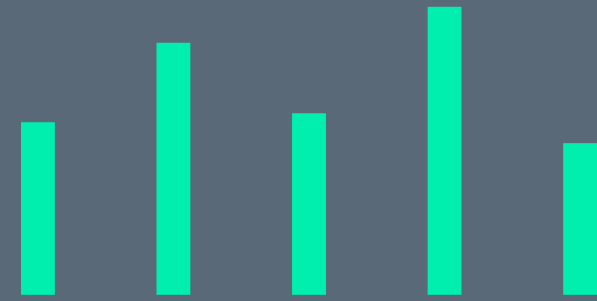
Nevada Medicaid
PASRR,
LOC &
Nursing Facility Provider Training

Nevada Medicaid – PASRR / LOC / Nursing Facility Training

1. Accessing Pre-Admission Screening Resident Review / Level of Care (PASRR/LOC) in Electronic Verification System (EVS)
2. PASRR Information
3. Level of Care Training Information
4. Nursing Facility and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Tracking Information
5. Contacts and Resources

Accessing PASRR/LOC in the Electronic Verification System (EVS)

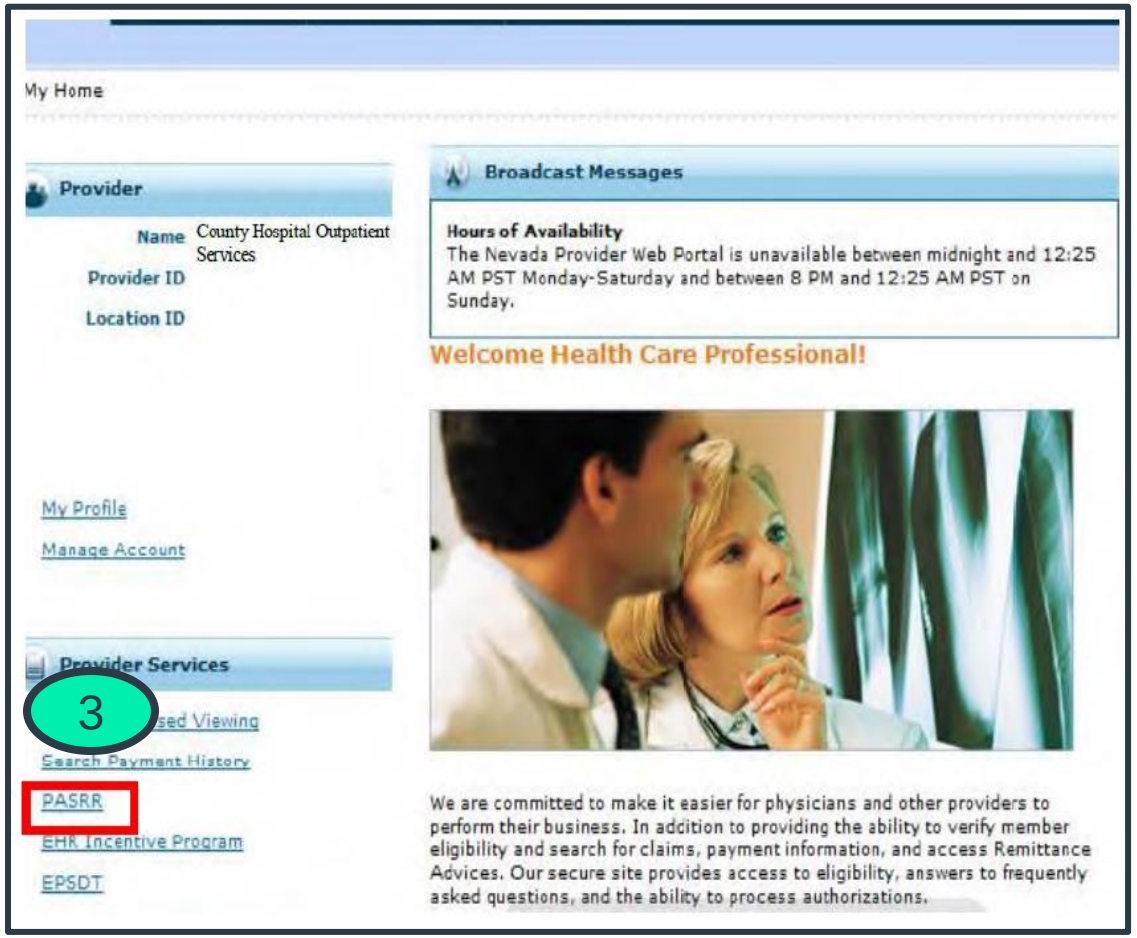


Accessing the PASRR/LOC System

You must be a registered user of the Provider Web Portal.

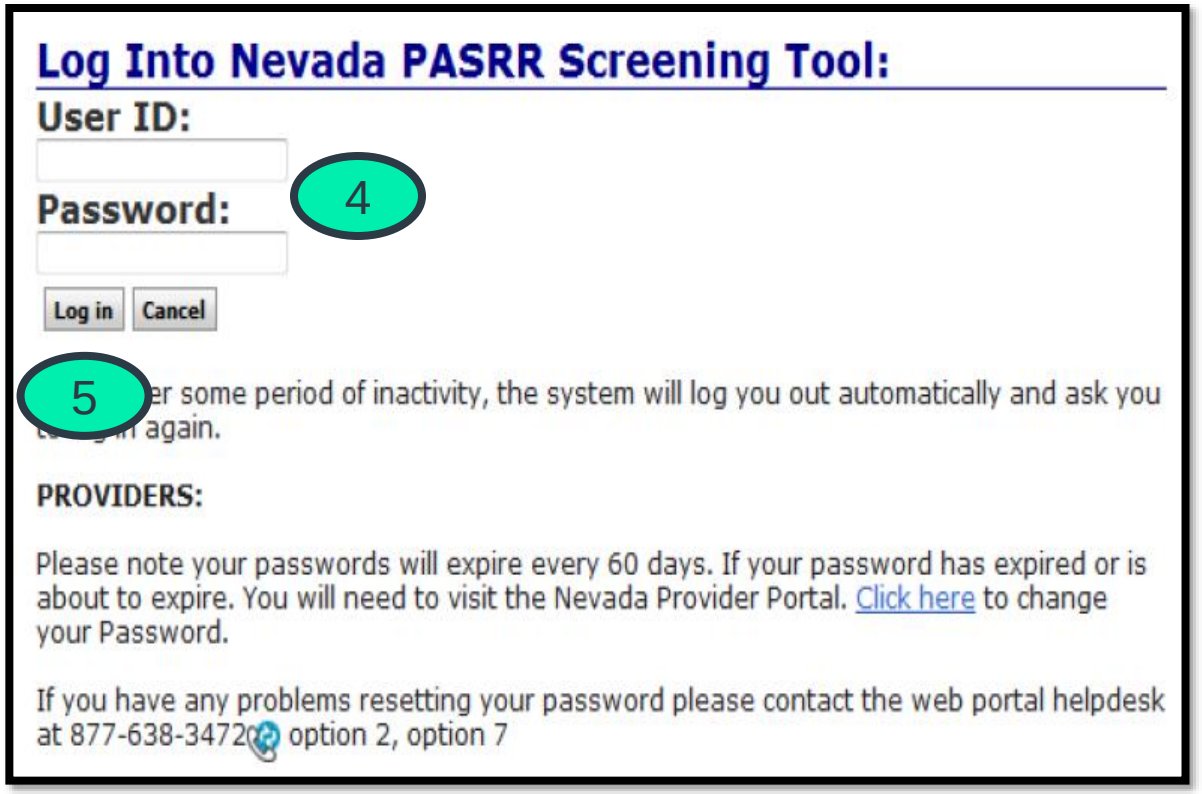
1. Go to www.medicaid.nv.gov.
2. Click on the “EVS” tab.
   a. Click on the “Provider Login (EVS)” tab.
   b. Enter your User ID.
   c. Click ‘Log In’ button.
   d. If you have not yet registered for EVS, select the Register Now link to complete your registration.

Accessing the PASRR/LOC System, continued



3. From the user's home page, select "PASRR" from the "Provider Services" section.

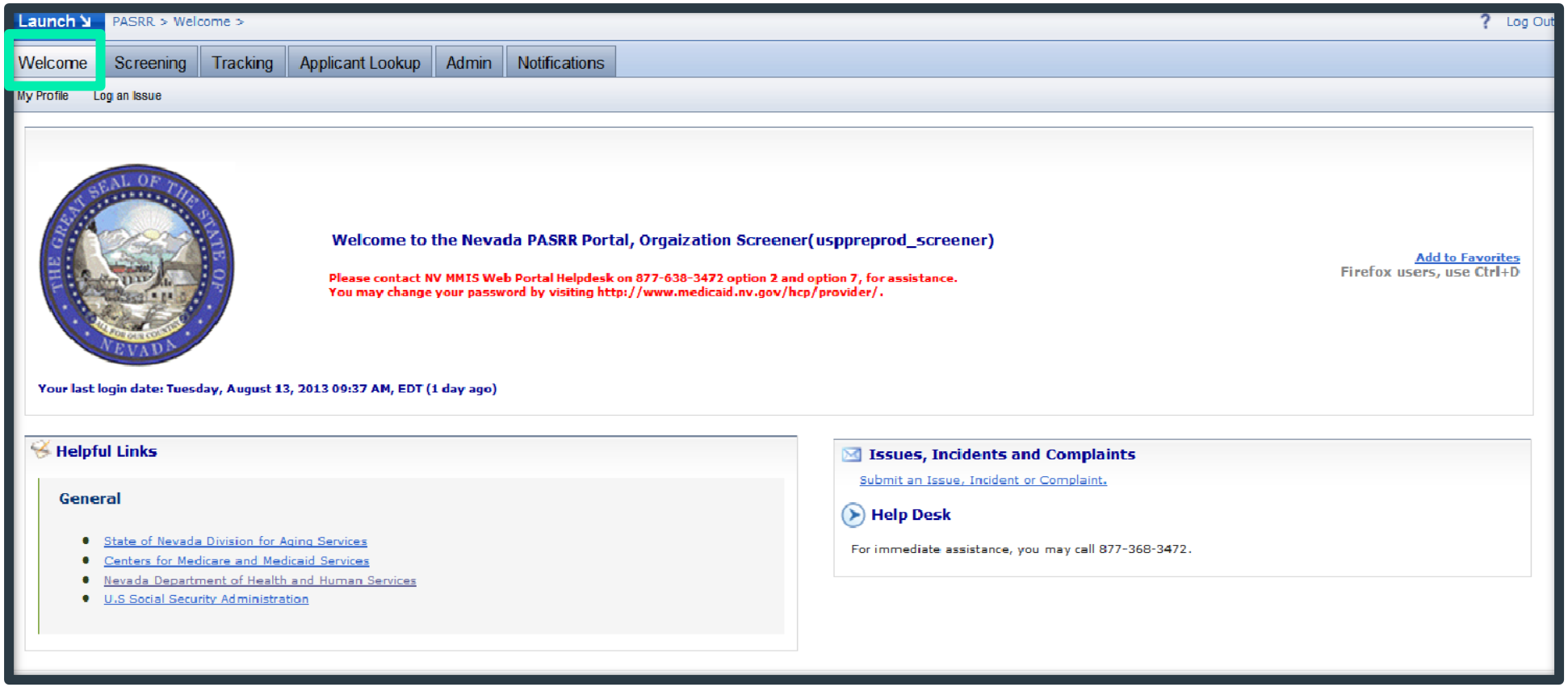
Accessing the PASRR/LOC System, continued



4. Enter your EVS Portal User ID and password.

5. Click the “Log in” button.

PASRR/LOC System – Welcome Screen



PASRR/LOC System – Welcome Screen, continued

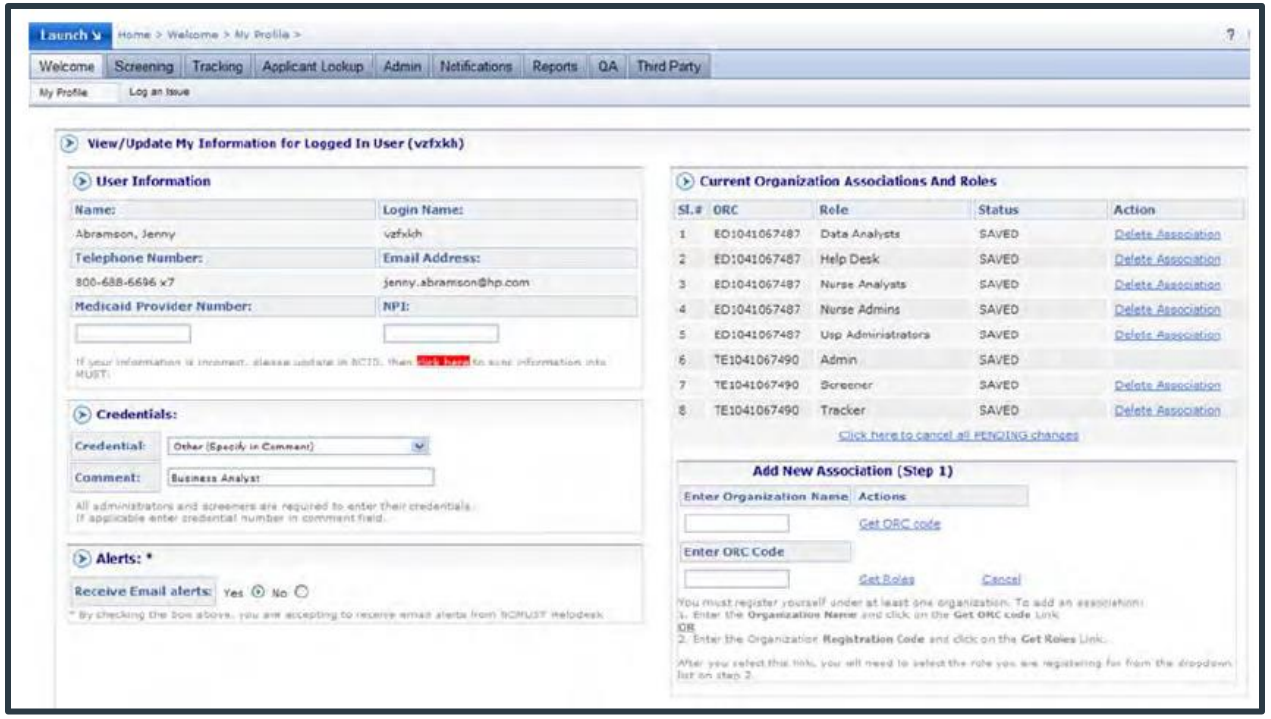
The “Welcome” tab is displayed after you sign in to the PASRR system. This page provides:

- Help Desk Contact Information
- General Helpful Links

There are also sub-tabs that allow for:

- Profile management (My Profile)
- Logging an issue

PASRR/LOC System – My Profile



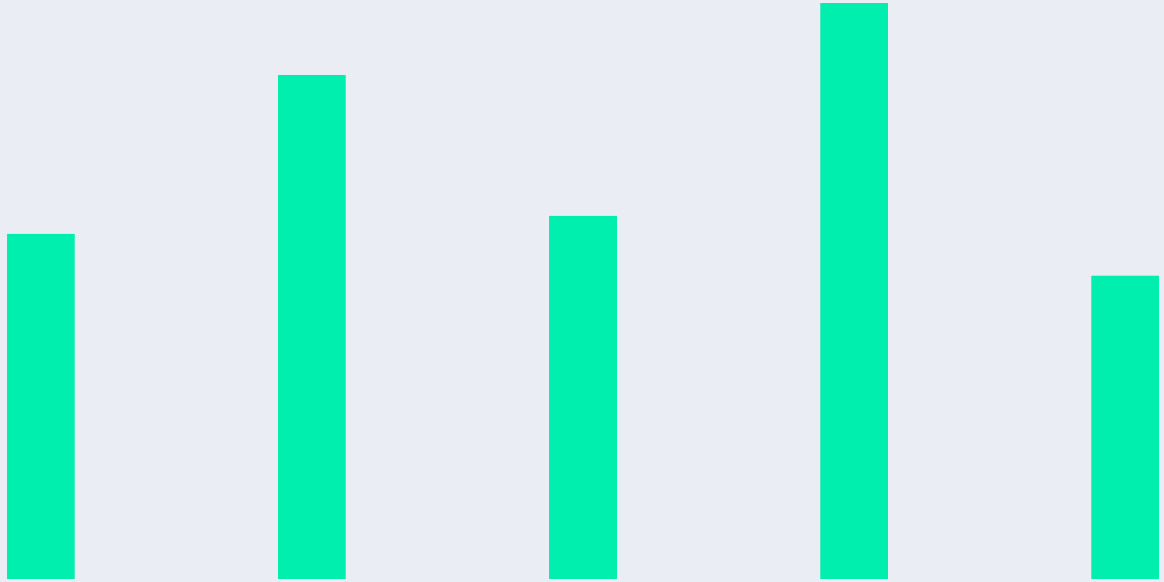
The “My Profile” screen allows the user to edit and maintain the following information:

- User Information
- Credentials
- Organization Associations and Roles

Please refer to the “Training Materials” located under the Prior Authorization tab on the Medicaid provider website for information about instructions regarding how to request a role within an organization.

NV MMIS PASRR Training

What is PASRR?



What is PASRR

Pre-Admission Screening and Resident Review (PASRR):

- Federally mandated program (OBRA 87) (42 CFR 483 Subpart C)
- Ensures all individuals applying for admission to Medicaid certified nursing facilities are screened for evidence of Mental Illness (MI), Intellectual Disabilities (ID) and/or Related Conditions (RC) regardless of payment source
- Ensures an individual is placed appropriately in the least restrictive setting possible
- Ensures an individual also receives specialized services if needed for the management of MI, ID and/or RC

Types of PASRRs

Level I

- No time limit
- No mental illness, intellectual disability or related condition that meets criteria for Level II PASRR

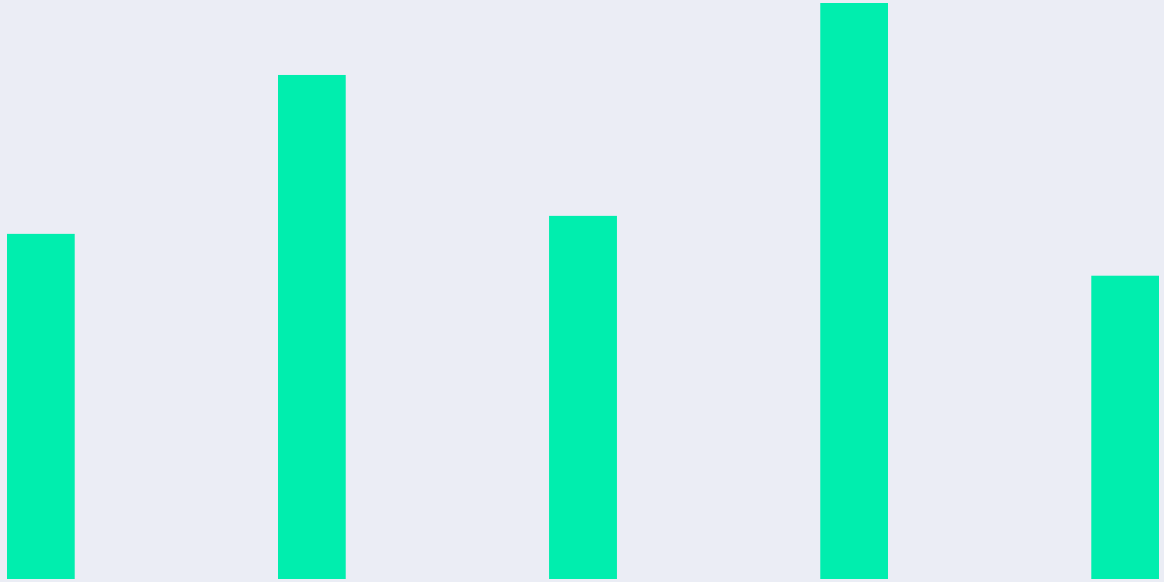
Note: Level IA cannot be admitted to a nursing facility until Level II is completed

Level II

- There is either a mental illness, intellectual disability or related condition that meets criteria for Level II PASRR
- Has Specialized Services to manage the mental illness, intellectual disability or related condition
- Within the Level II there are special categories that may be time limited

Note: Level IIA cannot be admitted to a nursing facility

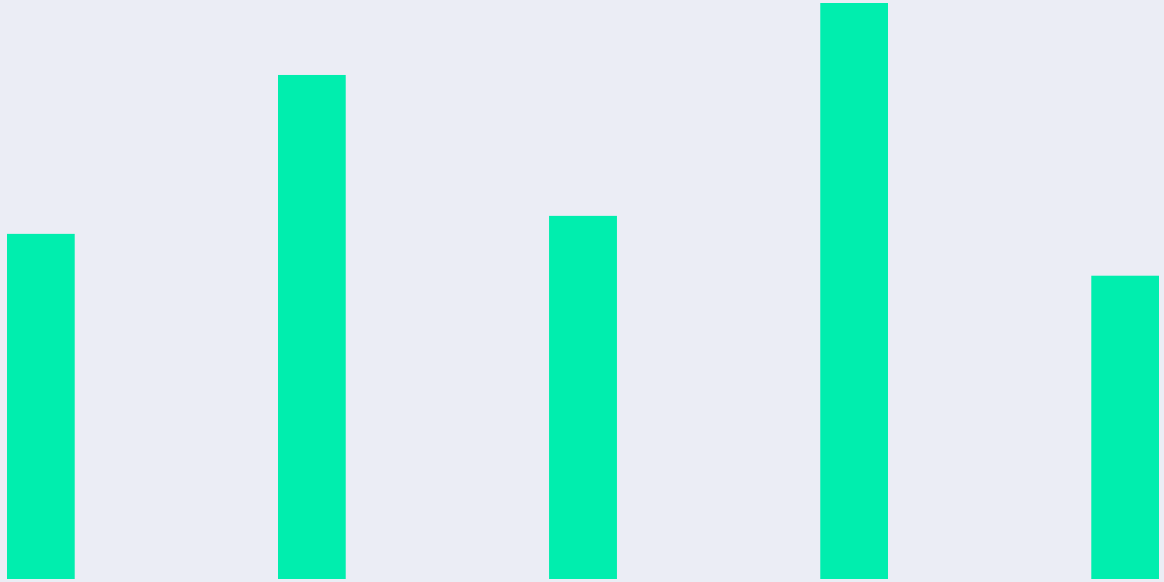
What is the Fiscal Agent’s role with PASRR?



What is the Fiscal Agent’s Role with PASRR

- The fiscal agent is the current Quality Improvement Organization (QIO-like vendor) contracted with the Division of Health Care Financing and Policy (DHCFP) and is referred to as Nevada Medicaid.
- The DHCFP contracts with the QIO-like vendor to conduct Level I Identification screenings and PASRR Level II determinations.

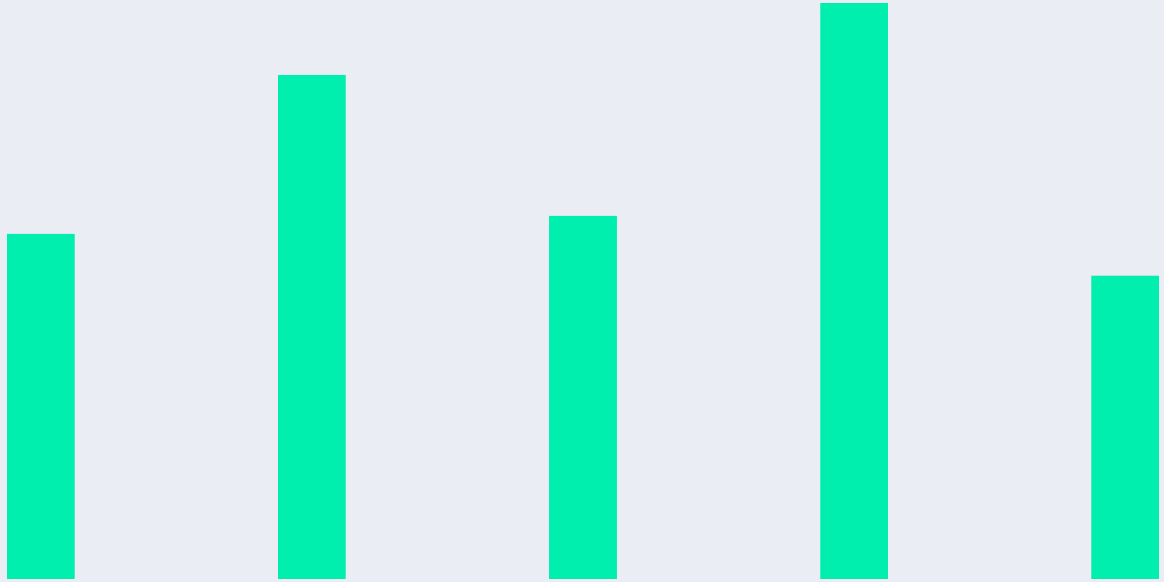
What is the PASRR Screening Tool?



What is the PASRR Screening Tool?

