Care form'. A blue arrow points from the right towards the first bullet point.

Screening Type

Step 3. Enter Screening Type

Screening Type: [Red Box] ← [Blue Arrow]

Select appropriate Screening Type based on the recipient's situation.
The Screening Type can NOT be changed after you click Continue.

Initial Placement: [Red Box]

- PASRR(PAS)
- Resident Review(RR)
- Initial Placement
- Retro-Eligibility
- Service Level Change
- Time Limitation

Service Level: Standard

Continue

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

Step 3. Enter Screening Type

Screening Type: Initial Placement:

Select appropriate Screening Type based on the screening to be created. The Screening Type will be changed before you start filling the form.

Service Level:

- Standard
- Pediatric Specialty Care I
- Pediatric Specialty Care II
- Ventilator Dependent

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

The screenshot displays the PASRR Screening tool interface. The top navigation bar includes 'Launch', 'PASRR > Screening >', and a menu with 'Welcome', 'Screening', 'Tracking', 'Applicant Lookup', 'Admin', 'Notifications', 'Reports', and 'Third Party'. Below this, a status bar shows 'Current Organization details and User roles: [Click Here](#) to expand/collapse' and buttons for 'Screenings', 'My Inbox', 'PASRR Level 2 Screens', and 'Submit New Screen'.

The main content area is divided into two sections, both highlighted with red boxes:

- Screening Type ?**: This section contains a dropdown menu for 'Please choose the type of work being' (currently set to '-- Select --') and a text field for 'Date of creation' (2013-08-10T09:27:22.016). Below these are two columns of radio button options: 'Reason For Screening' (Initial Placement, Retro Eligibility, Service Level Change, Time Limitation) and 'LOC Service Level' (Standard, Pediatric Specialty Care I, Pediatric Specialty Care II, Ventilator Dependent).
- Requesting Facility or Provider Information ?**: This section contains several input fields: 'Screener', 'Organization', 'Professional Title', 'Organization' (pre-filled with 'Carson-Tahoe Hospital'), 'Screener Contact Name', 'Screener Contact Org Name', 'Screener Contact Org Id', 'Screener Contact Org Address', 'Screener Contact Org Phone', and 'Screener Contact Org Fax'.

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

Applicant Information ?		
Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Recipient's Permanent Mailing Address ?		
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	Nevada	<input type="text"/>
Personal Details ?		
Social Security Number (999999999)	Date of Birth (mm/dd/yyyy)	Gender
<input type="text"/>	<input type="text"/>	-- Select --
Recipient's Home or Cell Phone Number 999-999-9999	Medicaid ID Number	Medicaid Status
<input type="text"/>	<input type="text"/>	-- Select --
Medicaid County Of Residence		
<input type="text"/>		
screening ID: 124272		
1 2 3 4 next >>		
<input type="button" value="Save"/> <input type="button" value="Validate"/> <input type="button" value="Submit"/> <input type="button" value="Delete"/>		



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

The screenshot shows the 'Diagnoses' section of a web form. At the top right, there is a dropdown menu labeled 'How many to add?' with the value '1' and a button labeled 'Add Diagnoses'. Below this is a header bar with the text 'Diagnoses ?'. Underneath, there is a label 'Diagnosis (Current / Pertinent / Active)' followed by a dropdown menu showing '-- Select --'. To the right of this dropdown is a blue arrow pointing towards the 'Add Diagnoses' button. Below the dropdown are two input fields: 'If Other Diagnosis, Specify' and 'ICD9 Code'. The 'Medication Administration' section follows, with a question 'Can recipient safely self-administer medications?' and radio buttons for 'Yes' and 'No'. To the right is a 'Select Barrier' dropdown menu showing '-- Select --'. Below this is the 'Medications' section, which has a header bar with 'Medications ?', a dropdown for 'How many to add?' (value '1'), and an 'Add Medications' button. The main area contains a text input field for 'Medication Name (Some OTC medications may not be available in the dropdown)' and another text input field for 'If this is a Psychiatric Medication and there is no Mental Health Diagnosis, Identify Purpose for this Medication'.

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.

The screenshot displays two instances of the 'Medication Administration' form. The top instance shows the 'No' radio button selected, with a blue arrow pointing to it. The 'Select Barrier' dropdown menu is open, showing 'Needs Administration Assistance'. The bottom instance shows the 'Yes' radio button selected, and the 'Select Barrier' dropdown menu is closed, displaying '-- Select --'. Below these forms is a 'Medications' section with a 'How many to add?' dropdown set to '1' and an 'Add M' button. The 'Medication Name' field is empty. A red box highlights a note at the bottom: 'If this is a Psychiatric Medication and there is no Mental Health Diagnosis, Identify Purpose for this Medication'.

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

The screenshot shows a web form with the following sections:

- Diagnoses ?**: Includes a dropdown for "Diagnosis (Current / Pertinent / Active)" with "-- Select --" as the current selection, and an "ICD9 Code" field.
- Medication Administration ?**: Includes radio buttons for "Can recipient safely self-administer medications?" (Yes/No) and a "Select Barrier" dropdown with "-- Select --" as the current selection.
- Medications ?**: This section is highlighted with a red box. It includes a "How many to add?" dropdown set to "1" and an "Add Medications" button. A blue arrow points to the "Add Medications" button.
- Medications ?**: Below the highlighted section, there is a text input field for "Medication Name (Some OTC medications may not be available in the dropdown)" and a text input field for "If this is a Psychiatric Medication and there is no Mental Health Diagnosis, Identify Purpose for this Medication".

Entering Special Needs Information

Special Needs

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

Special Needs			
<input checked="" type="checkbox"/> Central Line	<input checked="" type="checkbox"/> Feeding Tube (G,J, NG tube)		<input checked="" type="checkbox"/> Glucose Monitoring
<input checked="" type="checkbox"/> Insulin Coverage (Sliding scale with variable coverage)	<input checked="" type="checkbox"/> IV	<input checked="" type="checkbox"/> O2	<input checked="" type="checkbox"/> Ostomy
<input checked="" type="checkbox"/> Pediatric Specialty Care	<input checked="" type="checkbox"/> PICC		<input checked="" type="checkbox"/> Saline-Lock
<input checked="" type="checkbox"/> Secured (Alzheimer) Unit	<input checked="" type="checkbox"/> Specialty Bed	<input checked="" type="checkbox"/> Suctioning	<input checked="" type="checkbox"/> Trach
<input checked="" type="checkbox"/> Ventilator Dependent		<input checked="" type="checkbox"/> Wound Care	
<input type="checkbox"/> DME			<input type="checkbox"/> Other
Other Special Need			

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.

This is a requirement for all activities of daily living on page 2.

Activity	Self-Performance	Support Provided
Bed Mobility	Independent	-- Select --
Transferring	Supervision	-- Select --
Dressing	-- Select --	-- Select --
Eating/Feeding	-- Select --	-- Select --
Bed Mobility	Supervision	One Person Physical Assist
Transferring	Limited Assistance	One Person Physical Assist
Dressing	Limited Assistance	One Person Physical Assist
Eating/Feeding	Limited Assistance	Setup Help Only
Bladder Function	Supervision	Incontinent

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.

Bowel Function ?	
Bowel Function	Bowel Function Support
-- Select --	-- Select --
-- Select --	
Independent	
Supervision	Bathing Support Provided
Limited Assistance	-- Select --
Extensive Assistance	
Total Dependence	Personal Hygiene Support Provided
Activity Did Not Occur	-- Select --
-- Select --	

Bladder Function ?	
Bladder Function	Bladder Function Support
Supervision	Incontinent

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.

The image shows two screenshots of a software interface for entering locomotion information. The top screenshot shows the 'Locomotion' dropdown menu with 'Independent' selected. The 'Locomotion Support' section on the right has several unchecked checkboxes: Bed/chair, Bed Only, Braces, Cane, Crutches, Heavy Duty Bed, and Hoyer Lift. The bottom screenshot shows the 'Locomotion' dropdown menu with 'Supervision' selected. The 'Locomotion Support' section on the right has all checkboxes checked: Bed/chair, Bed Only, Braces, Cane, Crutches, Heavy Duty Bed, Hoyer Lift, Quad Cane, Walker, Wheelchair, and Other. A red border highlights the bottom screenshot.