- Provides consistent screening and uniformity along the continuum of care
- Provides one integrated screening process
- 24/7 access available to registered users

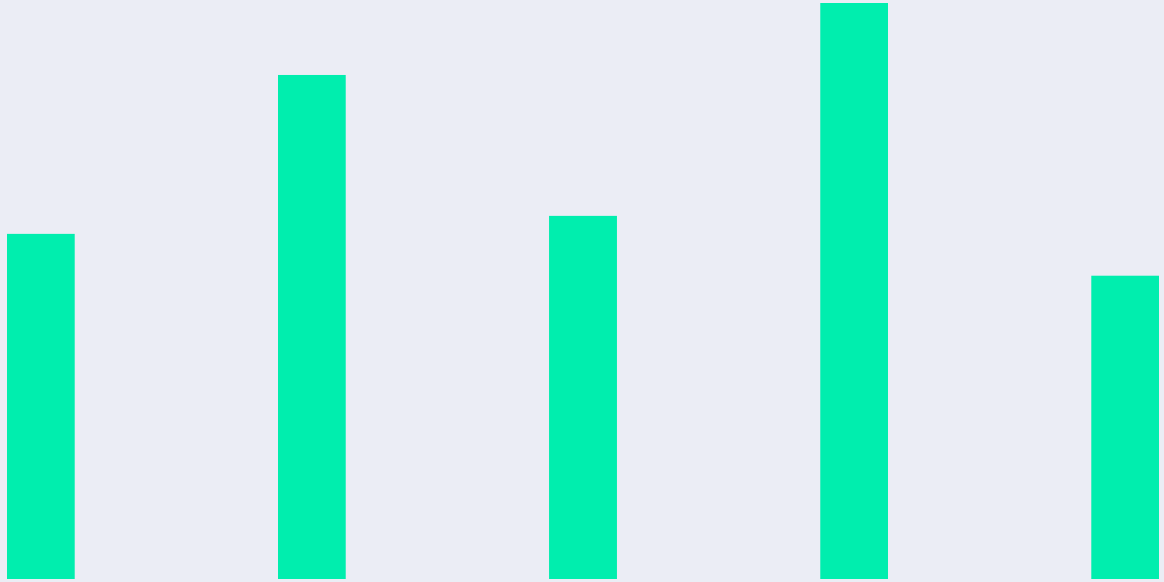
How the PASRR Screening Tool Works



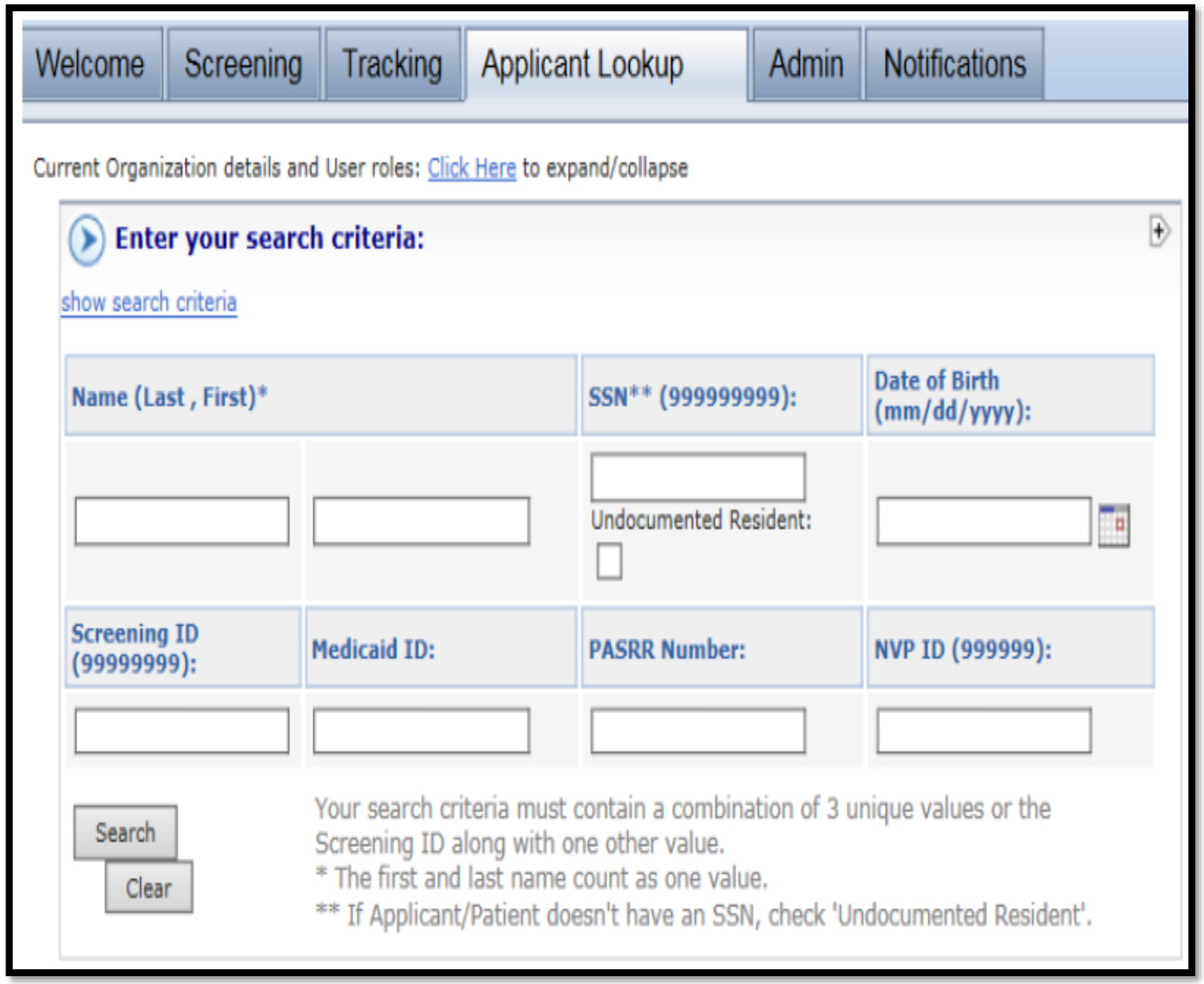
How the PASRR Screening Tool Works:

- User submits a PASRR Level I request via a secure web solution via the Nevada Provider Web Portal.
- PASRR submissions auto-adjudicate in or near real time or the submission may go to a manual review status for a nurse reviewer to determine if a Level II evaluation is indicated.
- Tool generates appropriate determination letters.

Applicant Lookup

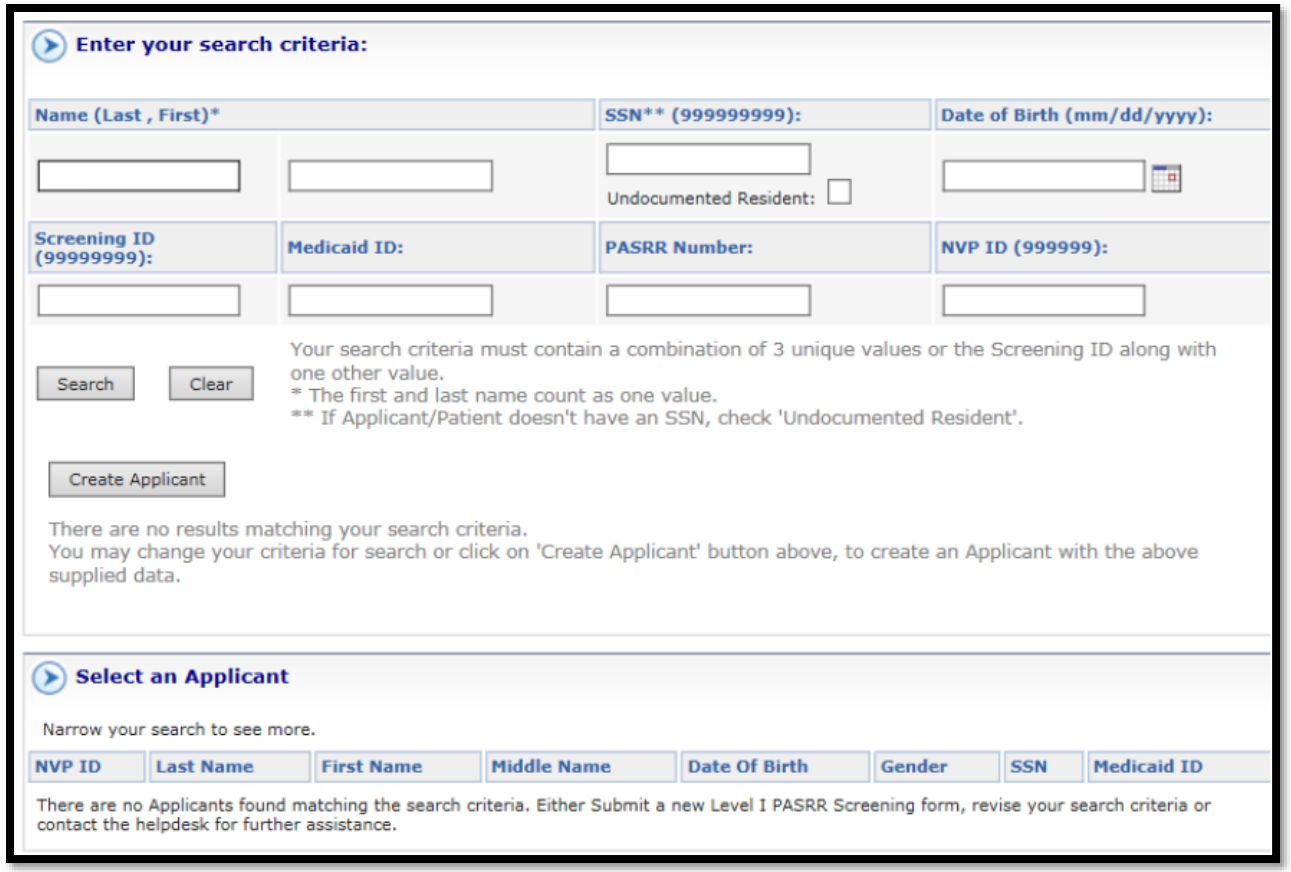


Applicant Lookup



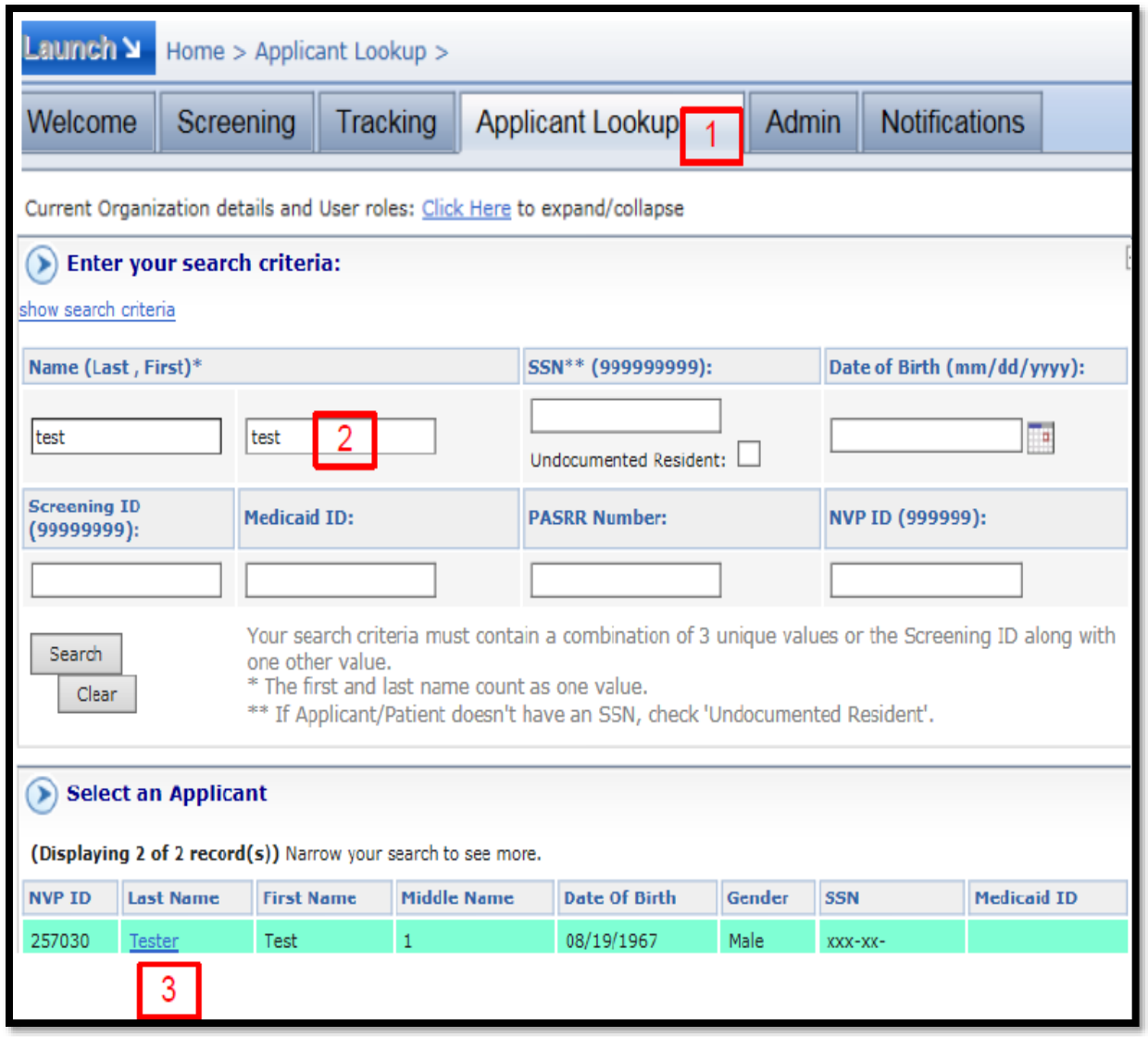
- Always start with performing an applicant lookup as there may be an existing PASRR on file.
- User has to enter a minimum of three identifiers to perform an applicant search:
  - Last Name
  - First Name
  - SSN
  - DOB
  - Medicaid ID

Applicant Lookup: No Applicants Found



- Verify correct demographic information is available before performing applicant search:
  - If incorrect information is used, or no PASRR is on file, the search will yield a result of “There are no results matching your search criteria’”

Applicant Lookup: Applicant on File



1. Click on the “Applicant Lookup” tab.
2. Enter identifiers into the search criteria and click the “Search” button.
3. When the applicant is identified, click on the applicant’s last name.

Applicant Lookup: Existing PASRR

PASRR History

History ID	Screening ID	PASRR #	Start Date	End Date	Went To Level II	Level II Diag. Type	isCategorical B	Certification	Delete
223932	55976	2014085135IC	03/26/2014		No		No	-	☐

Delete

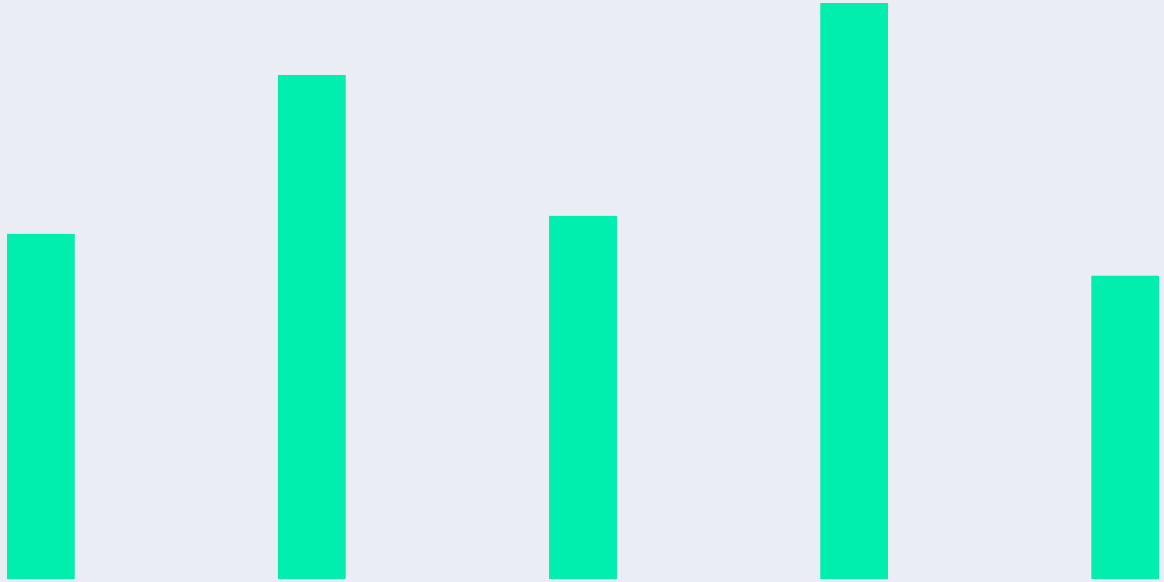
Screening History

MUST ID	Status	Screening Type	Submission Date	Completed Date	Screener Organization	Screener Name
122439	PASRR Manual Review	Change in Condition Review (PASARR Only)	10/28/2010	10/28/2010	HP Enterprise Services	Helpdesk, USP
122434	PASRR Manual Review	Change in Condition Review (PASARR Only)	10/08/2010	10/08/2010	HP Enterprise Services	Helpdesk, USP
122415	Completed	PASRR	10/08/2010	10/08/2010	HP Enterprise Services	Helpdesk, USP

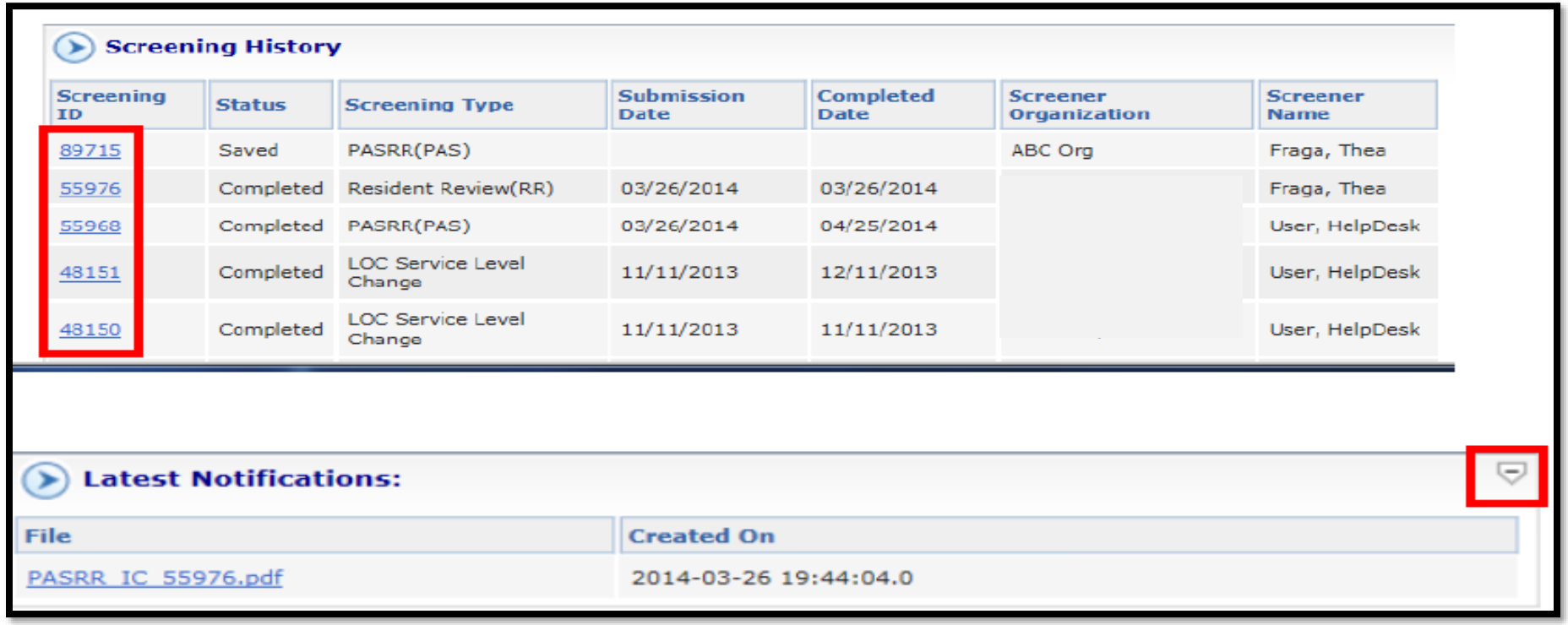
312_100_38_0611

After selecting the recipient's last name, if a PASRR exists, it will be displayed under "Screening History" and/or "PASRR History."

Screening History



Screening History



Screening History

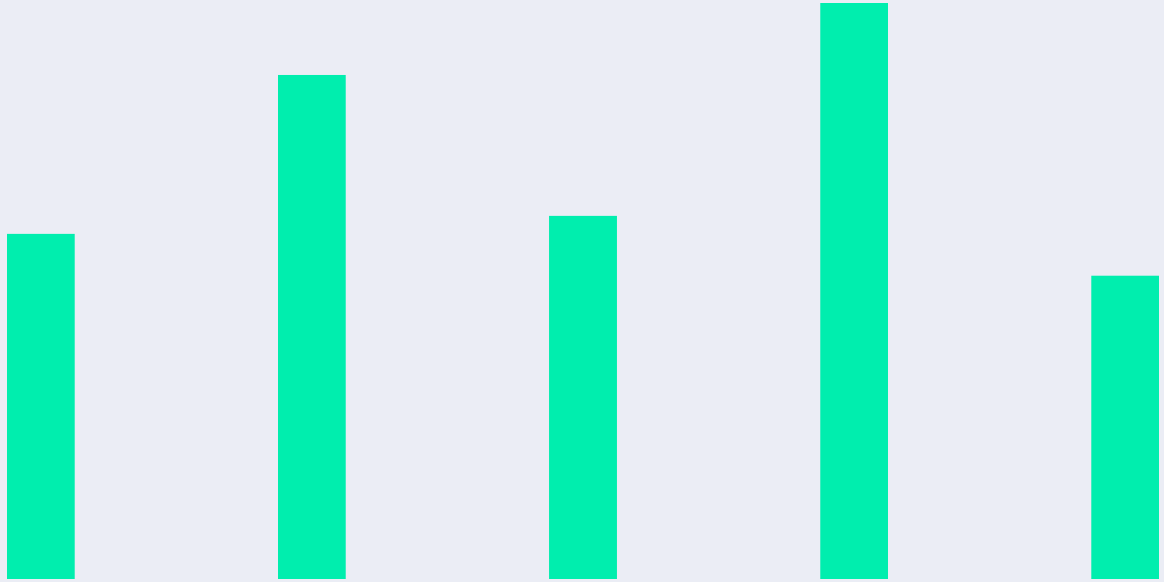
Screening ID	Status	Screening Type	Submission Date	Completed Date	Screener Organization	Screener Name
89715	Saved	PASRR(PAS)			ABC Org	Fraga, Thea
55976	Completed	Resident Review(RR)	03/26/2014	03/26/2014		Fraga, Thea
55968	Completed	PASRR(PAS)	03/26/2014	04/25/2014		User, HelpDesk
48151	Completed	LOC Service Level Change	11/11/2013	12/11/2013		User, HelpDesk
48150	Completed	LOC Service Level Change	11/11/2013	11/11/2013		User, HelpDesk

Latest Notifications:

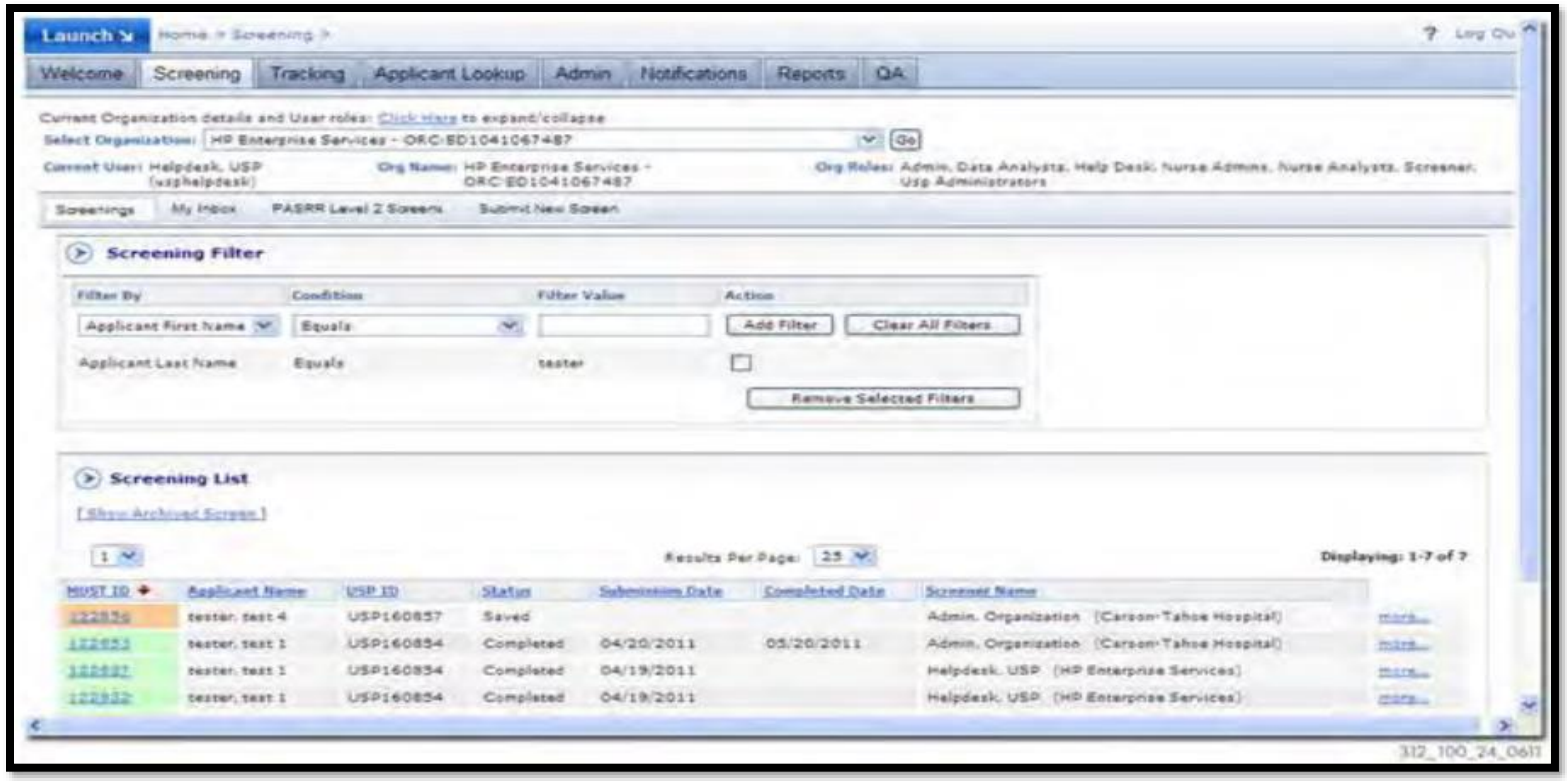
File	Created On
PASRR_IC_55976.pdf	2014-03-26 19:44:04.0

- The “Screening ID” may be selected under the “Screening History” tab to view the PASRR notification.
- Click on the arrow to the right of “Latest Notifications” to view the most current screen (PDF file).