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

The screenshot displays the 'Recipients Need for Supervision ?' section of the Nevada Medicaid LOC Screening Tool. It features a grid of checkboxes for various supervision needs. Below this, the 'Meal Preparation ?' section shows a drop-down menu for 'Meal Preparation Self-Performance' with options: -- Select --, Independent Supervision, Limited Assistance, Extensive Assistance, Total Dependence, and Activity Did Not Occur. The 'Home Making Services ?' section shows a similar drop-down menu for 'Ordinary/Light Housework - Self-Performance' with the same options. A red box highlights the 'Meal Preparation Self-Performance' drop-down menu.

Recipients Need for Supervision ?		
<input checked="" type="checkbox"/> Behavior Problem	<input checked="" type="checkbox"/> Resists Care	
<input checked="" type="checkbox"/> Socially Inappropriate	<input checked="" type="checkbox"/> Wandering	
<input checked="" type="checkbox"/> Physically Abusive	<input checked="" type="checkbox"/> Safety Risk	<input type="checkbox"/> Verbally Abusive

Meal Preparation ?

Meal Preparation Self-Performance

-- Select --

-- Select --

Independent Supervision

Limited Assistance

Extensive Assistance

Total Dependence

Activity Did Not Occur

Home Making Services ?

Ordinary/Light Housework - Self-Performance

-- Select --

-- Select --

Independent Supervision

Limited Assistance

Extensive Assistance

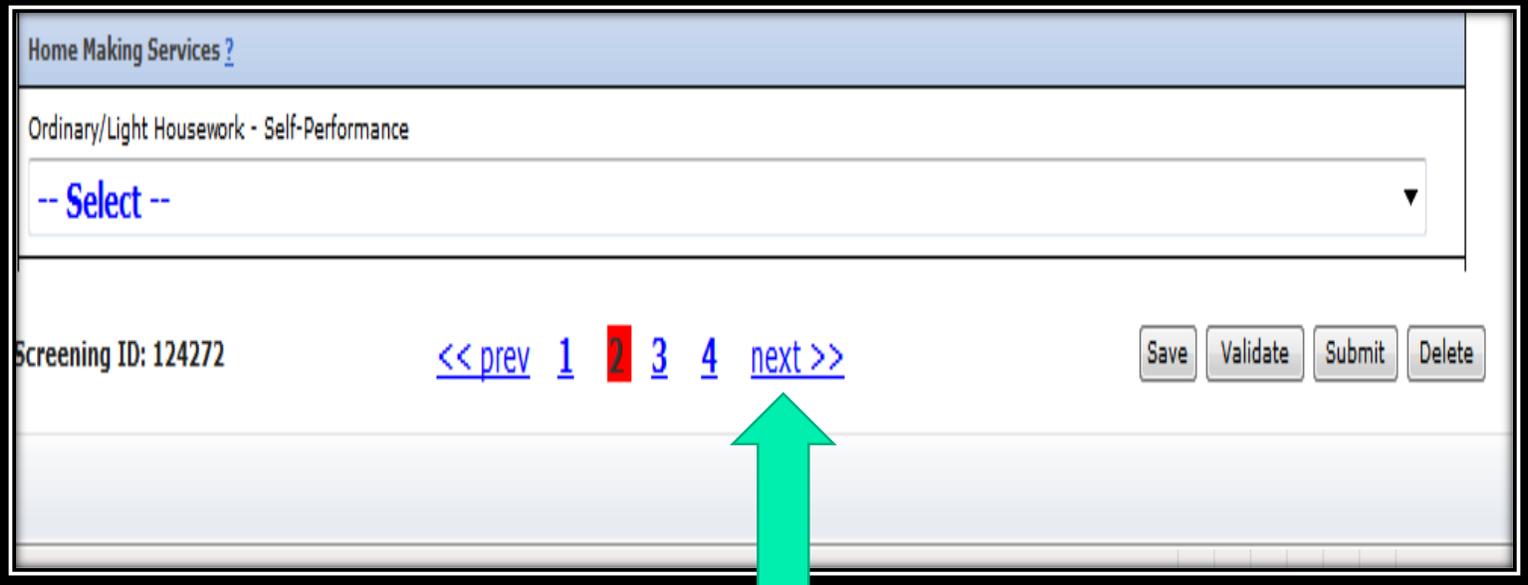
Total Dependence

Activity Did Not Occur

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



Home Making Services ?