Screening Tab

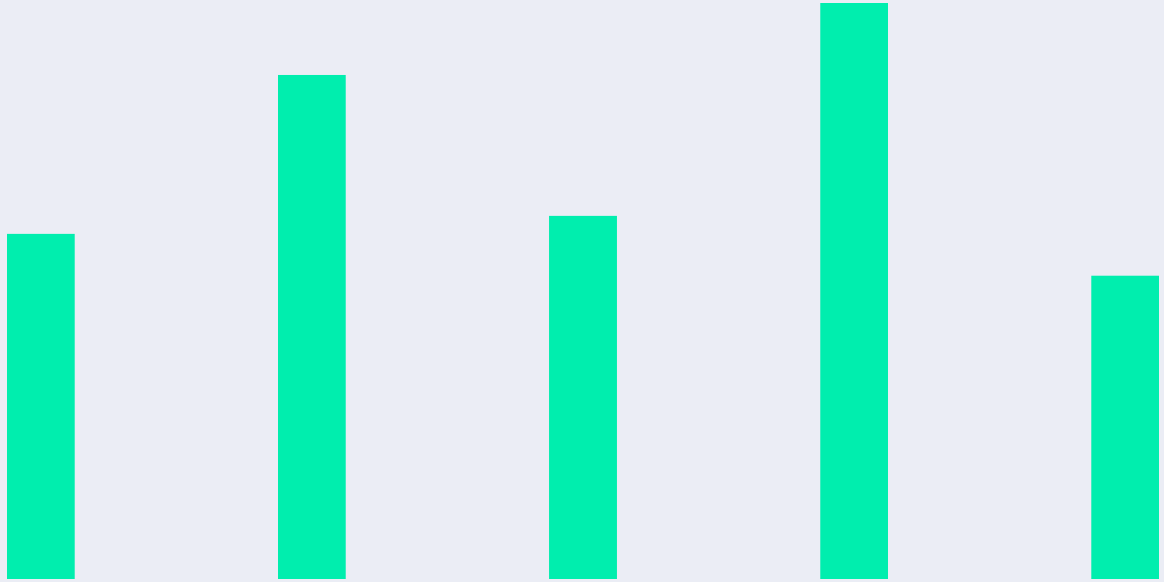


Screening Tab

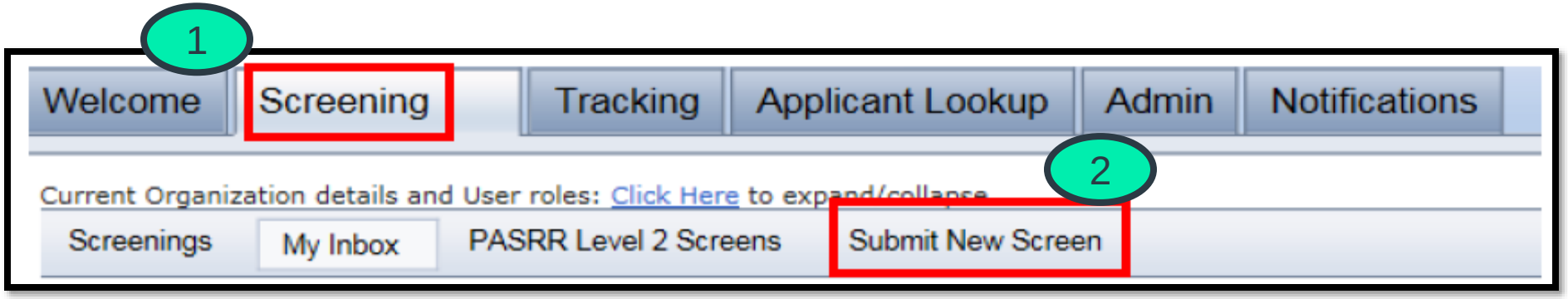


- The “Screening” tab allows users with the screening role to manage and submit PASRR screens.
- From this tab, users have access to screens that they have entered or screens that have been entered by others within their organization.

Submit New Screen



Submit New Screen

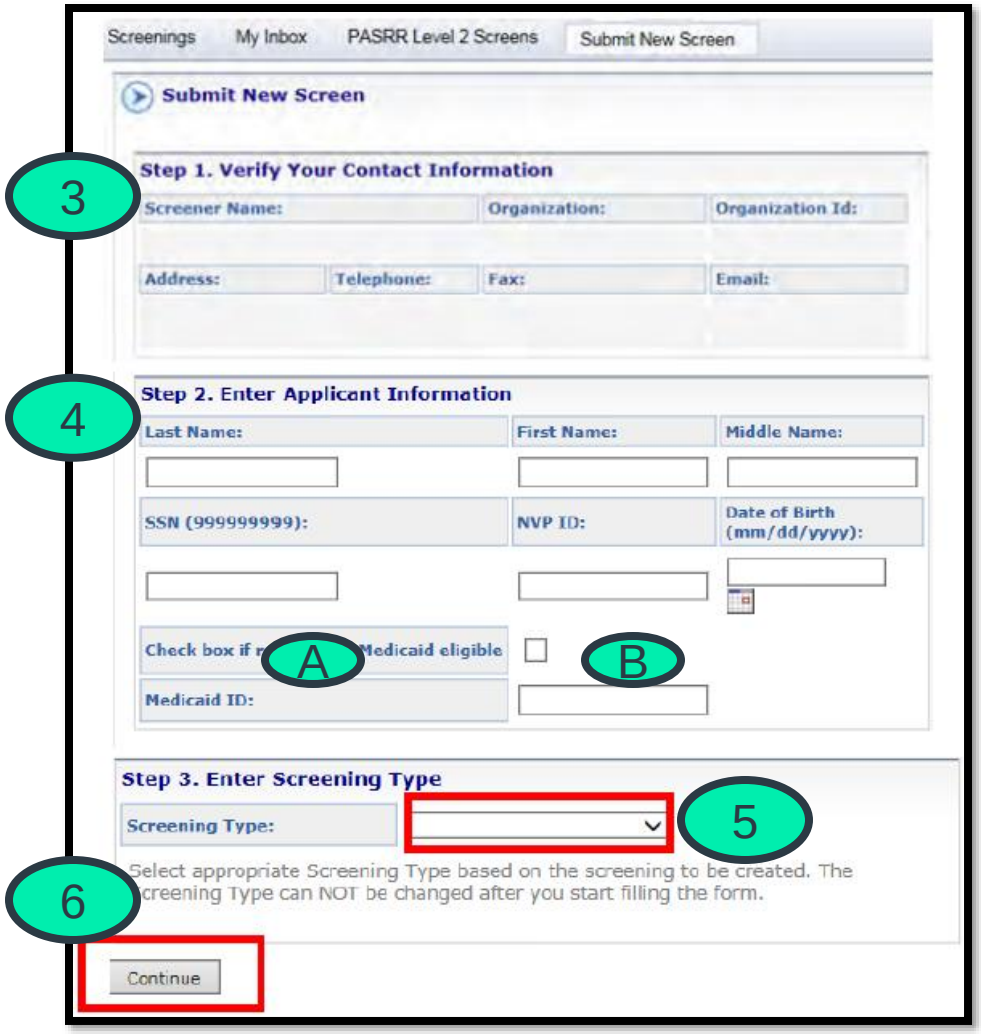


1. Click on the “Screening” tab.

2. Click on the “Submit New Screen” tab.

Note: PASRR requests are to be submitted **and** completed **prior** to Skilled Nursing Facility (SNF) admission or if the SNF resident’s condition changes if submitted as Resident Review.

Submit New Screen, continued



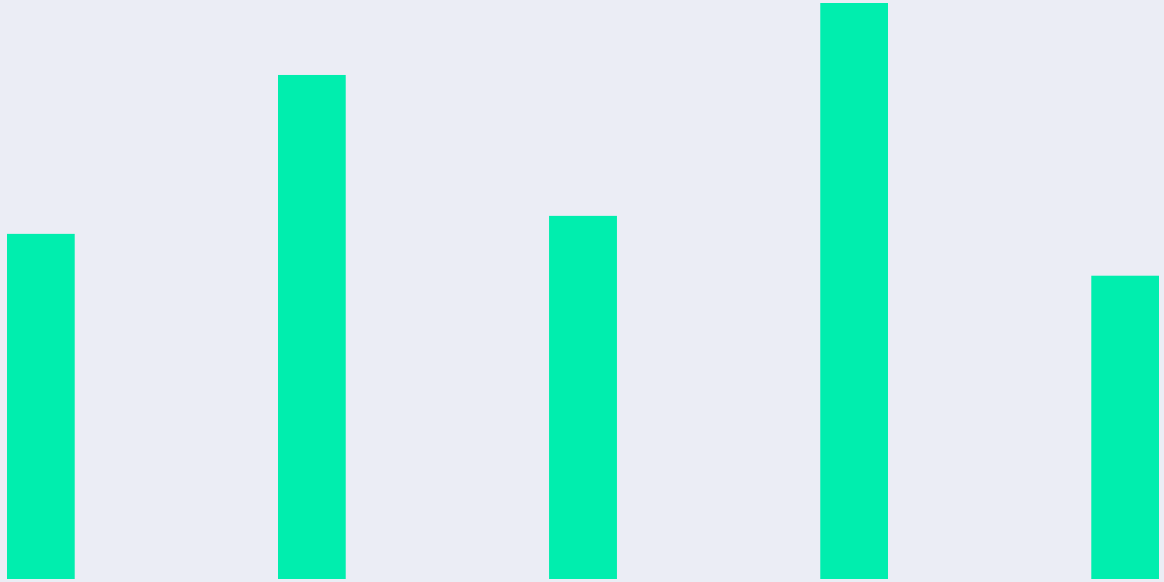
3. Verify your contact information.

4. Enter applicant information:
   - Last Name
   - First Name
   - SSN (Social Security Number)
   - DOB (Date of Birth)
   - If Medicaid eligible:
     A. Click the box next to “Check box if recipient is Medicaid eligible”
     B. Enter 11-digit Medicaid ID.

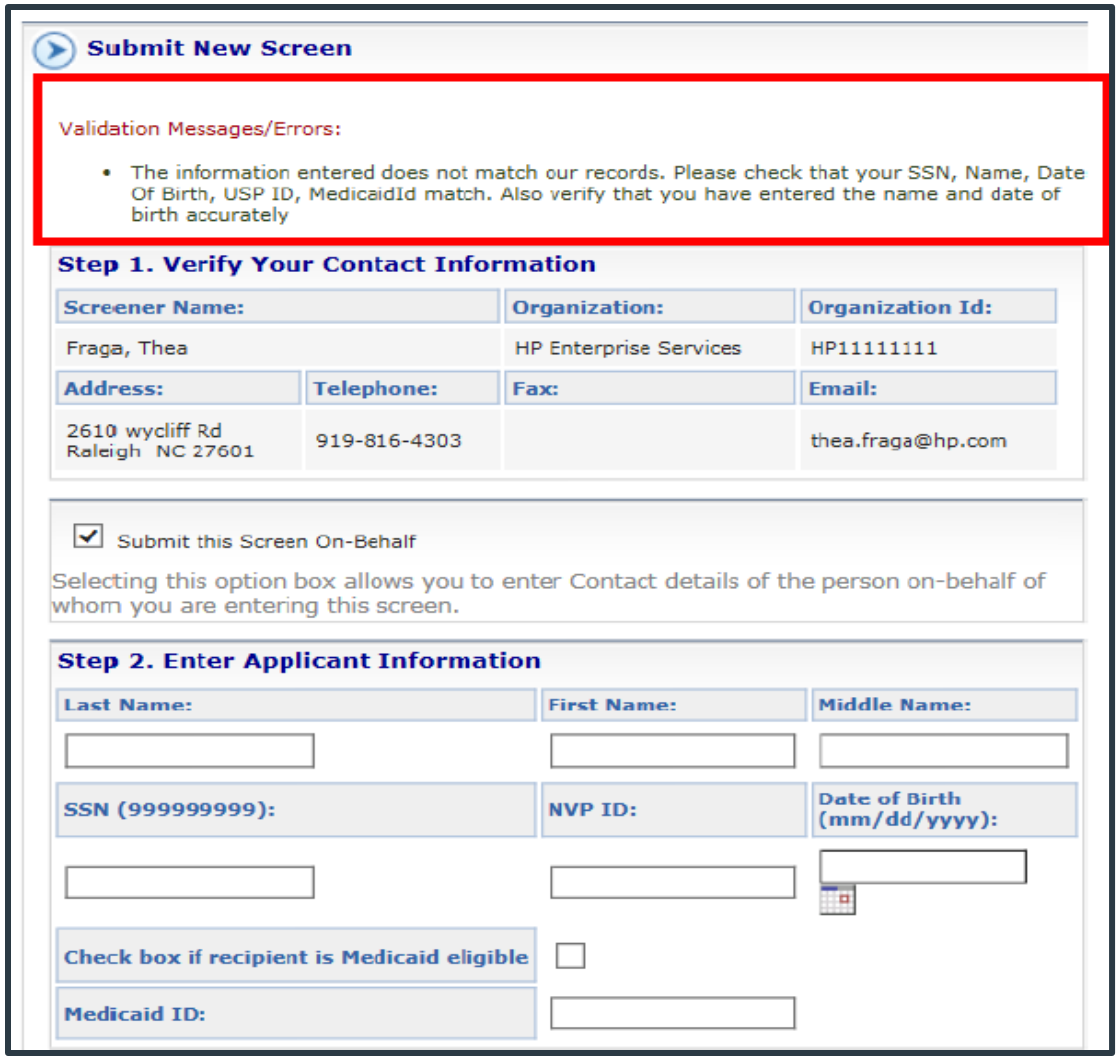
5. Select “Screening Type”:
   - Select “PASRR (PAS)” if initial PASRR request.
   - Select “Resident Review (RR)” if PASRR exists, but there has been a change in condition (r/t MI, ID/RC or Dementia).

6. After steps 1-3 are completed user will click “Continue”

Error Alert for Existing Applicant

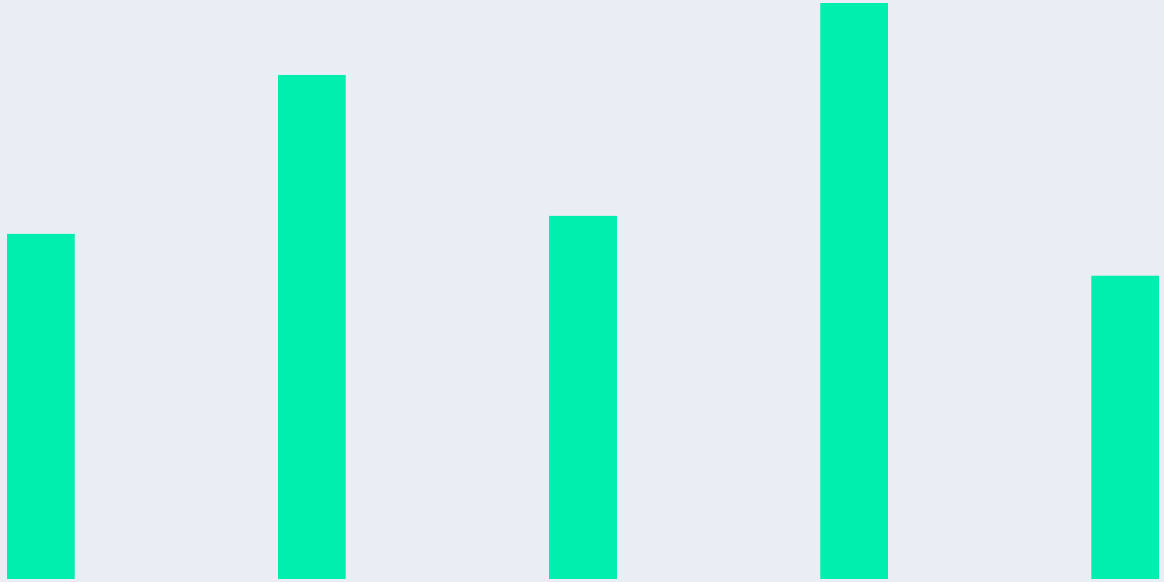


Error Alert for Existing Applicant

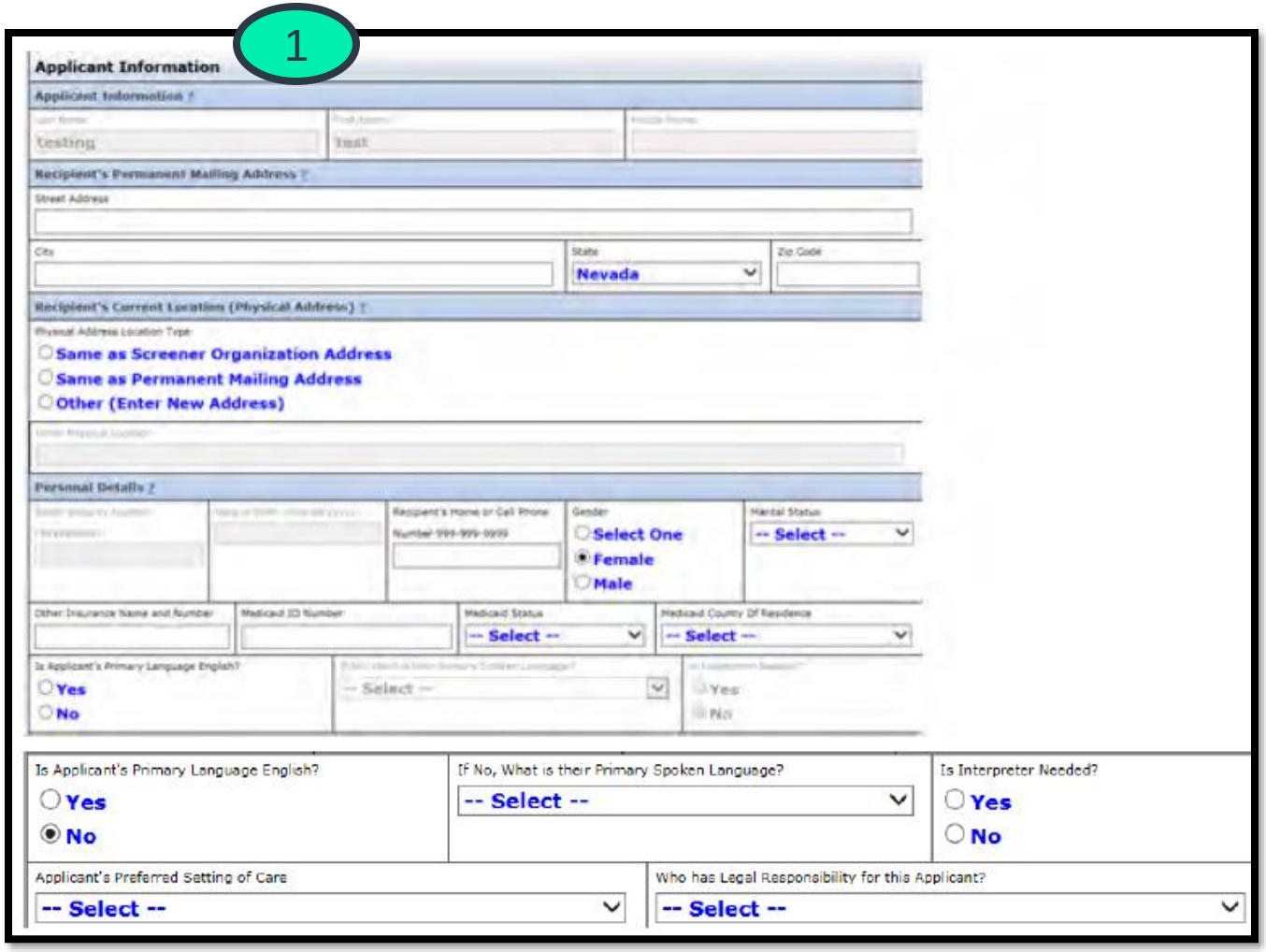


The error alert for an existing applicant displays at the top of the screen.

PASRR Page 1



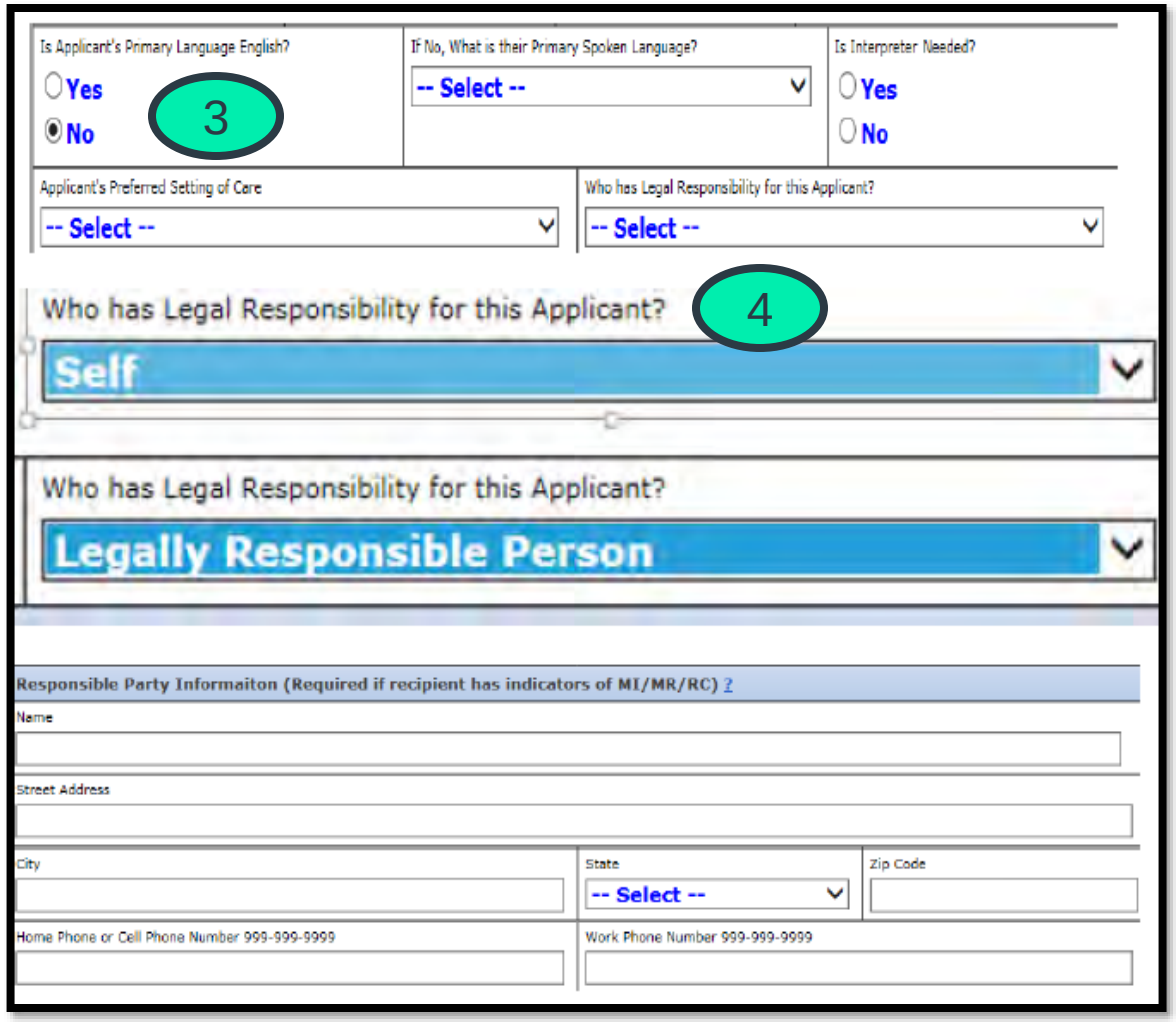
PASRR Page 1: Applicant Information



1. Enter Applicant Information:
   A. Enter recipient's permanent mailing address.
   B. Select current location.
   C. Select gender.
   D. Select marital status.

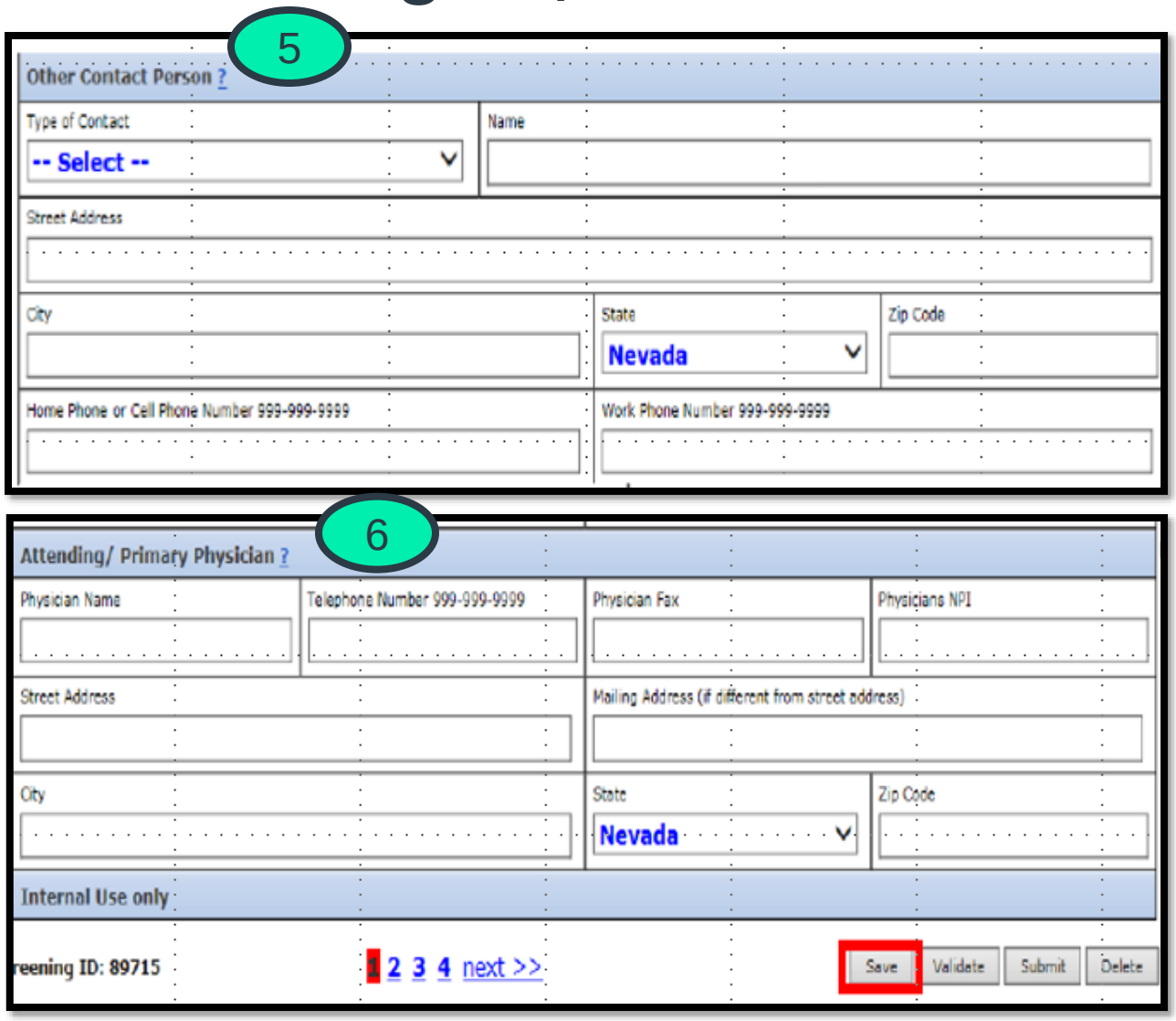
2. If Medicaid ID was not entered in Step 2 of the "Submit New Screen" process, and recipient is currently eligible:
   A. Enter 11-digit Medicaid ID.
   B. Select Medicaid status.
   C. Select county of residence.

PASRR Page 1, continued



3. **Select Yes or No if applicant's primary language is English.**
   a. If Yes, proceed to the next question.
   b. If No, select Primary Language Spoken and select whether an interpreter is needed (Yes or No).
4. **Who is legally responsible for the applicant?**
   a. If self, proceed to the next question.
   b. If Legally Responsible Party:
      - Complete the Responsible Party Information.
      - Required if there are indicators of MI, ID/RC.

PASRR Page 1, continued

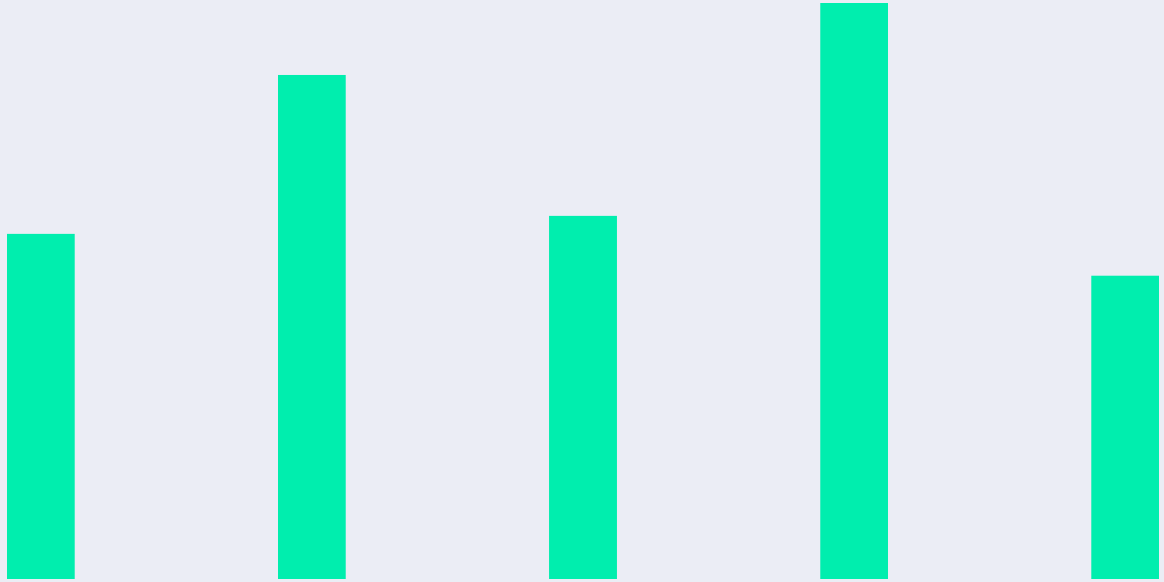


5. Other Contact Person:
    a. Complete if there are indicators of MI/ID/RC.
6. Attending/Primary Physician:
    a. Complete if there are indicators of MI/ID/RC.

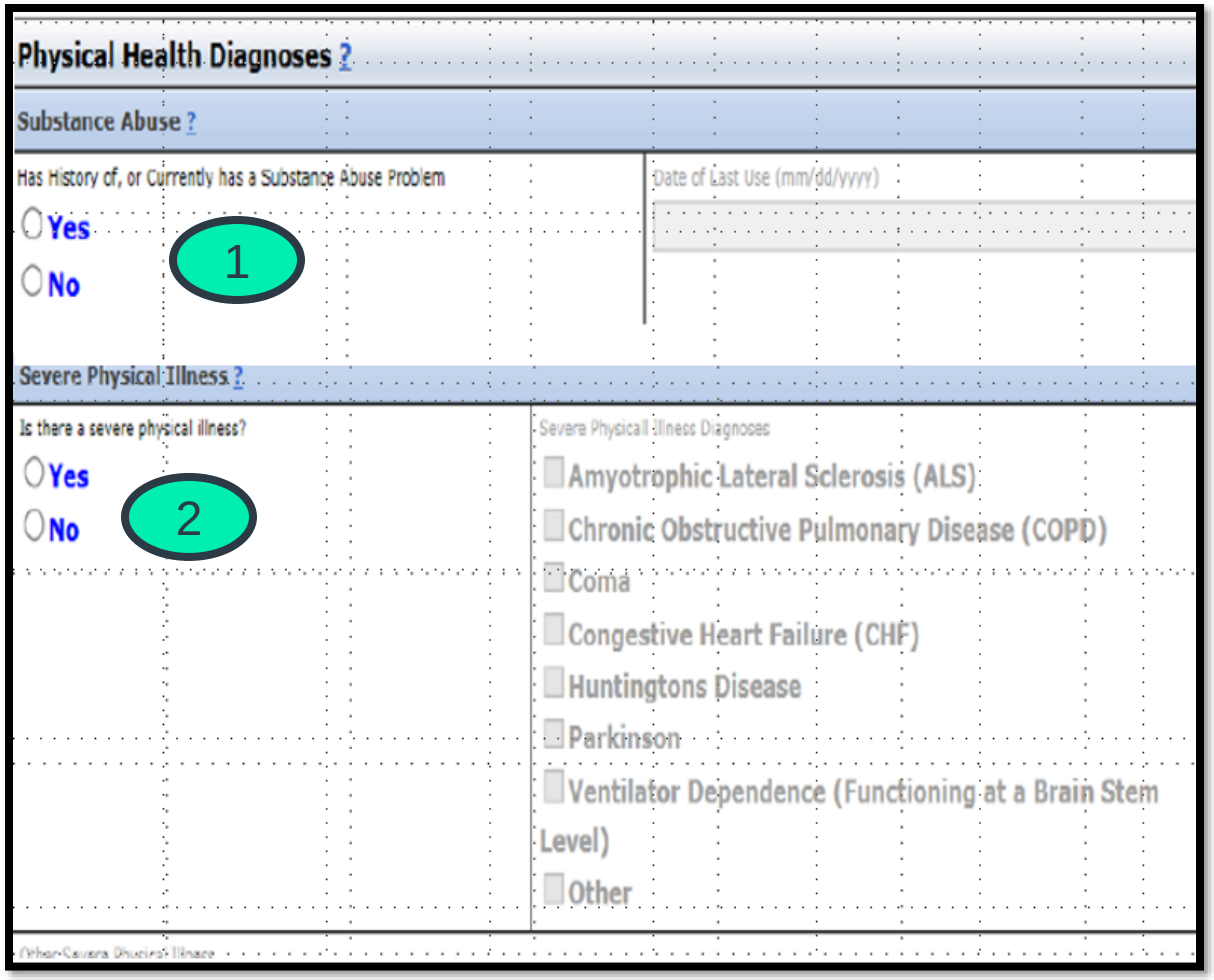
Note I: User may select either “2” or “Next” to proceed to next page.

Note II: User may click “Save” button to save information that has been entered.

PASRR Page 2

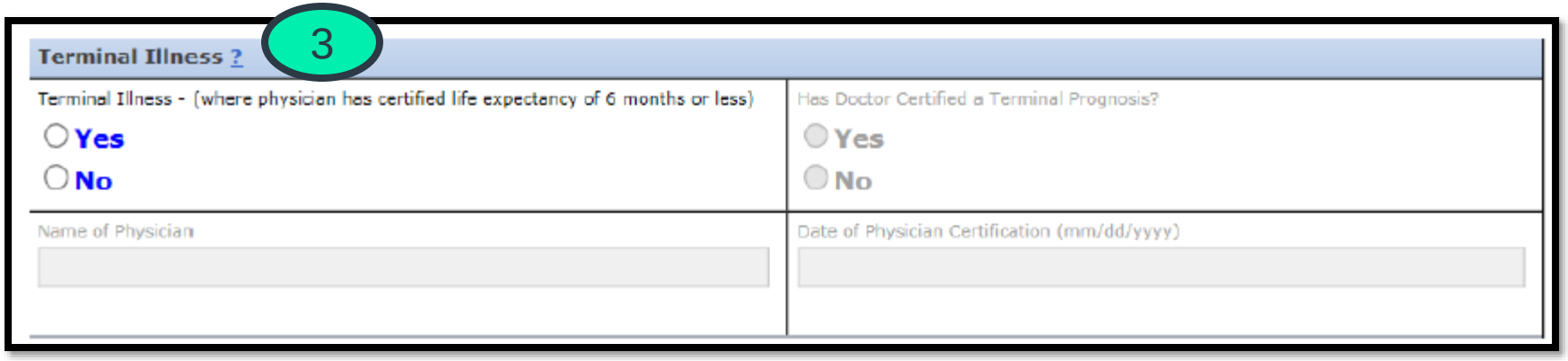


PASRR Page 2



1. Has History of Or Currently Has a Substance Abuse Problem.
   a. If No, proceed to next question.
   b. If Yes, enter date of last use.
2. Is there a Severe Physical Illness?
   a. If No, proceed to next question.
   b. If Yes, select applicable diagnosis from list.

PASRR Page 2, continued



3. Is there a Terminal Illness (Where Physician Has Certified Life Expectancy of 6 Months or Less)?

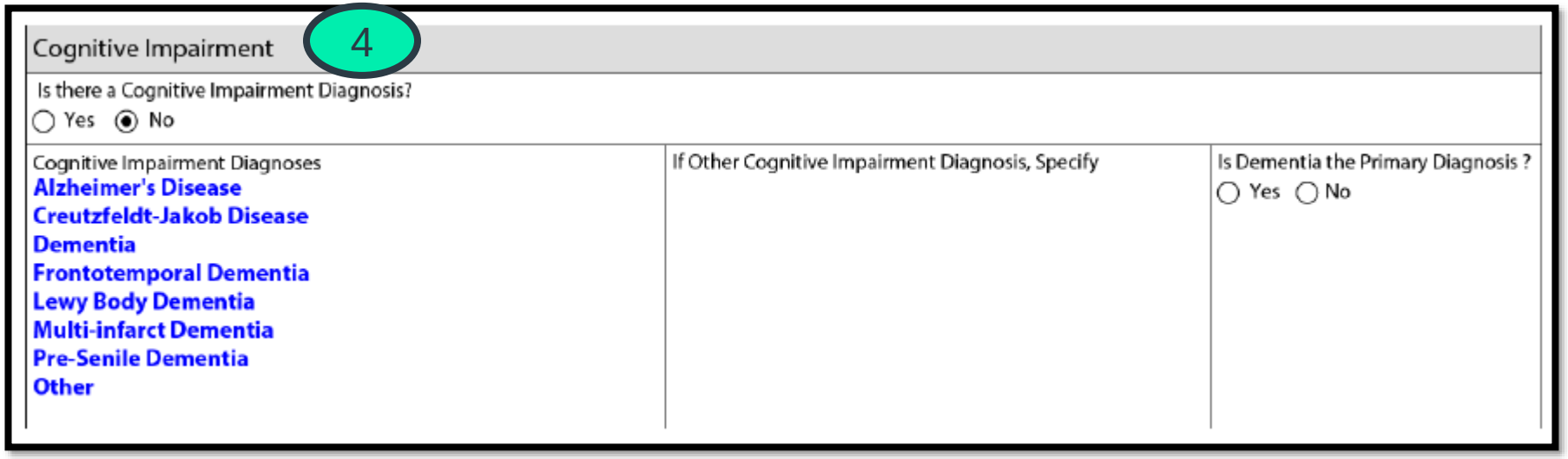
    a. If No, proceed to next question.

    b. If Yes, Has Doctor Certified a Terminal Prognosis (select Yes or No)?

        i. If Yes, enter name of physician.

        ii. Enter date of physician certification.

PASRR Page 2, continued



Cognitive Impairment

4

Is there a Cognitive Impairment Diagnosis?

◯ Yes ◉ No

Cognitive Impairment Diagnoses	If Other Cognitive Impairment Diagnosis, Specify	Is Dementia the Primary Diagnosis ?
Alzheimer's Disease		◯ Yes ◯ No
Creutzfeldt-Jakob Disease		
Dementia		
Frontotemporal Dementia		
Lewy Body Dementia		
Multi-infarct Dementia		
Pre-Senile Dementia		
Other		

4. Is there a Cognitive Impairment Diagnosis?
   a. If No, proceed to next question.
   b. If Yes, select appropriate diagnosis from list and indicate whether Dementia is the Primary Diagnosis (Select Yes or No).

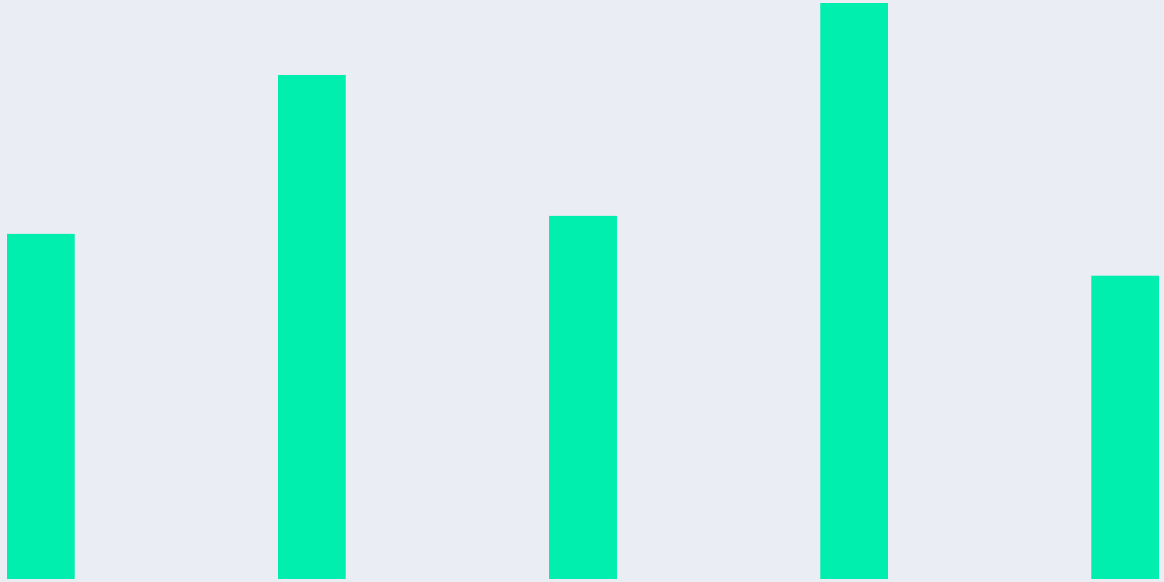
PASRR Page 2, continued

Note: Complete this section only if psychiatric medications are being administered.

5. Type medication in “Medication Name” box.
6. Select Type of Medication
   - −OTC
   - −Formulary
   - a. To enter additional medications, indicate how many to add and click ‘Add Medications’ button.

   Note: Additional fields for entry will be added by the system.
7. Once section is completed, select either “3” or “Next” to proceed to the next page.

PASRR Page 3



PASRR Page 3

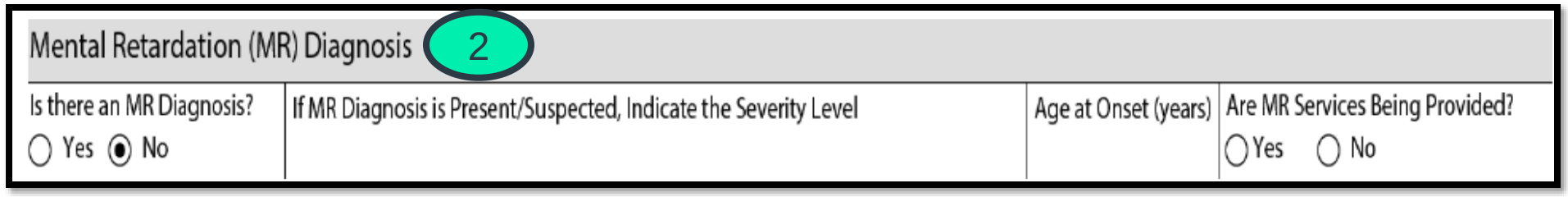
Mental Health 1

Mental Health (MH) Diagnoses

Is there an MH Diagnosis?	Disorders/Diagnoses	If Other MH Diagnosis, Specify
○ Yes ◉ No	Severe Anxiety/Panic Disorder Bipolar Disorder Delusional Disorder Eating Disorder Major Depression Personality Disorder Psychotic Disorder Schizoaffective Disorder Schizophrenia Somatoform Disorder Other	

1. Is there a Mental Health (MH) Diagnosis?
   a. If No, proceed to next question.
   b. If Yes, select appropriate diagnosis from list.
      i. If applicant has depression (not major) and is stable on medications, select “Other” from diagnosis list.
      ii. If the disorder or diagnosis is not listed, choose “Other” and enter a diagnosis in the “If Other MH Diagnosis, Specify” column.

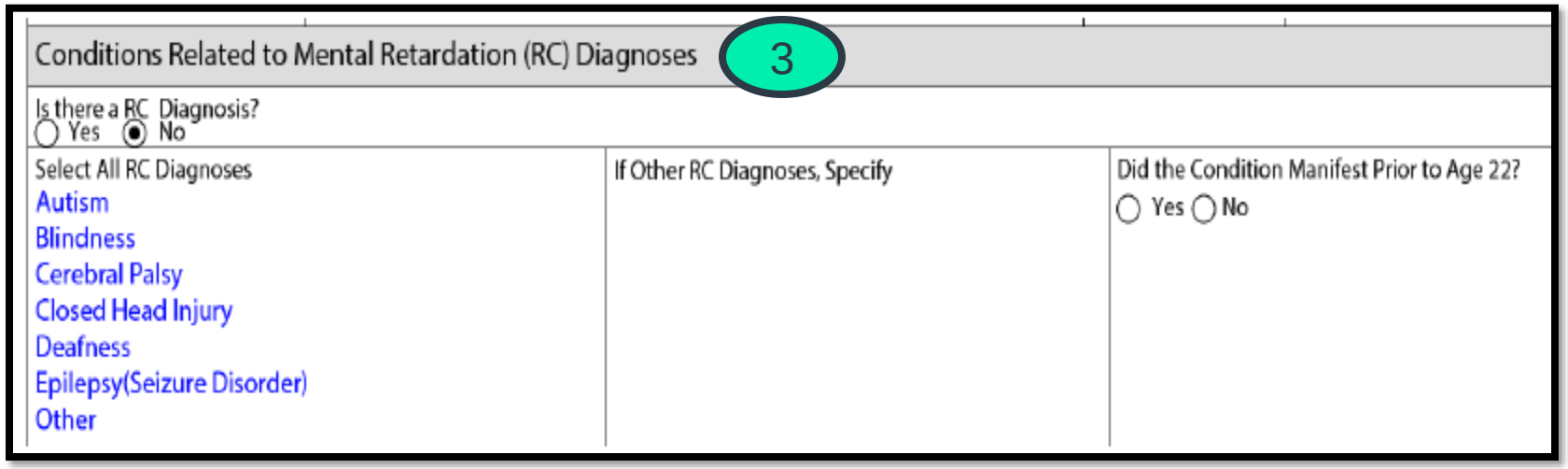
PASRR Page 3, continued



2. Is there an Intellectual Disability Diagnosis or Suspicion of ID?
   a. If No, proceed to next question.
   b. If Yes, indicate Severity Level, Age at Onset, and if ID (MR) Services are being provided (Yes or No).

      Note: If there is an ID diagnosis, PASRR will come to manual review status and it will trigger a request for records.

PASRR Page 3, continued



Conditions Related to Mental Retardation (RC) Diagnoses 3

Is there a RC Diagnosis?
○ Yes ◉ No

Select All RC Diagnoses	If Other RC Diagnoses, Specify	Did the Condition Manifest Prior to Age 22?
Autism		○ Yes ○ No
Blindness		
Cerebral Palsy		
Closed Head Injury		
Deafness		
Epilepsy(Seizure Disorder)		
Other		

3. Is there a Related Condition (RC) Diagnosis?

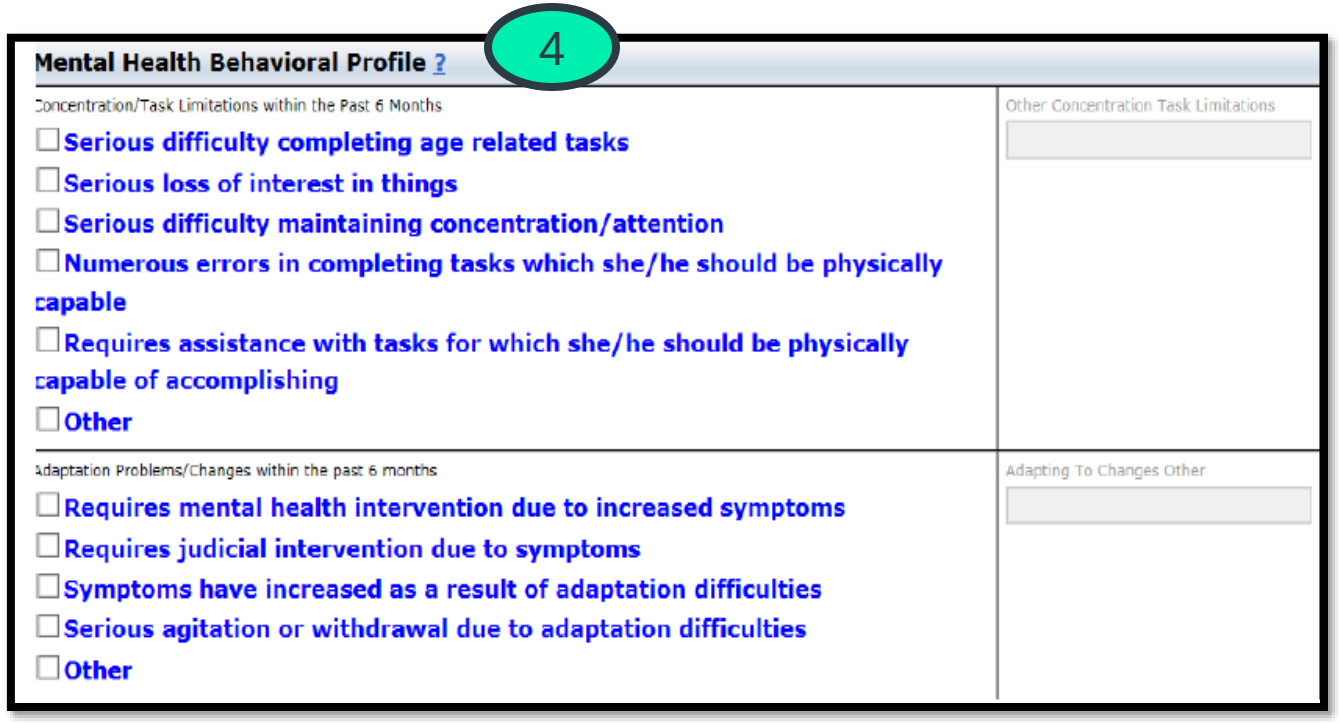
   a. If No, proceed to next question.

   b. If Yes, select appropriate diagnosis from list and indicate whether condition manifested prior to age 22 (Yes or No).

Related Condition Defined:

- A condition found to be closely related to ID because it results in impairment of intellectual functioning or adaptive behavior similar to that of a person with ID and requires services similar to those required by ID individuals.
- Manifested prior to age 22.
- Must be expected to continue indefinitely.
- Results in substantial functional limitations in 3 or more major life activities: Self-Care, Understanding/Use of Language, Learning, Mobility, Self-Direction or Capacity for Independent Living.

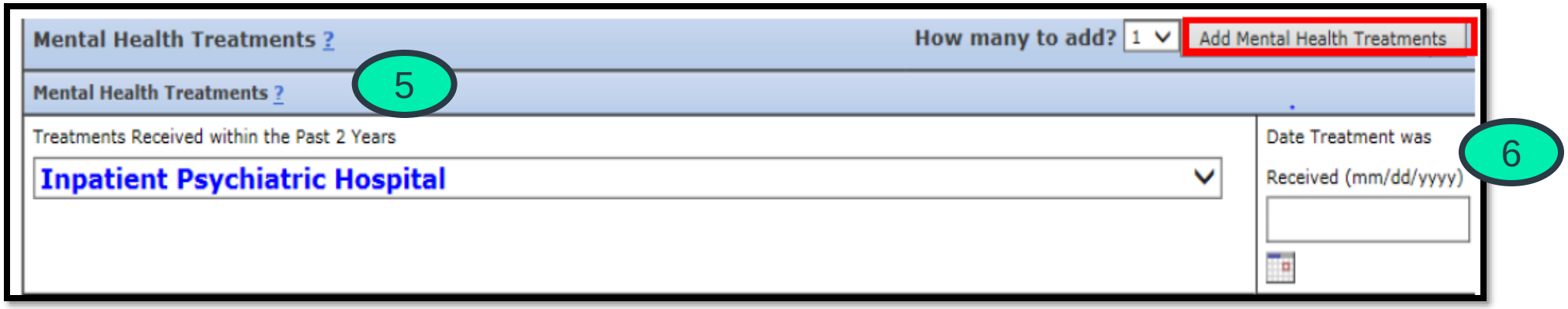
PASRR Page 3, continued



Note: Please do not complete if behaviors are related to a medical condition.