Ordinary/Light Housework - Self-Performance

-- Select --

Screening ID: 124272

<< prev 1 2 3 4 next >>

Save Validate Submit Delete

A green arrow points to the number 4 in the navigation bar.

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 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.

Nursing Services Information ?

The recipient's condition requires 24-hour access to care from a registered nurse and there is documentation to support that the recipient has at least one of the following:

Yes
 No

A tracheostomy requiring mechanical ventilation a minimum of 6 hours per day or the recipient is on a ventilator weaning program (time limited)

A tracheostomy requiring suctioning, mist or oxygen and at least one treatment procedure listed in the next section

Dependence on Total Parenteral Nutrition (TPN) or other intravenous (IV) nutritional support and at least one treatment procedure listed in the next section

Administration of at least two treatment procedures listed in the next section

TREATMENT PROCEDURES (check all that apply) ?

Central or peripherally inserted central catheter (PICC) line management

Complex wound care (including stage III or IV decubitous wound or recent surgical or other recent wound) requiring extensive dressing or packing (time limited)

Daily respiratory care (60 minutes or more per day or continuous oxygen and saturation monitoring or percussion therapy)

Intermittent suctioning of least every eight hours and mist or oxygen as needed

IV Therapy? Select IV Therapy:
 Administration of continuous therapeutic agents
 Hydration
 Intermittent IV drug administration of more than one agent

Peritoneal dialysis treatments requiring at least 4 exchanges every 24 hours

Seizure Precautions?

Tube utilization (nasogastric or gastrostomy); Foley, intermittent catheterization, PEG, rectal tube

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 recipient 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 recipient'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.

<input type="checkbox"/> Moderate behavior issues (including self abuse) Describe the problem behavior, frequency and severity:	Describe the problem behavior, frequency and severity: <input type="text"/>
<input type="checkbox"/> Other special treatment(s) not listed above - Describe in detail:	Describe other Special Treatments in detail: <input type="text"/>
Discharge Potential ?	
Describe the recipient's potential for discharge from the pediatric unit to a lower level of care or home: <input type="text" value="Discharge potential from the pediatric unit to lower level of care is possible"/>	
Justification ?	
Enter additional comments to support medical necessity of Pediatric Specialty Care Services (attach supporting documentation): <input type="text" value="additional comments to support medical necessity of Pediatric specialty care services can be entered here"/>	

Completion of Pediatric Specialty Care Page

After completing all information on Page 3:

- Click Next or the number 4

By checking this box I certify that I have completed the above screening of the applicant to the best of my knowledge.

I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation

Screening ID: 124272 << prev 1 2 3 **4** Save Validate Submit Delete



Submission Page

You are now ready to submit your request:

- Click Submit

By checking this box I certify that I have completed the above screening of the applicant to the best of my knowledge.