4. Select Applicable Task Limitations/ Adaptation Problems.
   - Must have occurred within past 6 months.

PASRR Page 3, continued

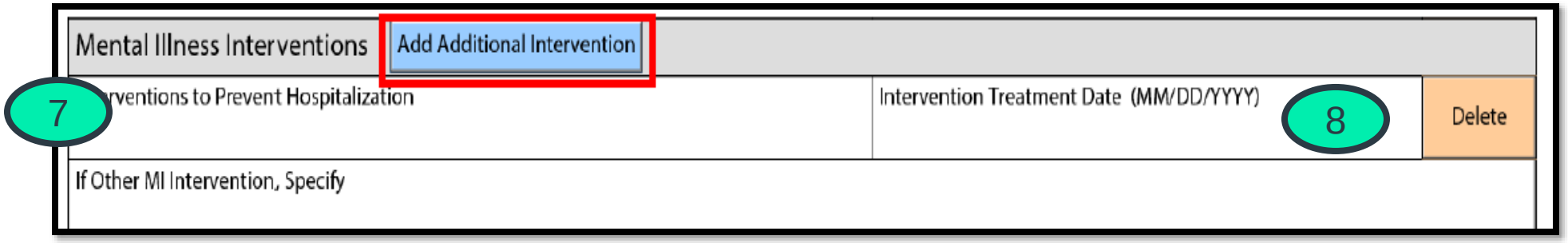


5. Select the appropriate treatment (received within past 2 years):
   - Inpatient Psychiatric Hospitalization
   - Partial Hospitalization/Day Treatment
   - Outpatient Treatment
   - None
6. Enter the date the treatment was received.

Note I: All inpatient psychiatric hospitalizations within past 2 years must be indicated – not just current admission.

Note II: Use “Add Mental Health Treatments” to add additional fields for entry if needed.

PASRR Page 3, continued

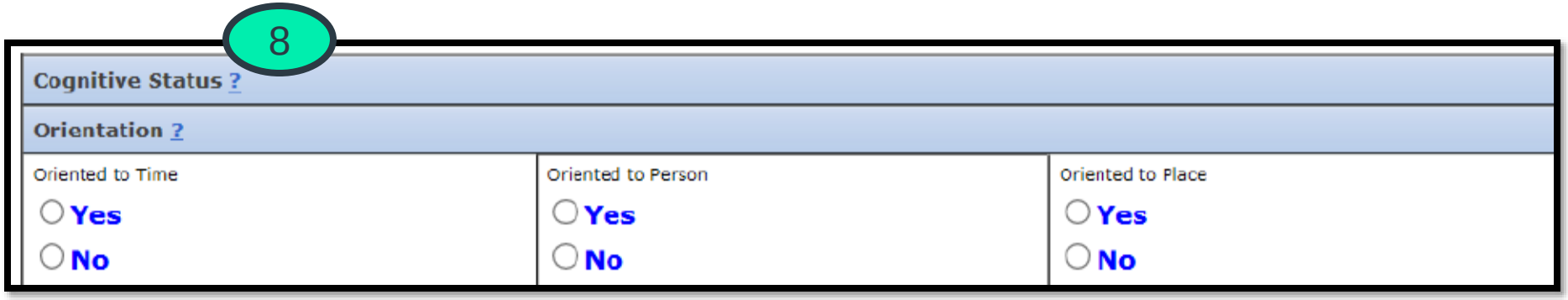


7. Select the appropriate Mental Illness interventions (received within past 2 years):
   - Supportive Living
   - Housing Intervention
   - Other
   - None
   - Unknown
8. Enter Intervention Treatment Date.

Note I: For L2K (Legal 2000/Legal Hold/Involuntary Admission, or etc.): Select “Other” and then enter comment in box “If other MI Intervention, specify.”

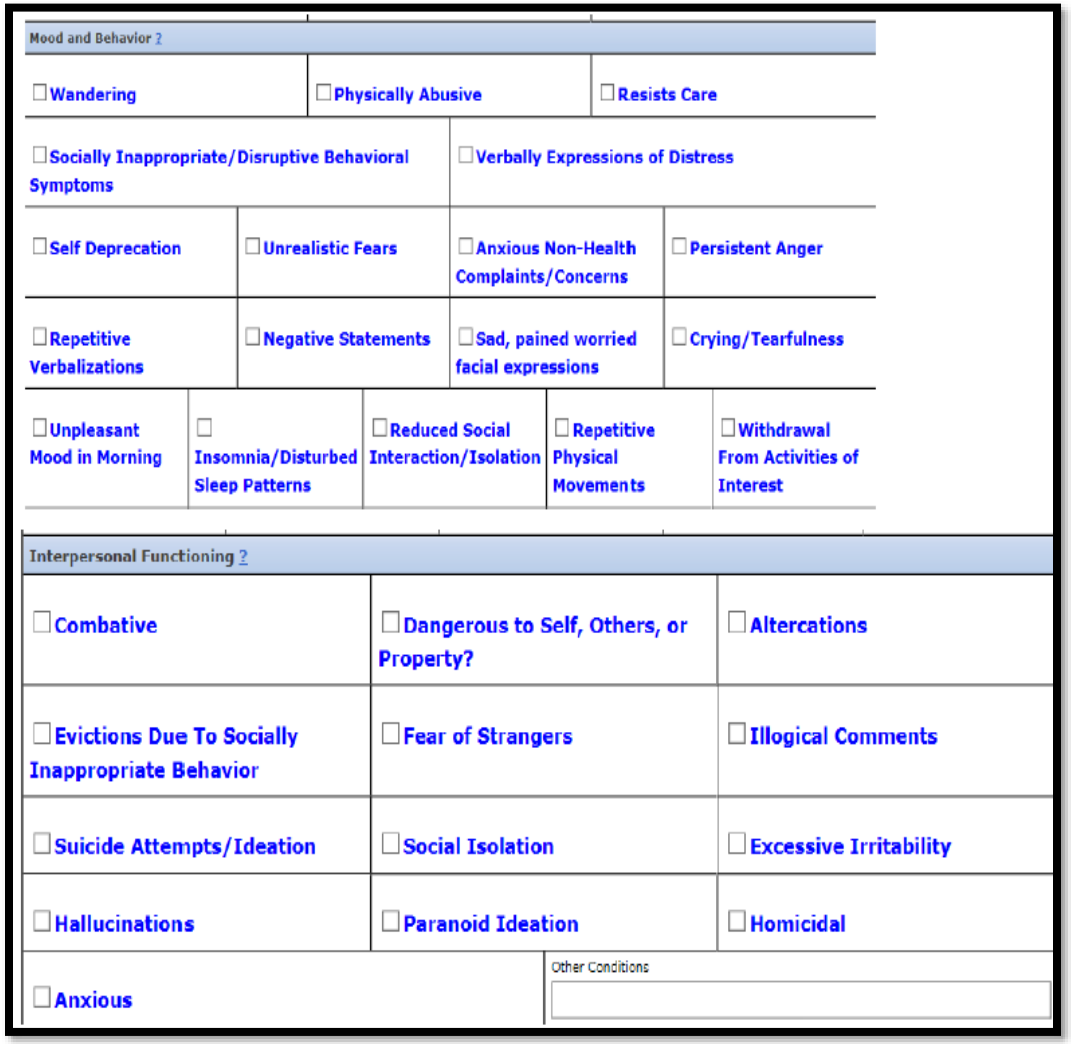
Note II: May select “Add Additional Intervention” to add additional fields for entry.

PASRR Page 3, continued



8. Orientation questions must be answered Yes or No.

PASRR Page 3, continued



Mood and Behavior ?

☐ Wandering	☐ Physically Abusive	☐ Resists Care
☐ Socially Inappropriate/Disruptive Behavioral Symptoms	☐ Verbally Expressions of Distress	
☐ Self Deprecation	☐ Unrealistic Fears	☐ Anxious Non-Health Complaints/Concerns
☐ Persistent Anger		
☐ Repetitive Verbalizations	☐ Negative Statements	☐ Sad, pained worried facial expressions
☐ Crying/Tearfulness		
☐ Unpleasant Mood in Morning	☐ Insomnia/Disturbed Sleep Patterns	☐ Reduced Social Interaction/Isolation
☐ Repetitive Physical Movements	☐ Withdrawal From Activities of Interest	

Interpersonal Functioning ?

☐ Combative	☐ Dangerous to Self, Others, or Property?	☐ Altercations
☐ Evictions Due To Socially Inappropriate Behavior	☐ Fear of Strangers	☐ Illogical Comments
☐ Suicide Attempts/Ideation	☐ Social Isolation	☐ Excessive Irritability
☐ Hallucinations	☐ Paranoid Ideation	☐ Homicidal
☐ Anxious	Other Conditions	

Note: Do not complete if behaviors are related to medical condition.

- Both sections must be completed if there are indicators of MI or if applicable.
- Must have occurred within the past 6 months.

PASRR Page 3, continued

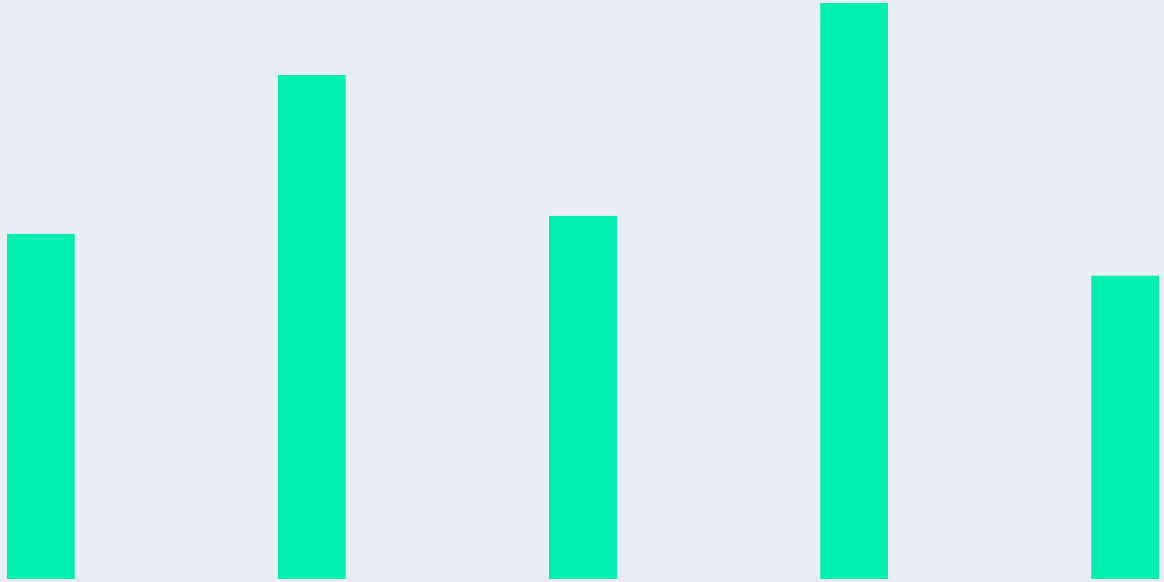
9

Categoricals	
Is this a Request for a Short Term Nursing Facility Stay? (●) Yes ( ) No	If Yes Then Indicate the Duration of the Nursing Facility Stay Convalescent Care - 45 Days
☐ Recipient was directly admitted to a Nursing Facility after receiving acute inpatient care in a hospital	
☐ Recipient requires Nursing Facility services for the condition for which the recipient received care in the hospital	
☐ Attending physician has certified prior to NF admission that the recipient will require less that 30 days of NF services	Name of the certifying Physician

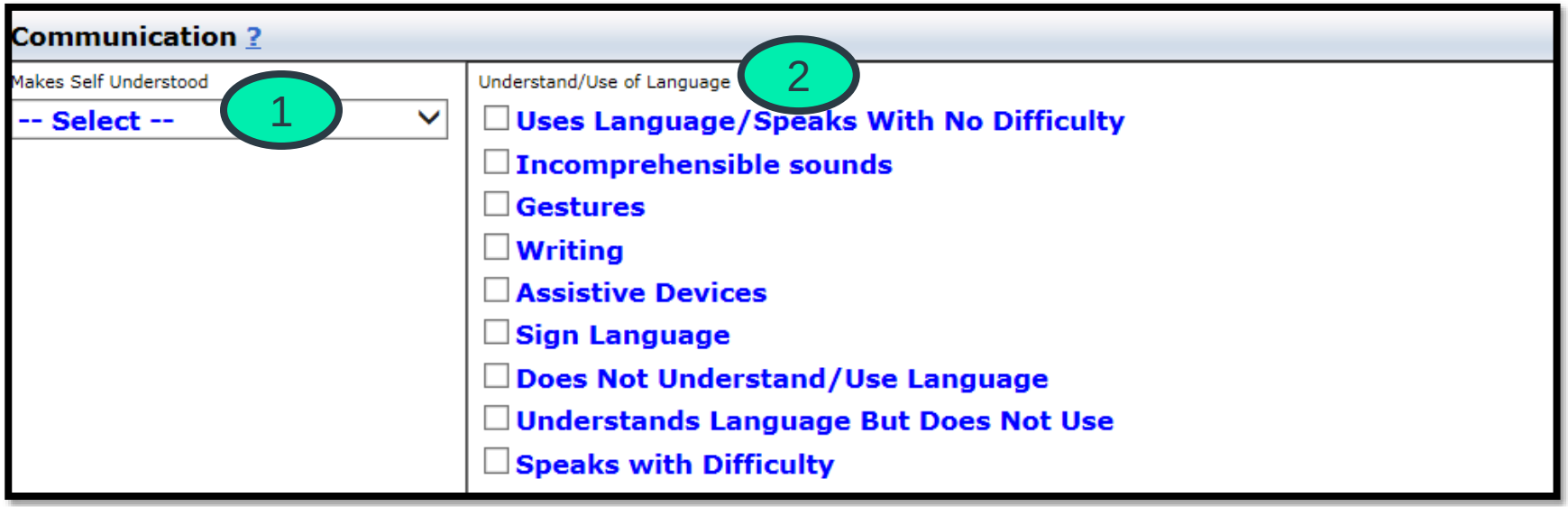
9. If request is for short term Nursing Facility stay, indicate the duration:
   - 45 days
   - 30 days
   - 7 days

Note: Only mark Yes if applicable and the individual has indicators of MI/ID/RC.

PASRR Page 4

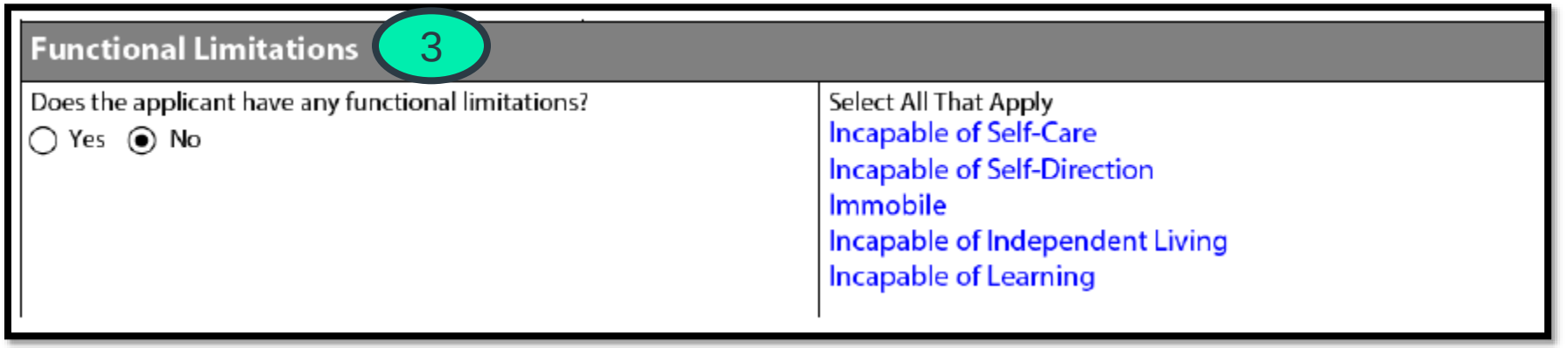


PASRR Page 4



1. Select from the list under “Makes Self Understood”:
   - Understood
   - Usually Understood
   - Sometimes Understood
   - Rarely Understood
2. Select appropriate choice from “Understand/Use of Language.”

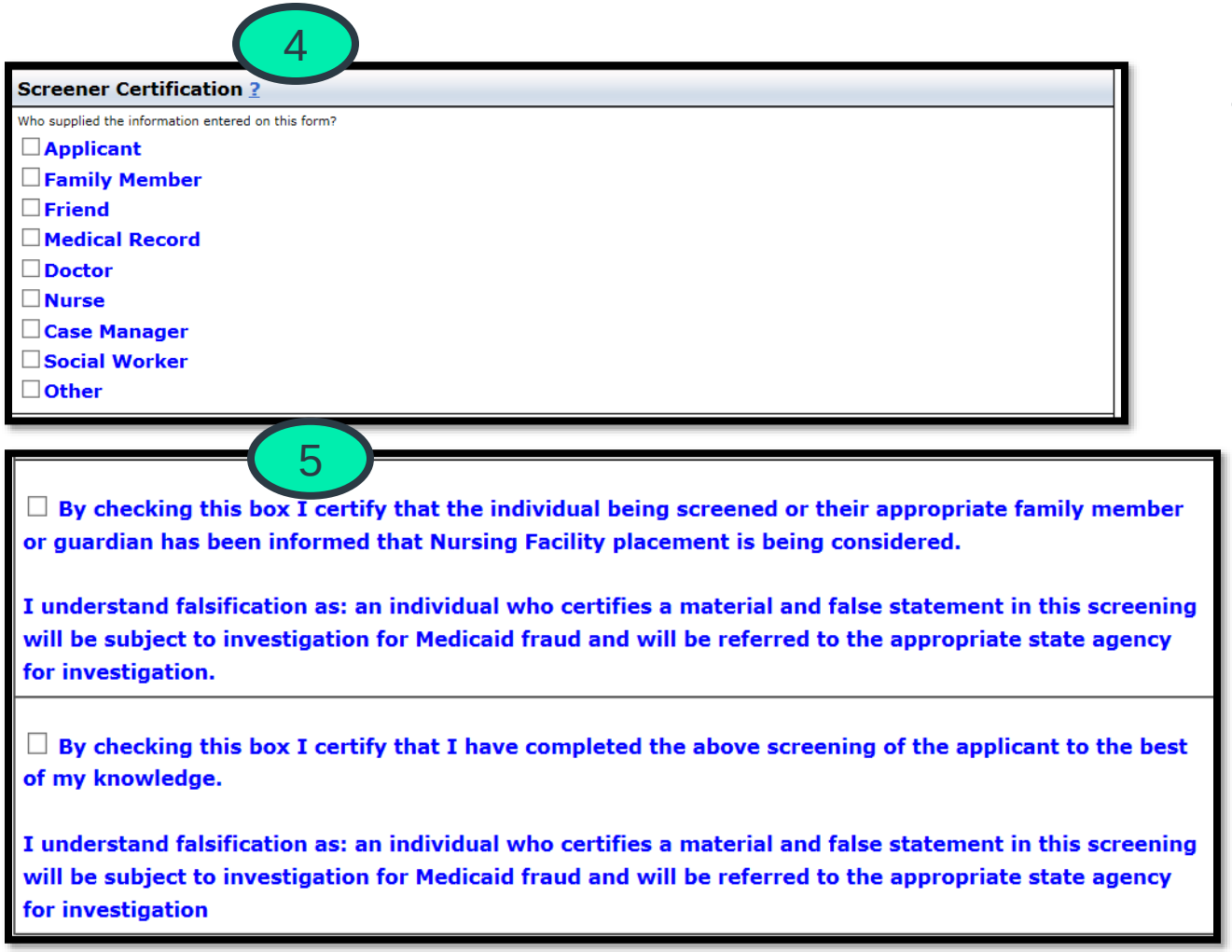
PASRR Page 4, continued



Note: Complete only if the limitations are due to MI, ID/RC.

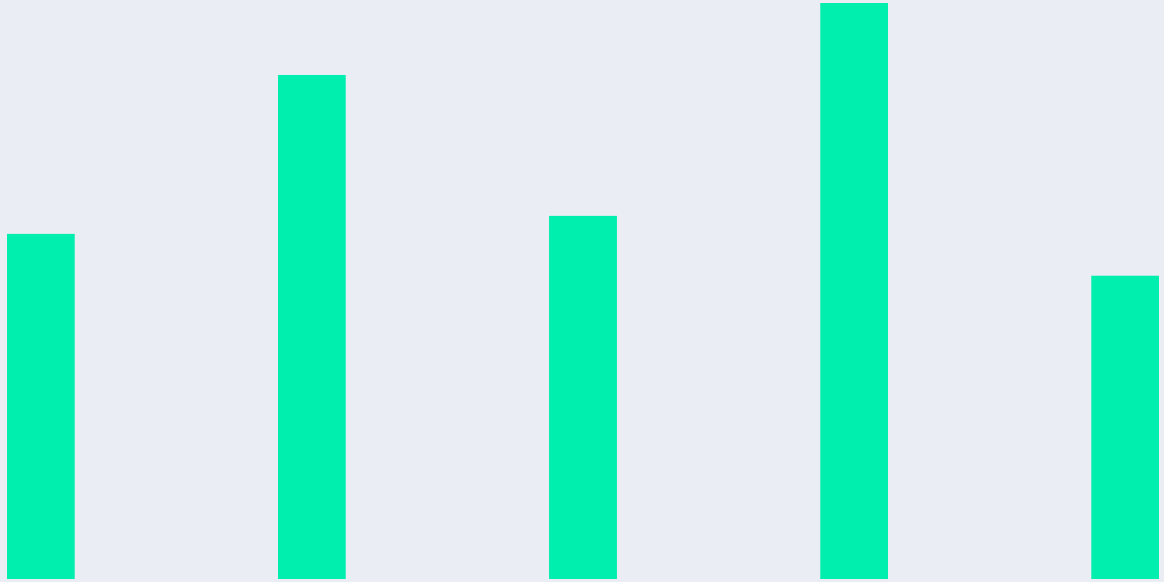
3. Does the applicant have functional limitations?
   a. If No, proceed to next question.
   b. If Yes, select all that apply.

PASRR Page 4, continued

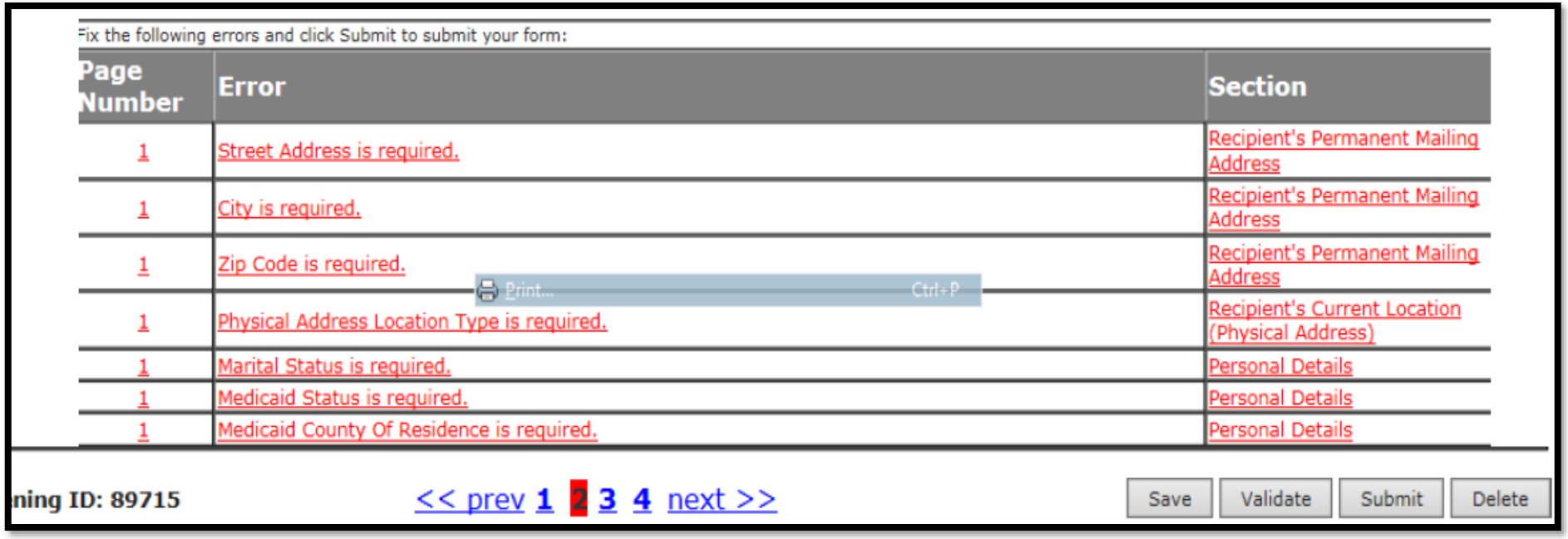


4. Select appropriate box under “Screener Certification.”
5. Check both certification boxes.
6. After all sections are completed on this page, user may select the “Save” “Validate” “Submit” or “Delete” button.