I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation

Screening ID: 124272 << prev 1 2 3 **4**

Save Validate **Submit** Delete



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

I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation

Screening ID: 124272 << prev 1 2 3 4 Save Validate Submit Delete

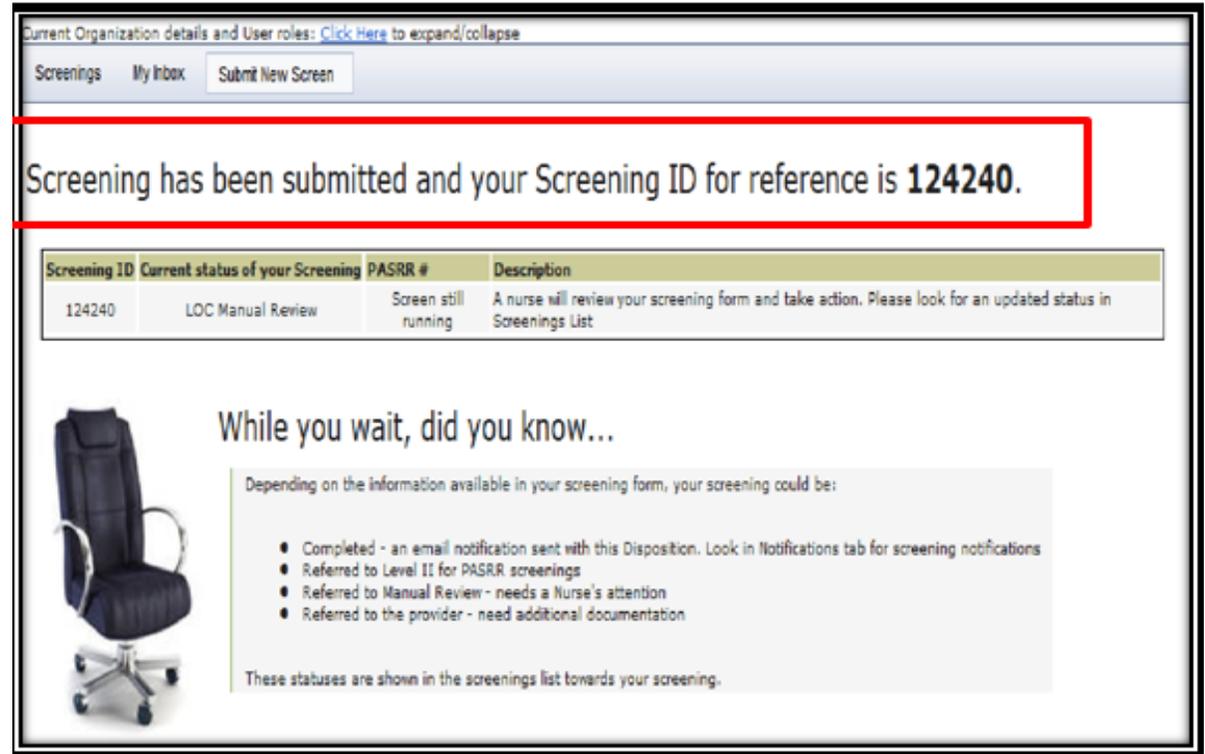
Screenings My Inbox PASRR Level 2 Screens Submit New Screen

Fix the following errors and click Submit to submit your form:

Page Number	Error	Section
1	Street Address is required.	Recipient's Permanent Mailing Address
1	City is required.	Recipient's Permanent Mailing Address
1	Zip Code is required.	Recipient's Permanent Mailing Address
1	Gender is required.	Personal Details
1	Medicaid Status is required.	Personal Details
1	Medicaid County Of Residence is required.	Personal Details
2	Can recipient safely self-administer medications? is required.	Medication Administration
2	For checked items above, list the frequency/duration of treatment, the stage/grade/size/location of wounds and/or any other specific treatments: is required.	Special Needs
2	Transferring Self-Performance is required.	Transferring

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



Current Organization details and User roles: [Click Here](#) to expand/collapse

Screenings My Inbox Submit New Screen

Screening has been submitted and your Screening ID for reference is **124240**.

Screening ID	Current status of your Screening	PASRR #	Description
124240	LOC Manual Review	Screen still running	A nurse will review your screening form and take action. Please look for an updated status in Screenings List

 While you wait, did you know...

Depending on the information available in your screening form, your screening could be:

- Completed - an email notification sent with this Disposition. Look in Notifications tab for screening notifications
- Referred to Level II for PASRR screenings
- Referred to Manual Review - needs a Nurse's attention
- Referred to the provider - need additional documentation

These statuses are shown in the screenings list towards your screening.

Notification Tab

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

Current Organization details and User roles: [Click Here](#) to expand/collapse

Notifications List

Notification Filter

Notification List

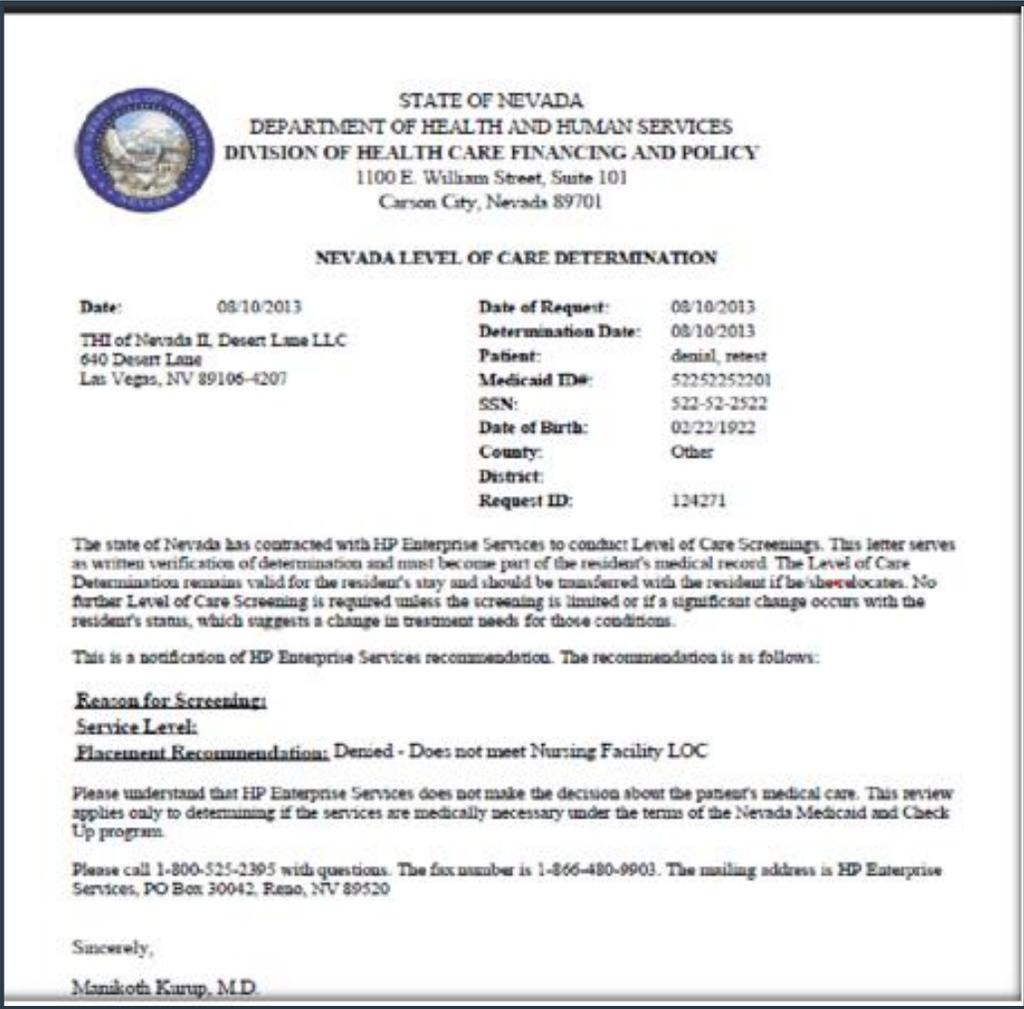
[[Show Archived Notifications](#)]

1 Results Per Page: 25 Displaying: 1-25 of 25

Log ID	Screening ID	Applicant Name	Notification Name	PDF File	Date Created	Date Sent	Receiver	Method	Address	Screening ID
19773	124270	Retest, Peds	LOC Pediatric Specialty Care	loc_ped1_124270.pdf	08/15/2013	08/15/2013	Screeener	Email	Screeener, Organization	Scree

Letter Generation

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



Resources

Resources

Website:

www.medicaid.nv.gov

Log into EVS (Select PASRR Link)

PASRR/LOC:

Phone: (800) 525-2395

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