Validate / Delete Functions

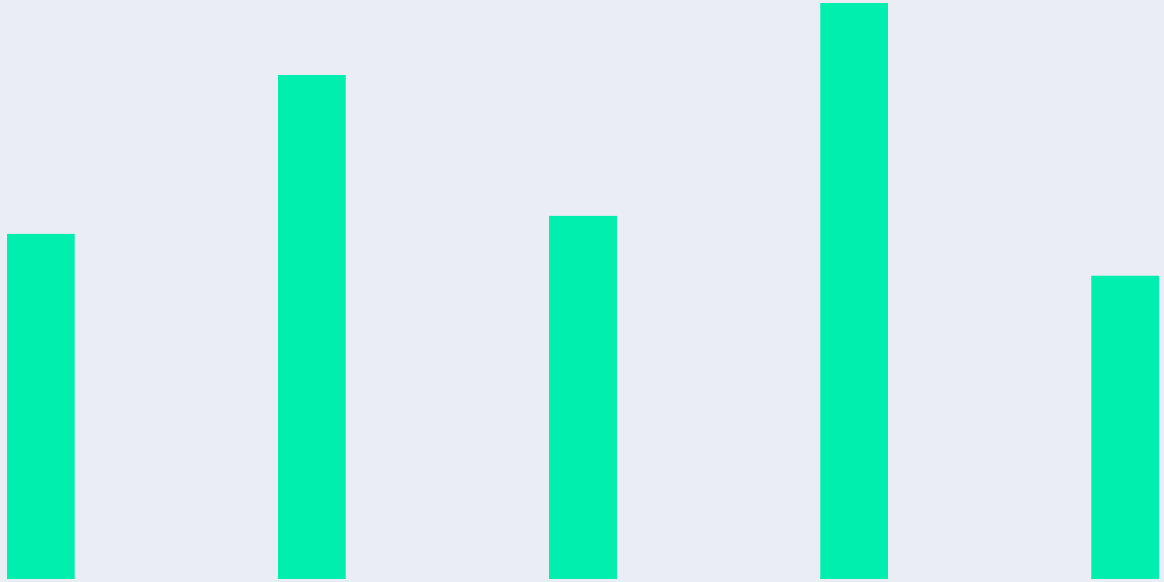


Validate / Delete Functions

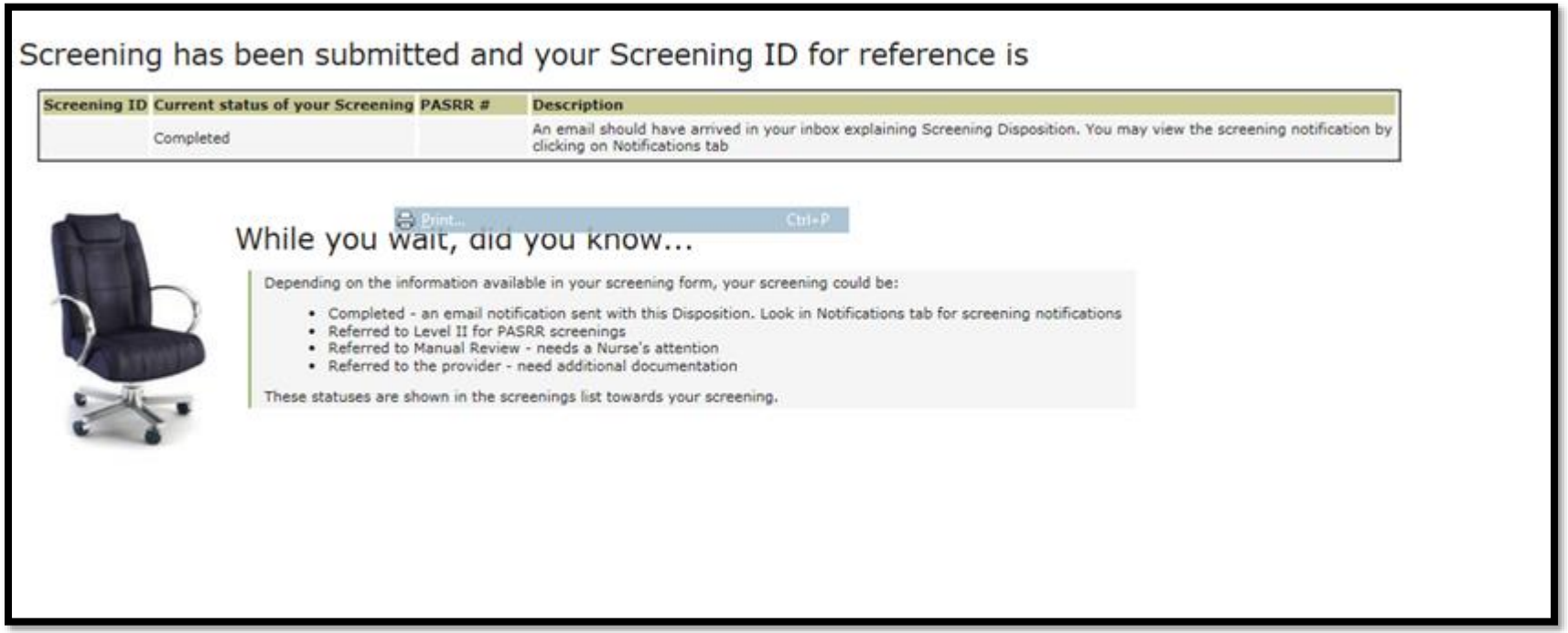


- The “Validate” button displays errors on the form that need to be corrected before the system will allow the form to be submitted.
- The “Delete” button may be selected by the user prior to screen submission.
- The “Submit” button may be selected by the user in order to submit PASRR screen.

Screen Submitted

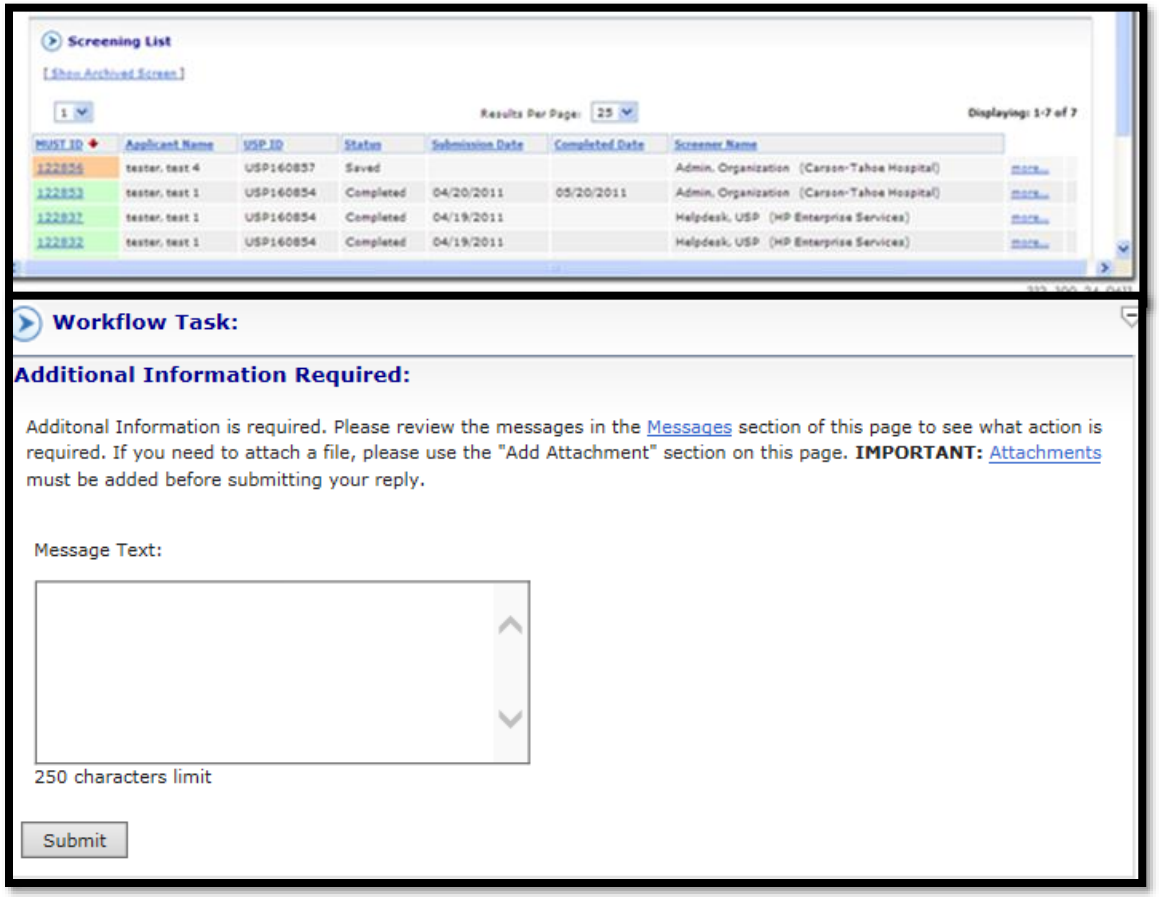


Screen Submitted – Completed



The display above shows the screen completion confirmation.

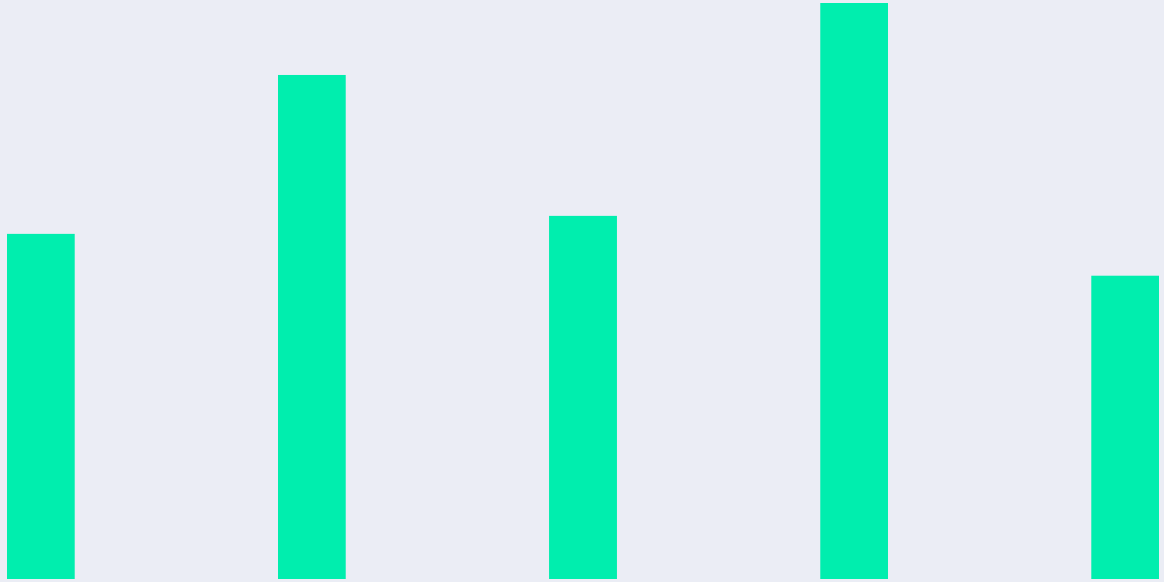
Screen Submitted – Manual Review



If a screen goes to manual review:

- The user may access the screen by selecting “Screening List” located under the “Screening” tab.
- Select appropriate Screening ID number that is underlined on the left-hand side of the screen.
- In the “Additional Information Required” box, respond to the Nevada Medicaid clinical reviewer note and select “Submit” in order to submit screen back to manual review status.
- Provider will be prompted with additional communication if additional information is required.

PASRR Turnaround Time



PASRR Turnaround Time

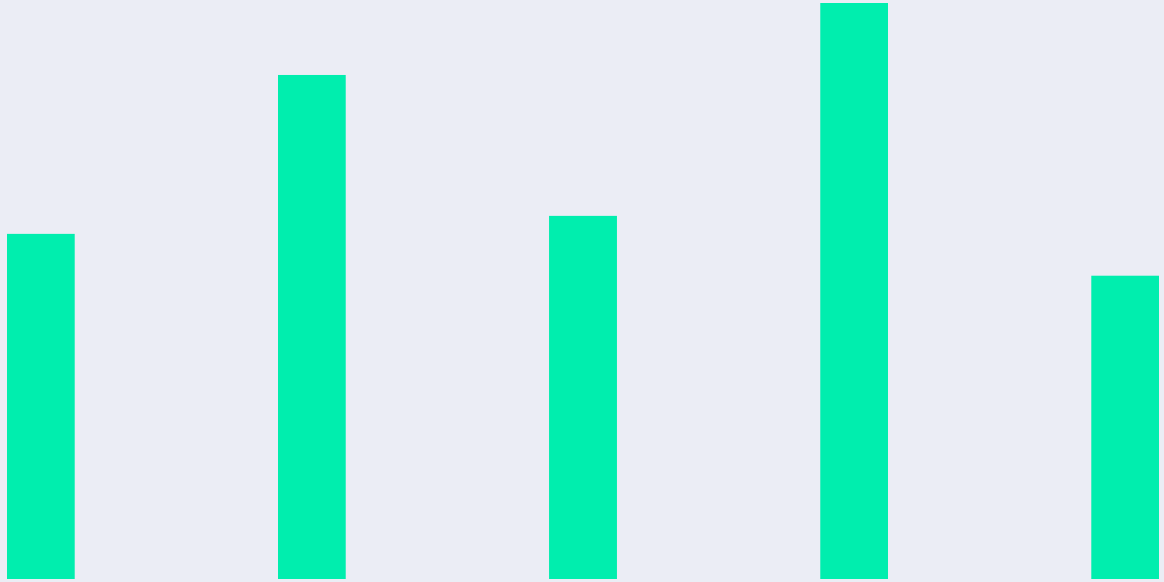
Level I:

- The Level I determination date is based on the date of receipt of completed request, which includes requested records.
- Acute Facility – 1 business day
- Non-Acute Facility – 3 business days

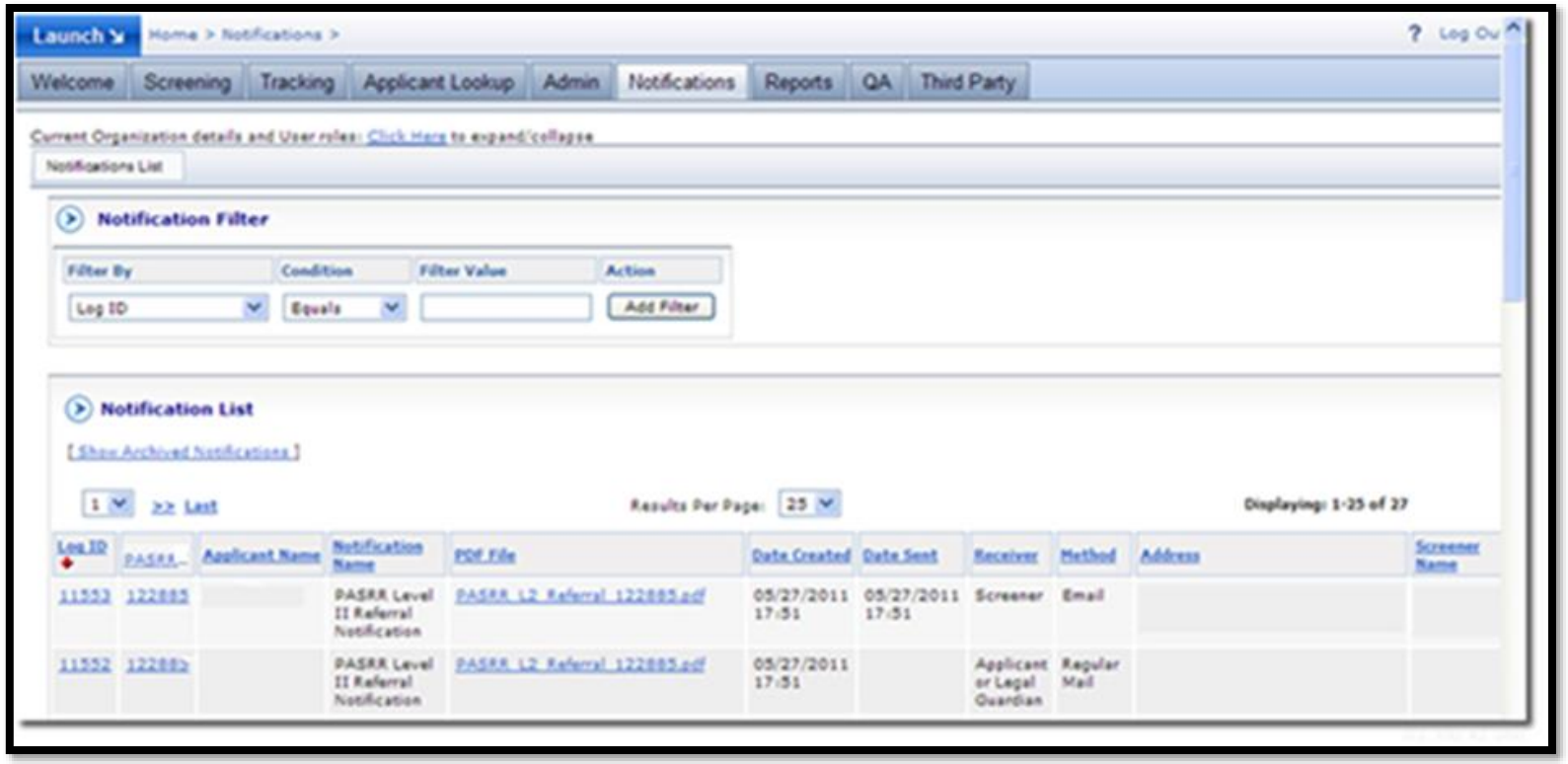
Level II:

- The Level II referral date is based on the date of receipt of completed request and required/requested records.
- The Date of Referral for Level II evaluation is considered a “0” day.
- The turnaround time is 7 business days from date of referral to complete the Level II.

Notifications Tab

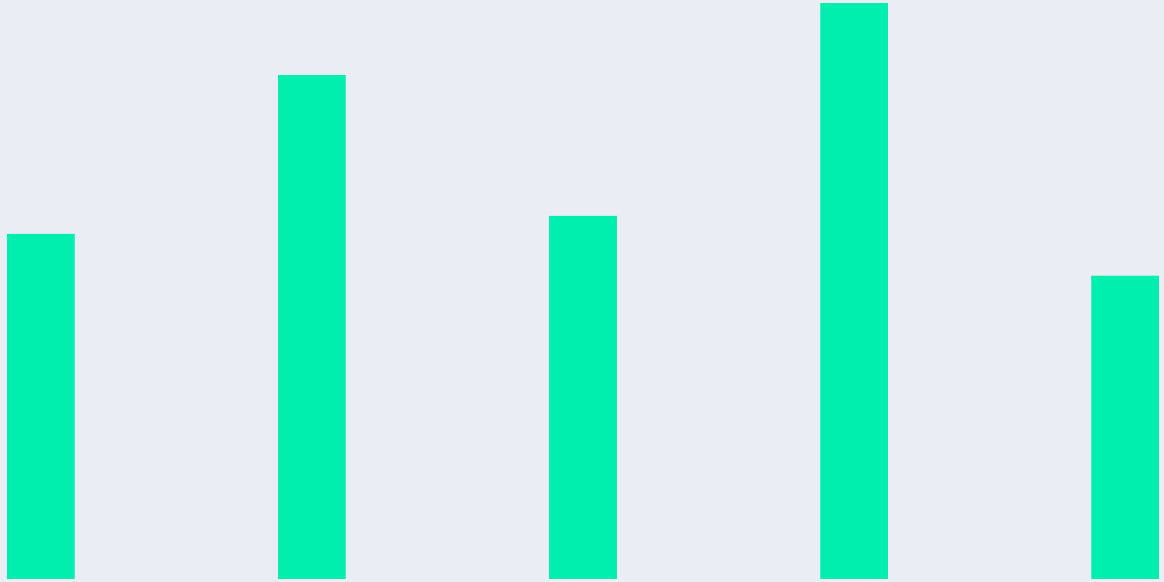


Notification Tab



- The PASRR System generates notification letters based on the outcome of the screening.
- The user has the option to print the notification letter and provide a copy of the letter to the applicant and/or responsible person at the time of the screening.

PASRR Level I Determinations



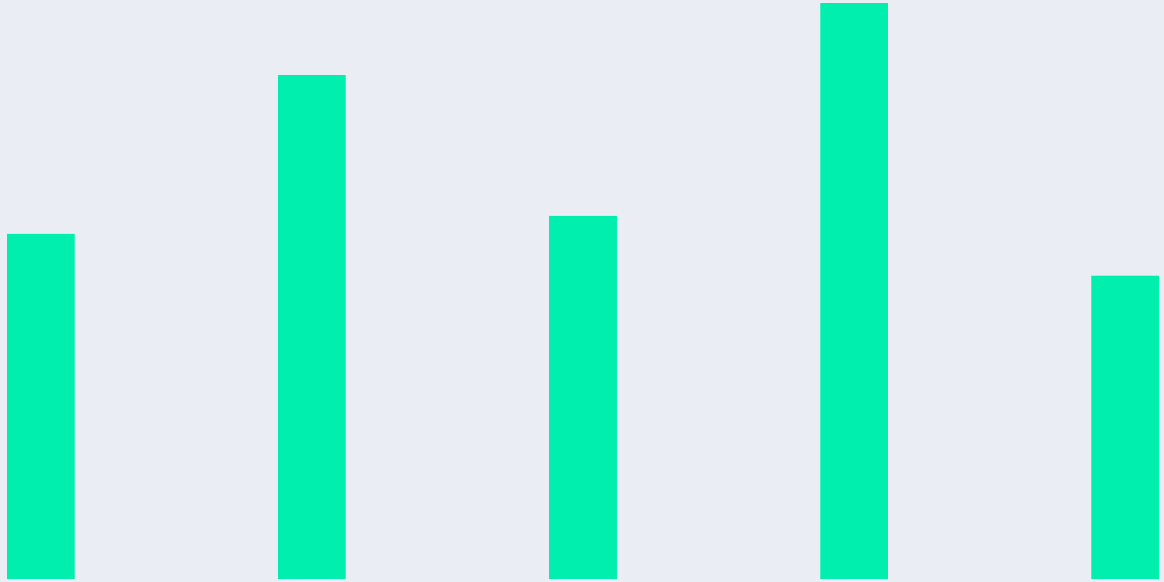
PASRR Level I Determinations

IC:
- Okay to admit to NF
- No MI, ID, RC or Dementia

IB:
- Okay to admit to NF
- Dementia Alzheimer OBS

IA:
- Do not admit to NF until Level II has been completed.

PASRR Level II Determinations



PASRR Level II Determinations

IA:

- Do not admit to NF until Level II has been completed.

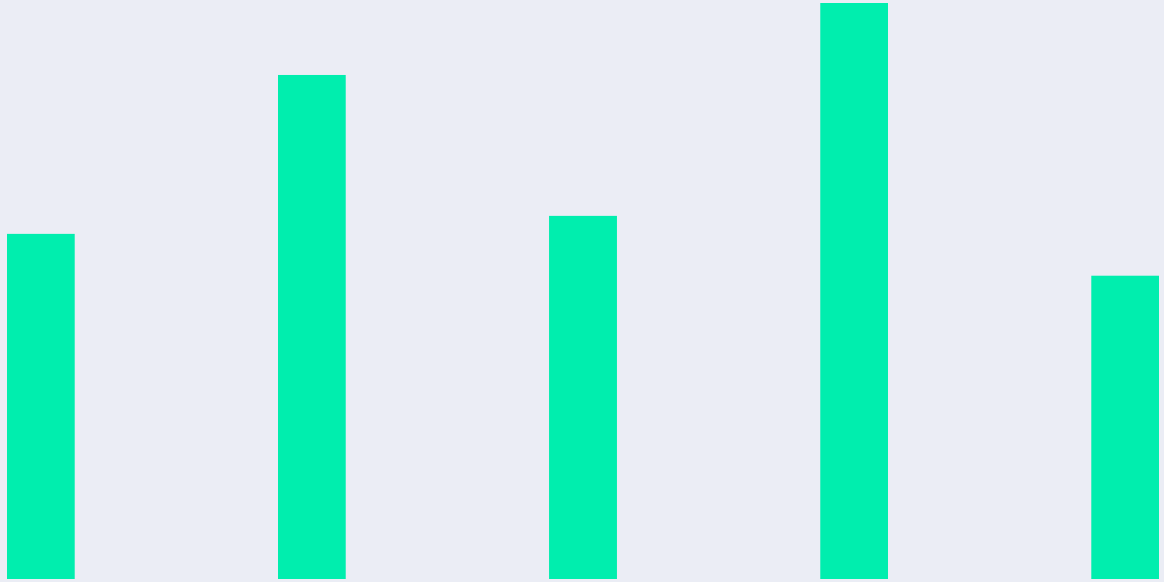
IIA:

- Do not admit to NF.
- Contact Department of Public Behavioral Health (DPBH), Aging and Disability Services Division (ADSD), and/or Medicaid Staff to assist in arranging for alternative placement.

IIB:

- Okay to admit to NF if facility is able to provide or arrange for the Specialized Services being recommended.
- NF must notify DPBH if PASRR IIB for MI.
- NF must notify ADSD if PASRR IIB for ID/RC.

Categorical Determinations



Categorical Determinations

IIE – 45:
- Expires 45 days from date of determination.

IIE – 30:
- Expires 30 days from date of determination.

IIE-7:
- Expires 7 days from date of determination.

IIG:
- Severe Physical Illness - The individual has a severe physical illness/condition which results in a level of impairment so severe that the individual could not be expected to benefit from specialized services.

IIF:
- The individual is terminally ill and has a physician’s certification of a life expectancy of 6 months or less.

Categorical Determinations, continued

Date of Request:	10/22/2015
Determination Date:	10/23/2015

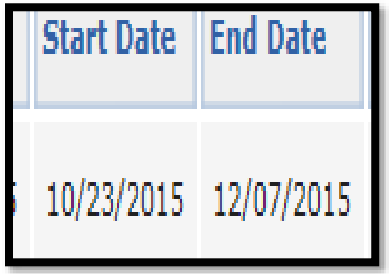
Determination:

IIE - Time Limited-Expires 45 days from the date of this determination.

This is a time-limited determination. Client may be admitted into a nursing facility. This determination expires within 45 days of the date of this determination. If it appears this recipient will remain in your facility past the 45 days, you must contact HPES to request and receive a new PASRR Level I Identification Screening prior to the expiration date.

Note I: The PASRR start and end dates may be viewed under the “PASRR History” field when performing an applicant search.

Note II: If it appears the recipient will remain in the NF past the end date of the PASRR, a new PASRR Level I should be requested at least 10 business days prior to the end of the time limit.



Start Date	End Date
10/23/2015	12/07/2015

Level Of Care (LOC)

Screening Tool for PASRR Users

What Is LOC?

Level of Care (LOC) Screening:

- 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 Nursing Facility standard LOC.
- There is a determination that is required for Nevada Medicaid recipients who are admitted to a NF.
- If someone who is admitted to a NF becomes approved for Medicaid after they are admitted, an LOC determination is required before the nursing home can bill Nevada Medicaid.
- Must be completed prior to obtaining authorizations for reimbursement.
- 4 LOC Categories and 4 Service Levels.

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.

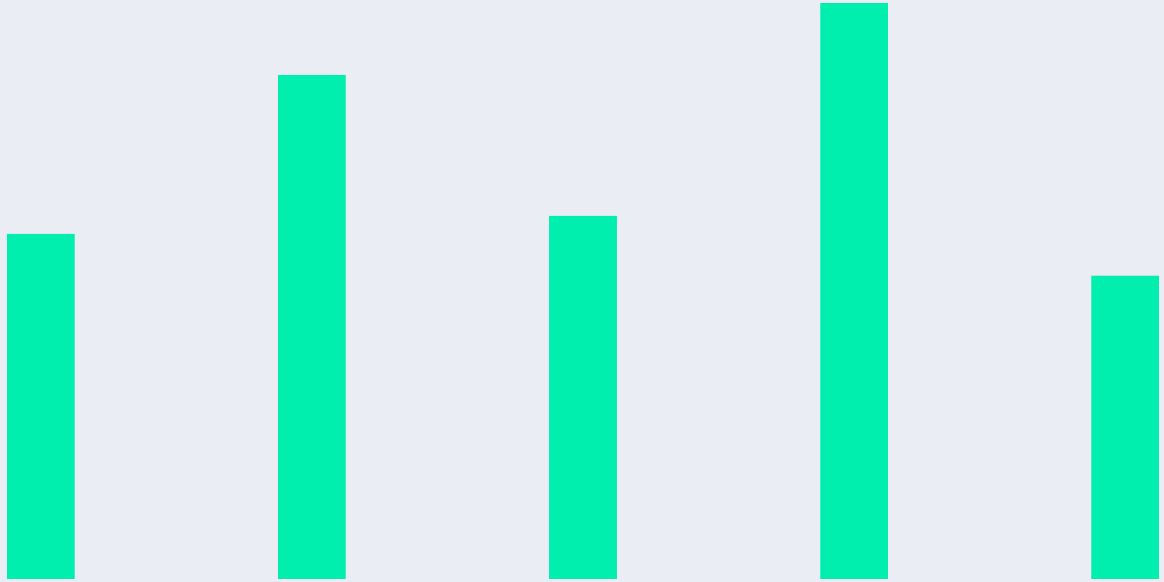
The Screening Tool Process

- Provider submits an LOC request in the same manner as the PASRR (Pre-Admission Screening Resident Review).
- LOC should be submitted **and** completed prior to the SNF submission or if a change in clinical status, if already in a SNF (Example: patient is put on or removed from a ventilator).
- 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.

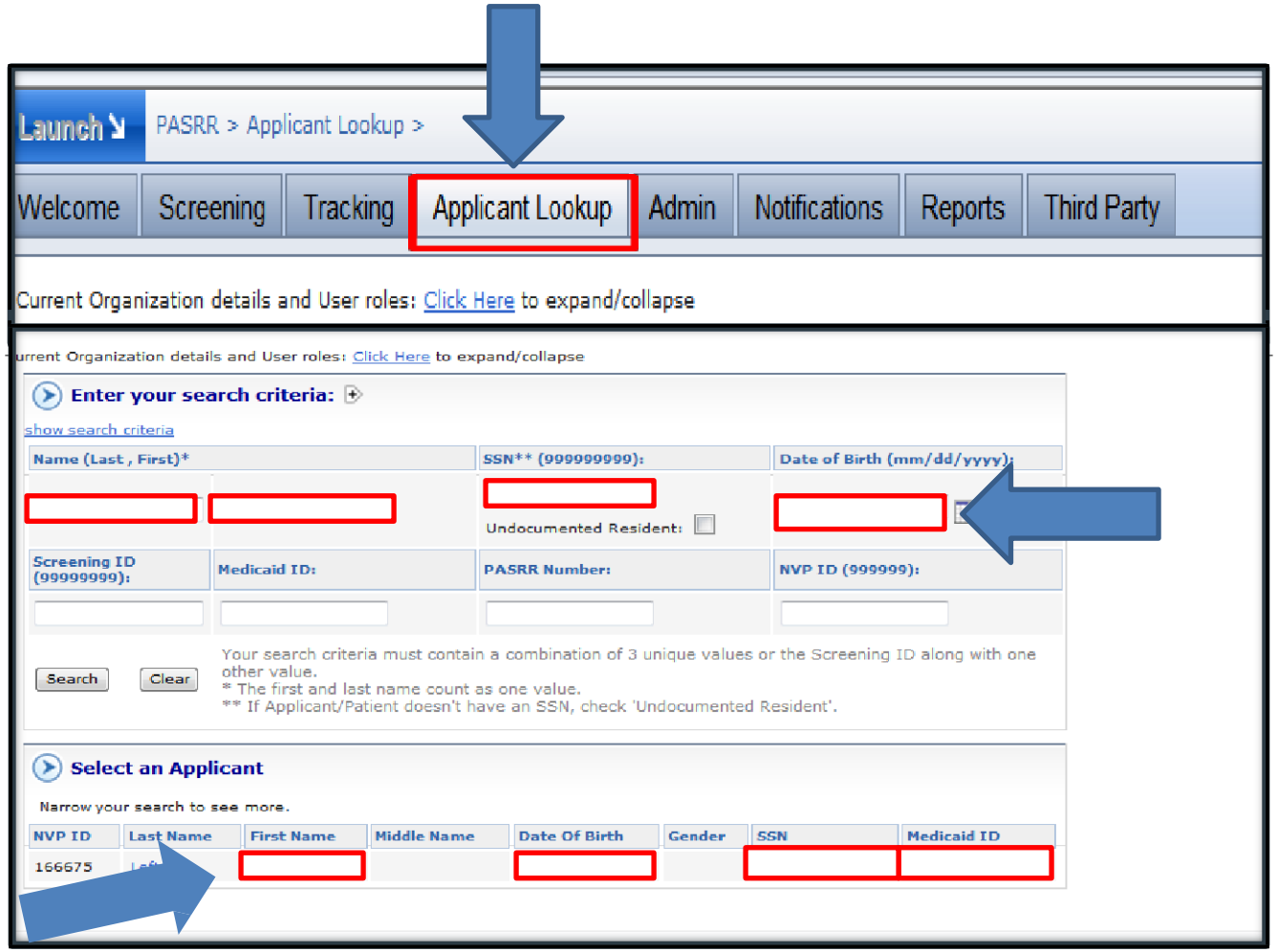
Applicant Lookup



Applicant Lookup

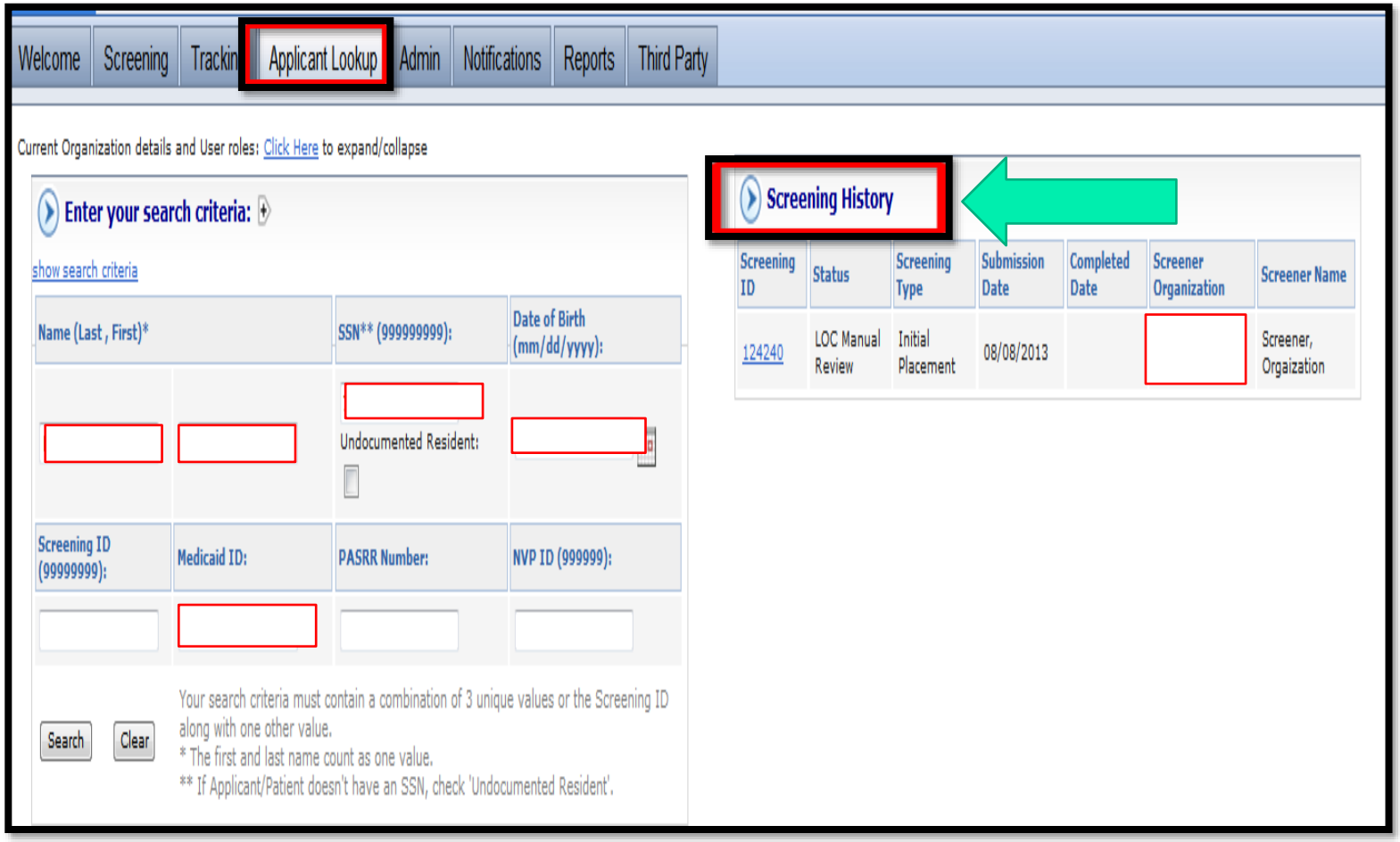
Once you have entered the system:

- 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.

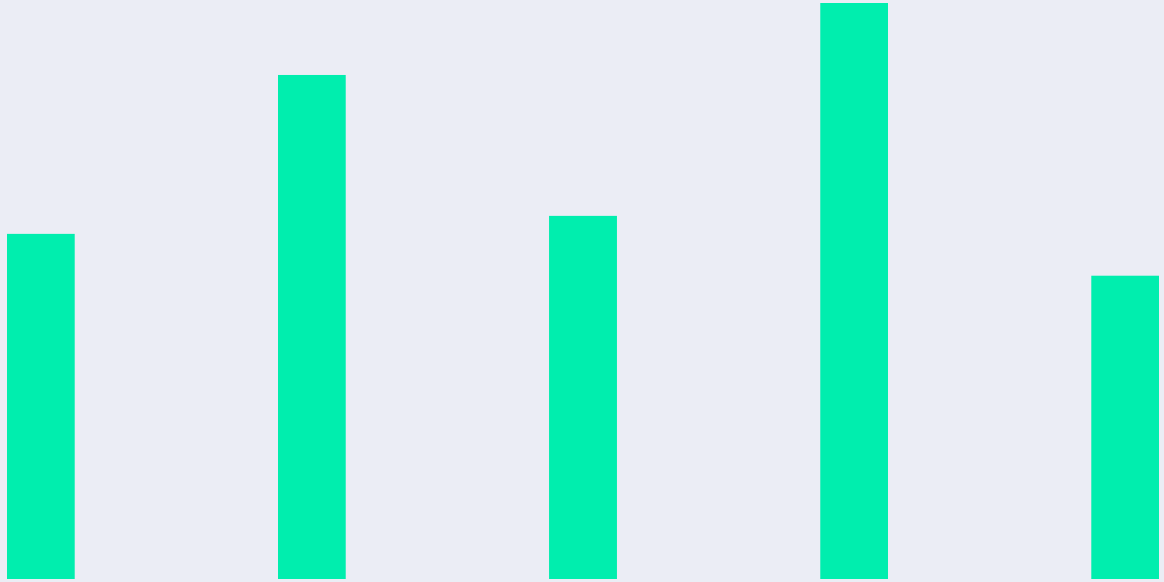


Applicant Look-Up – Existing LOC

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

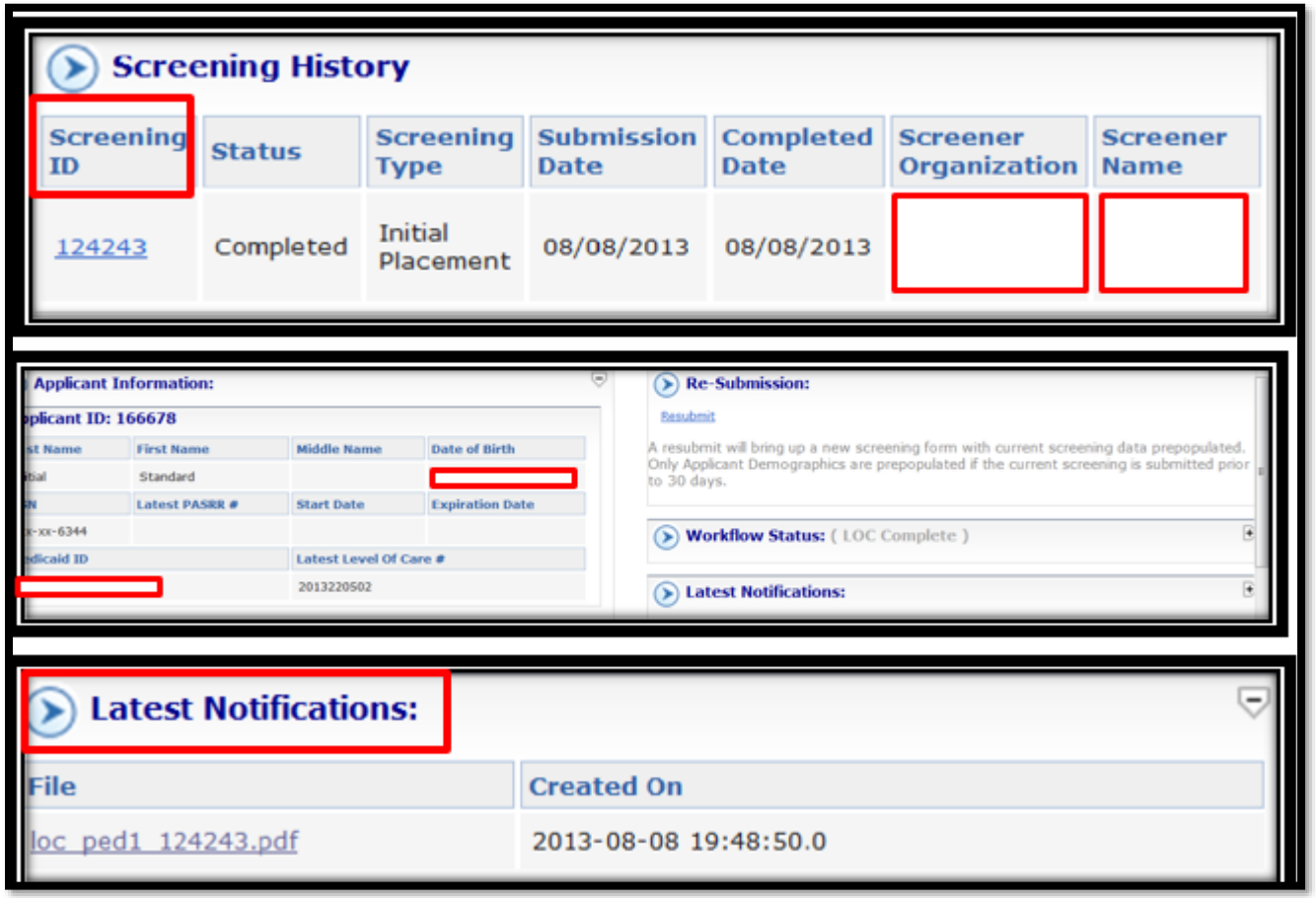


Screening



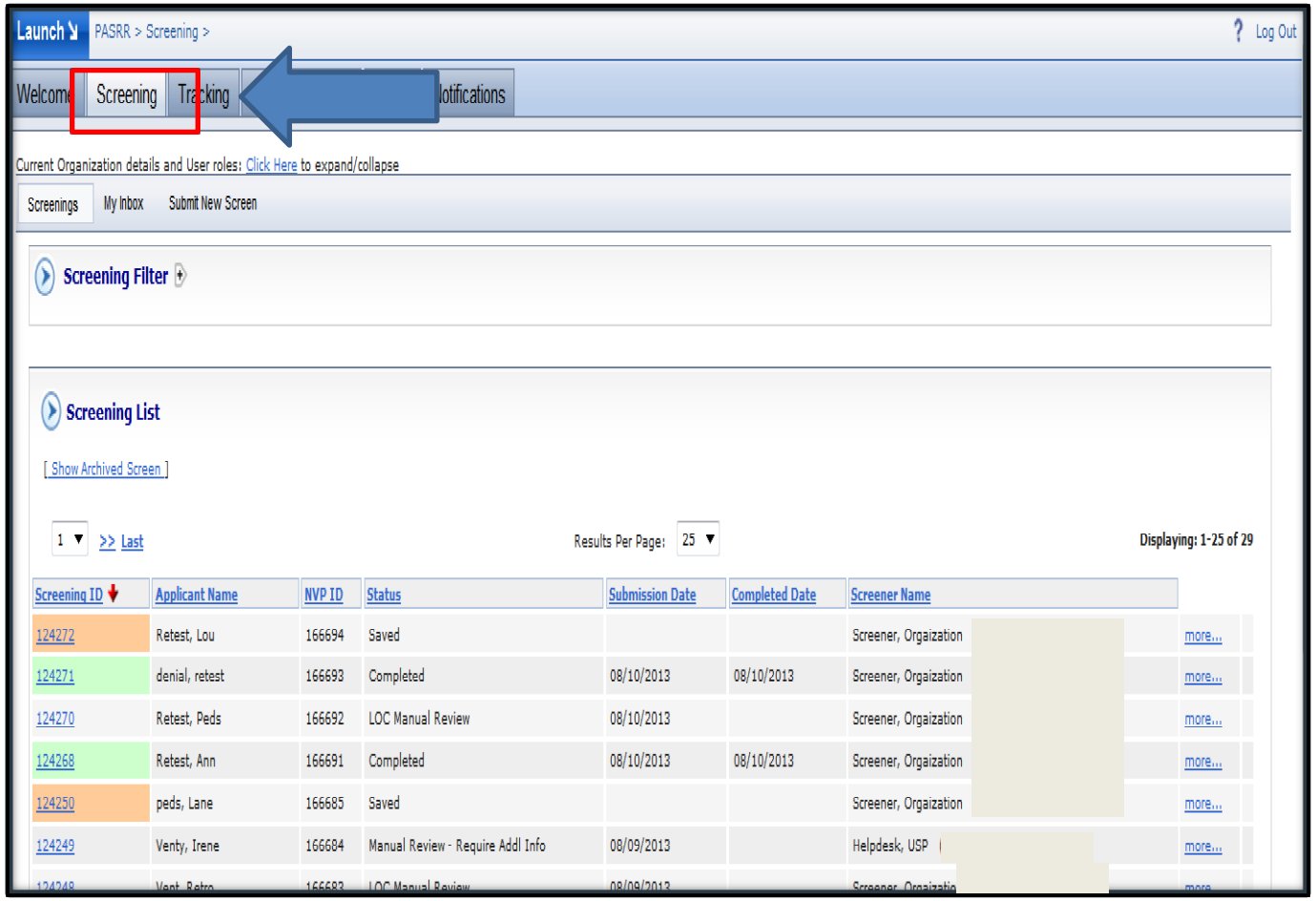
Screening History

- 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.



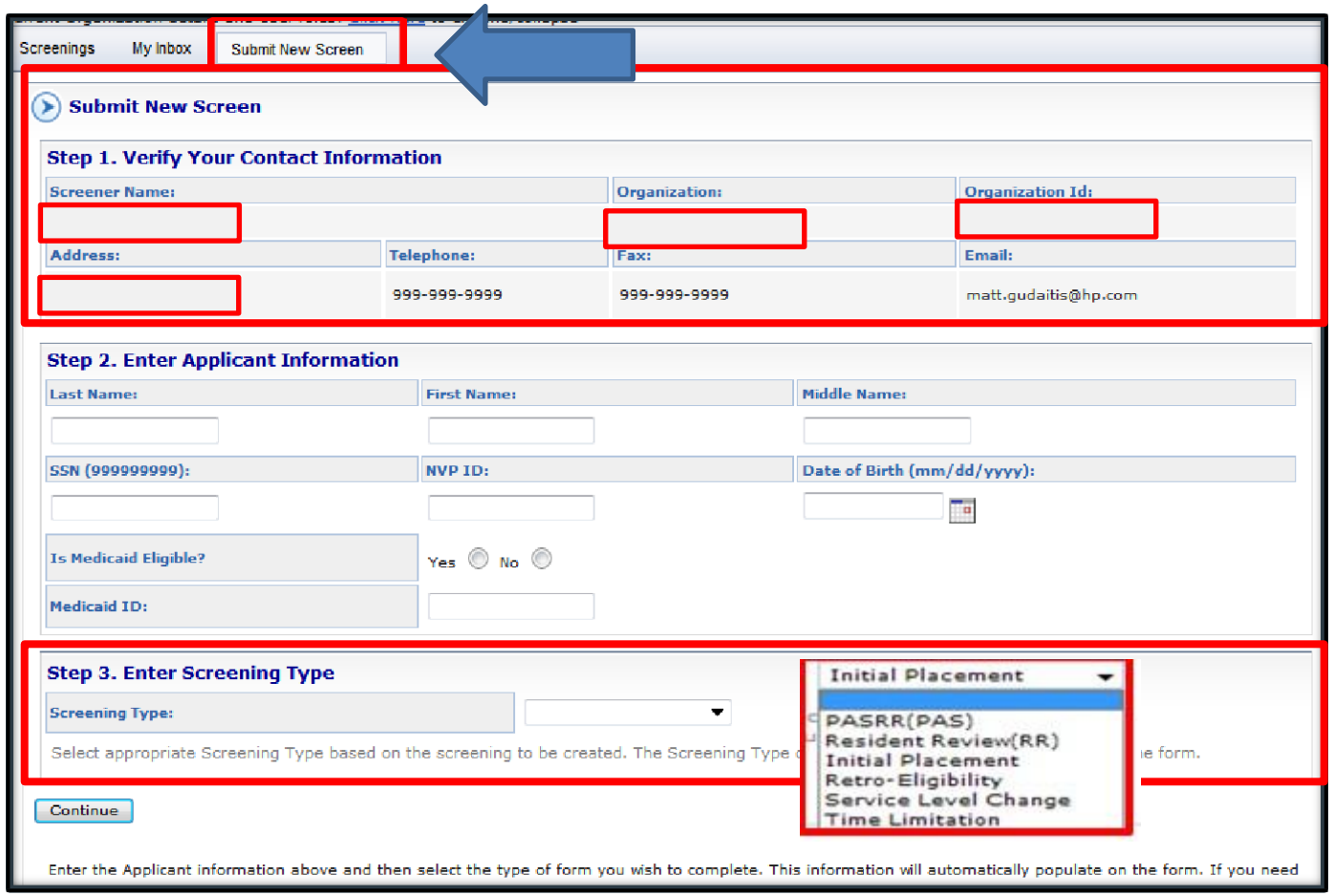
Accessing the Screening Module

- Click on the Screening tab.



Submit New Screen

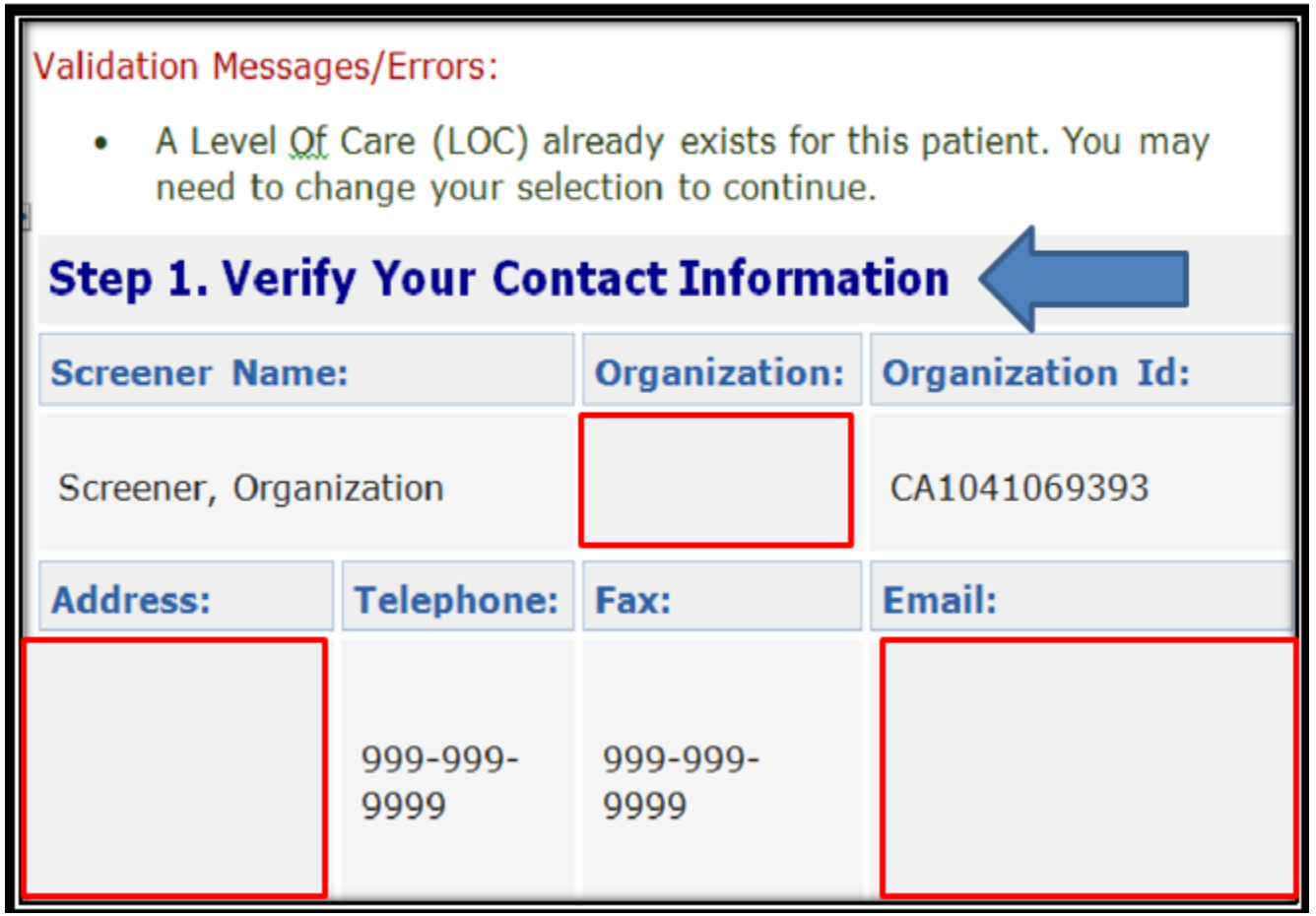
- Click on Submit New Screen tab.
- Verify your contact information.
- Enter the applicant information.



Error Alert for Existing LOC

Existing LOC:

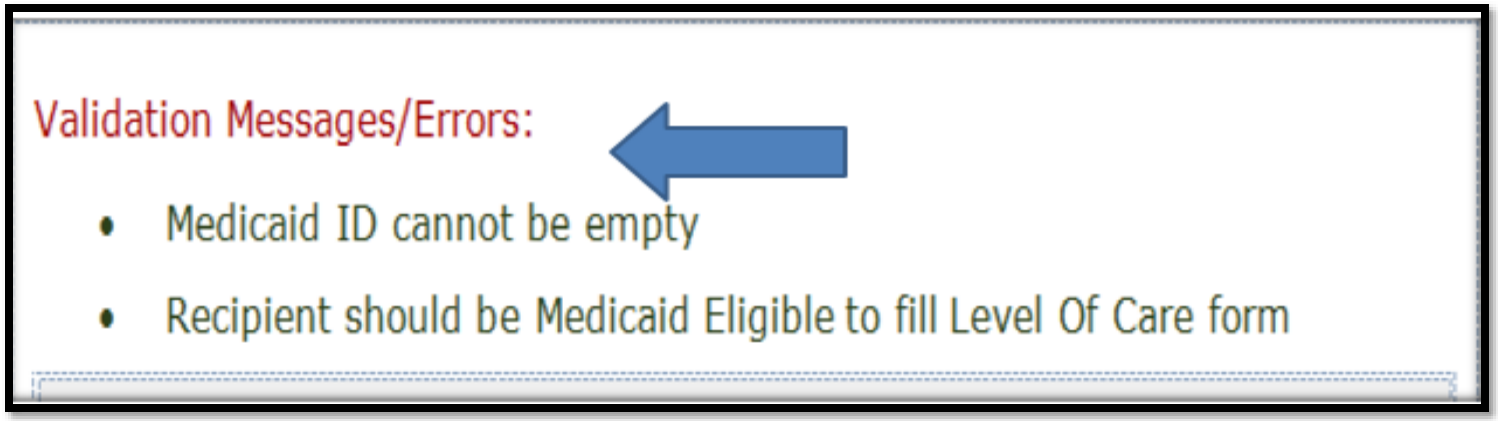
- After filling out the applicant information on page one of the screening tool, if an existing LOC is in place, you will receive an alert that a Level of Care already exists for the patient. You may have to change your screening type selection to continue.



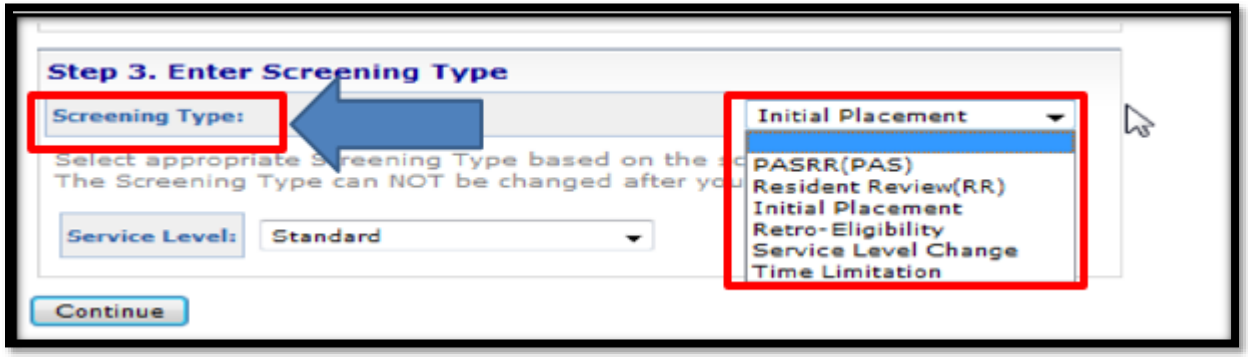
Medicaid Eligibility

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

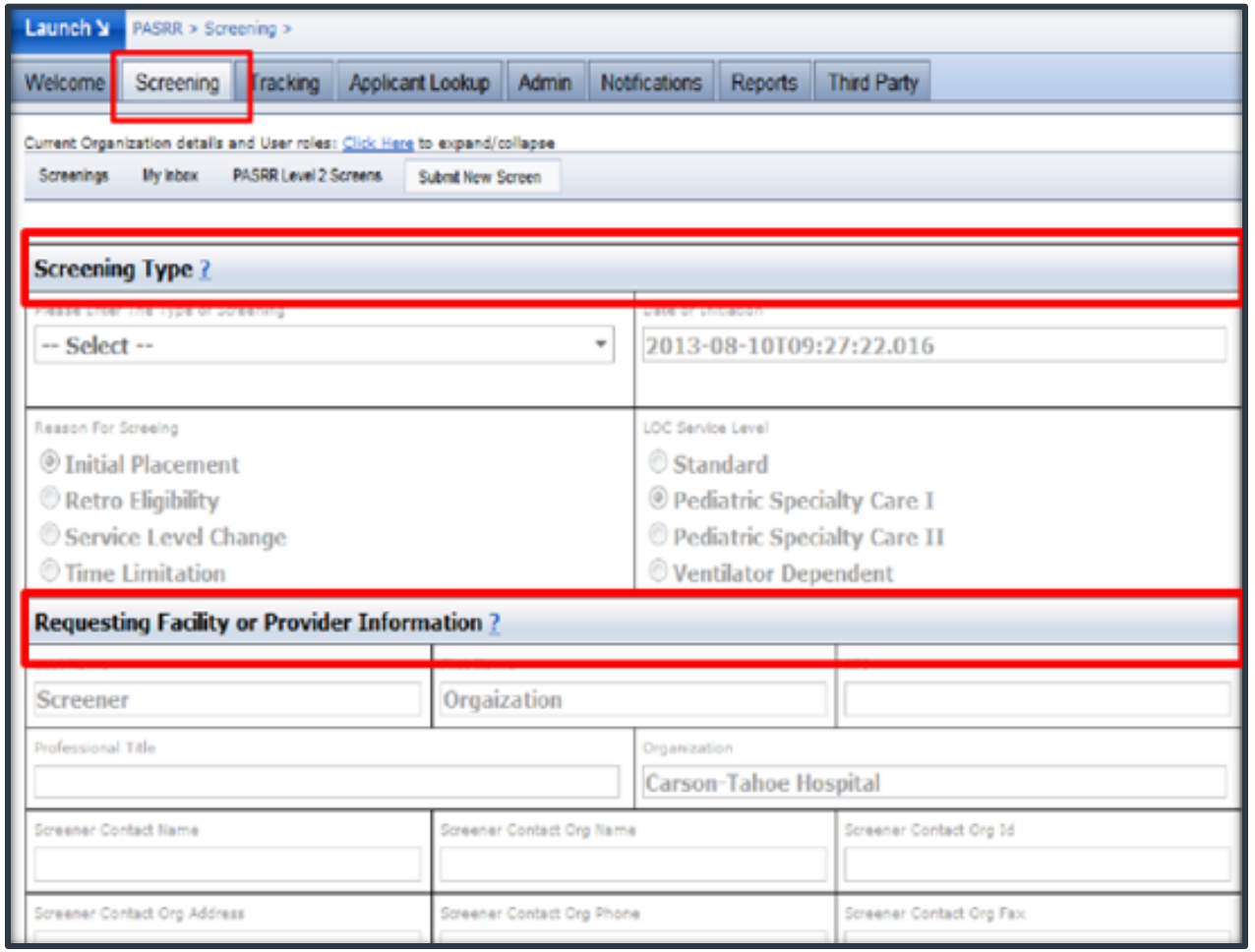
Service Level

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.

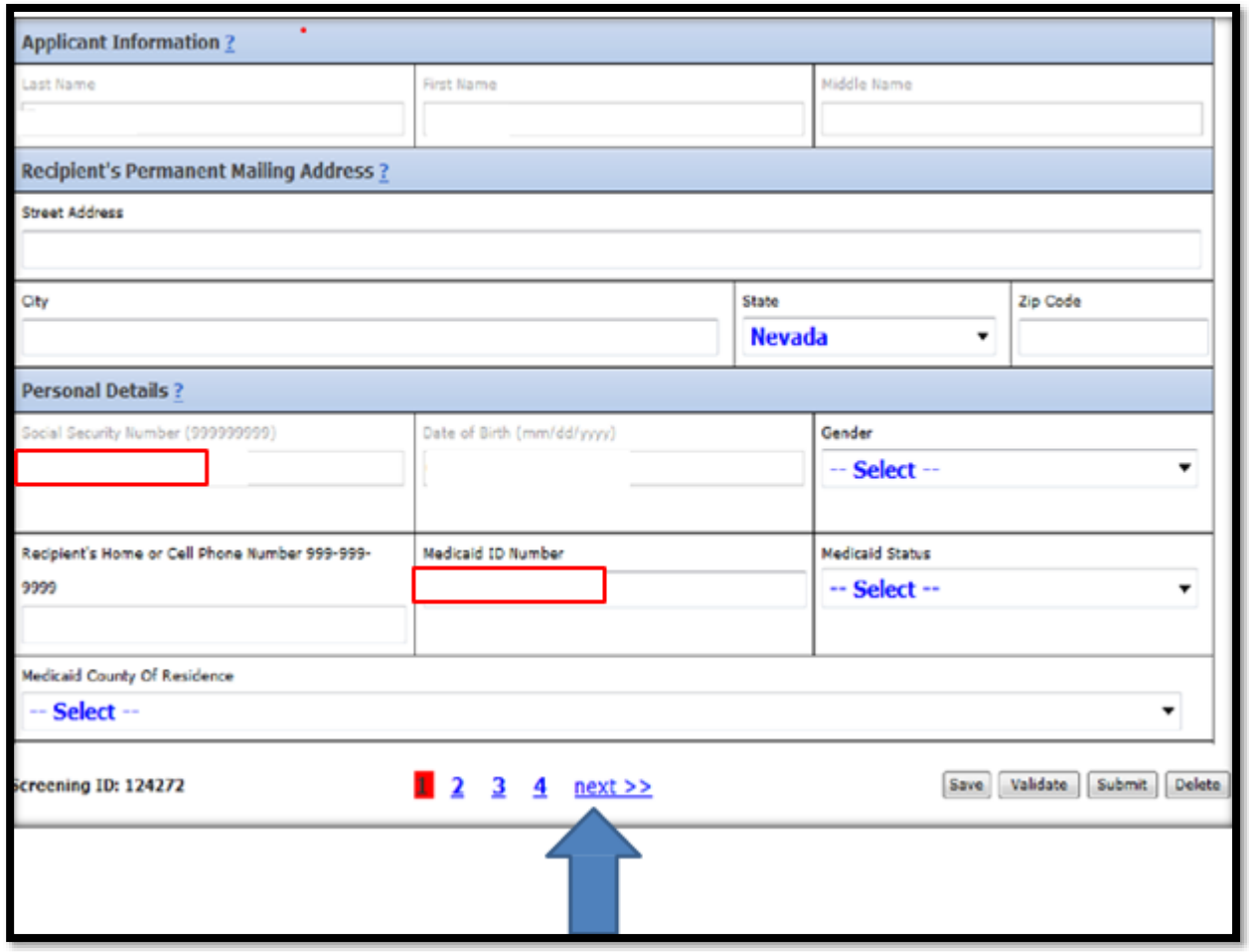
Screening Type and Requesting Facility – Page 1

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



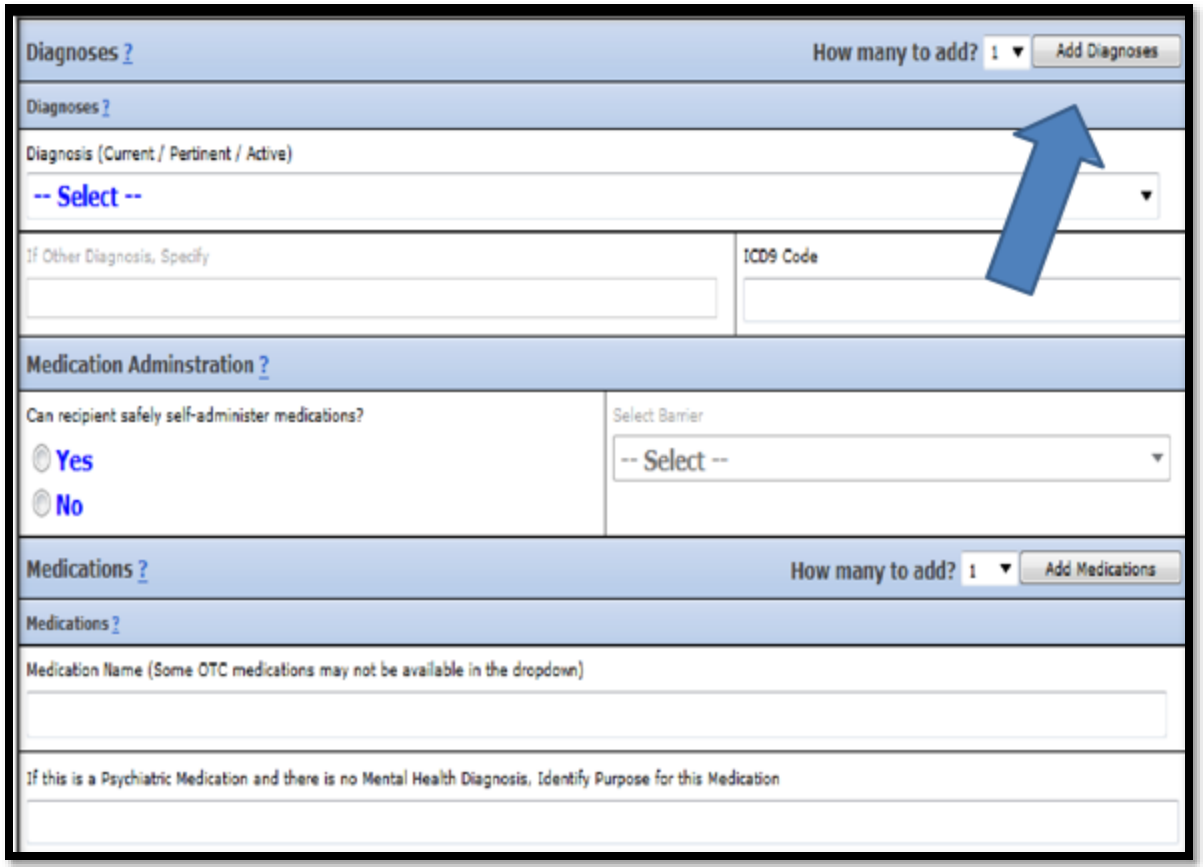
Entering Applicant Information – Page 1

- 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.



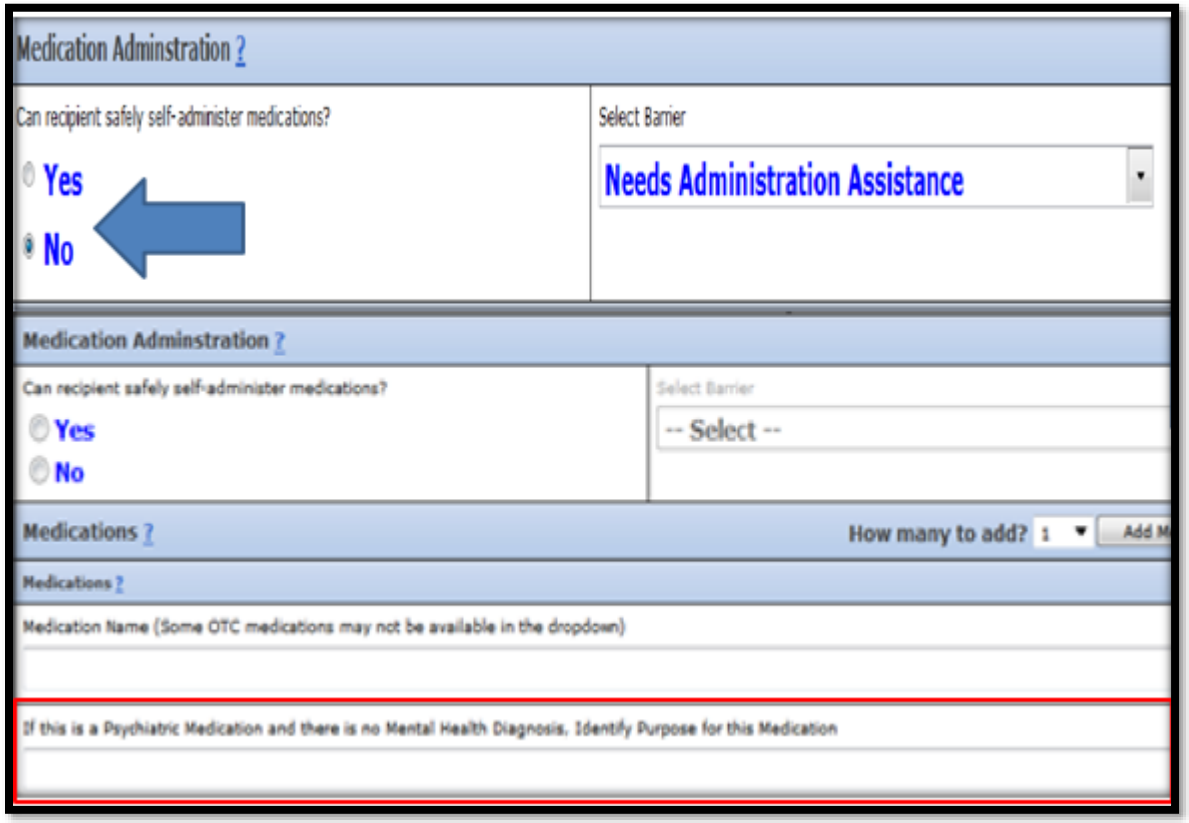
Entering Diagnosis Information – Page 2

- 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.



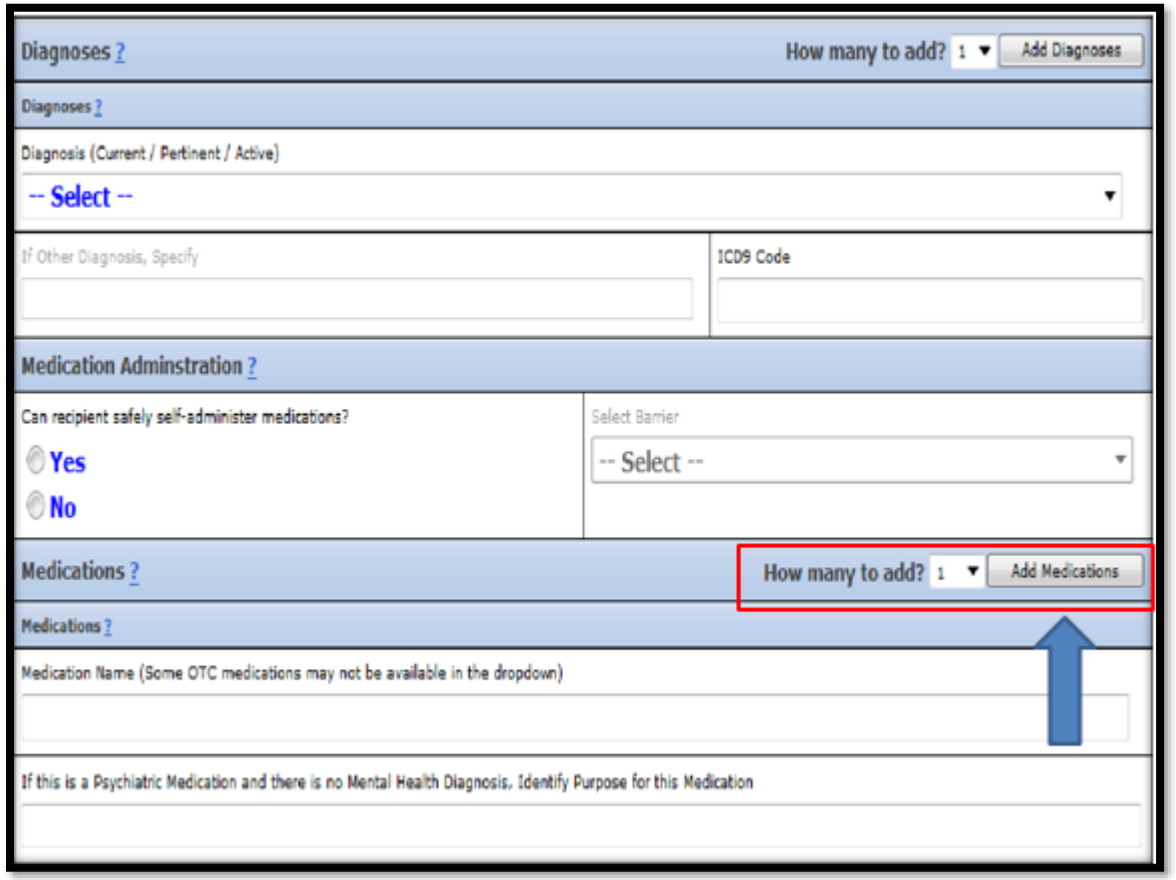
Medication Administration

- 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

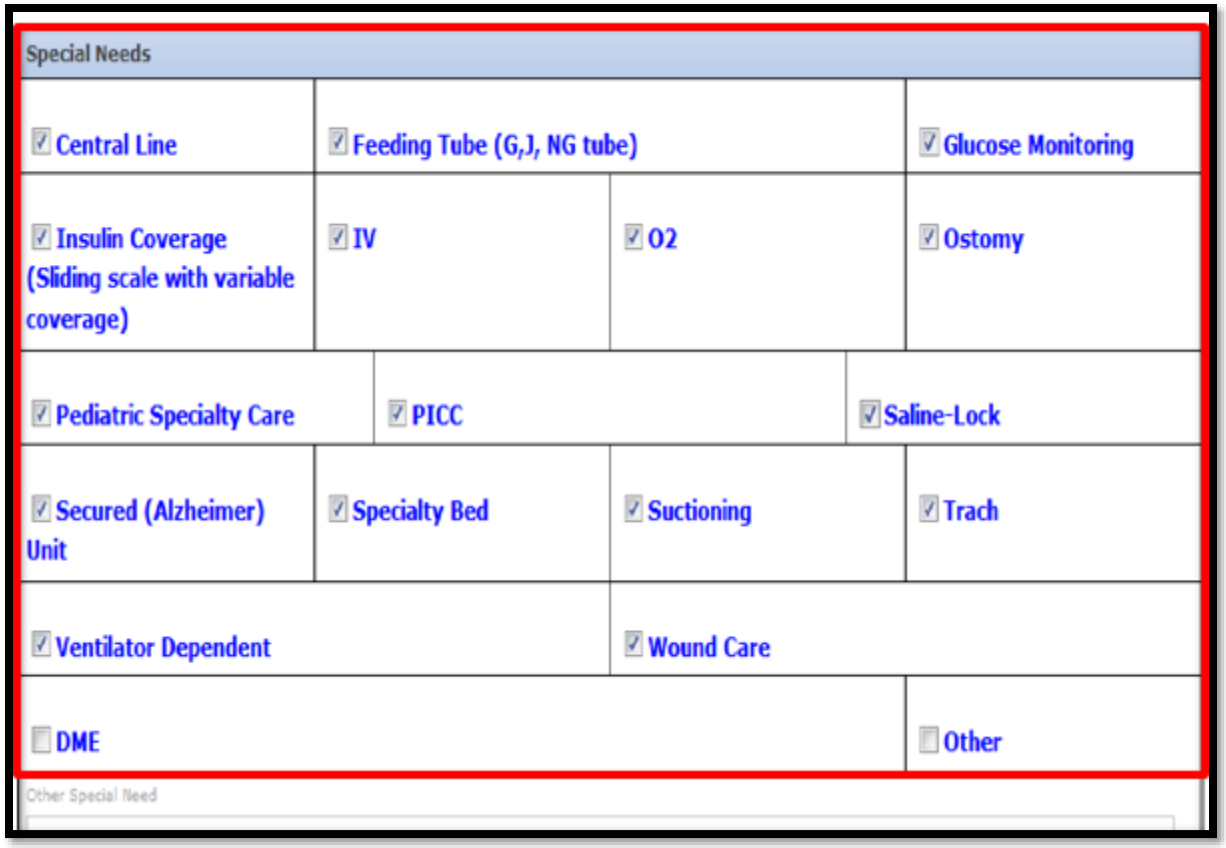
- To enter additional medications, indicate how many medications you would like to add and click “Add Medications.”
- The system will provide additional fields for entry.



Entering Special Needs Information

Special Needs

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



Entering Activities of Daily Living

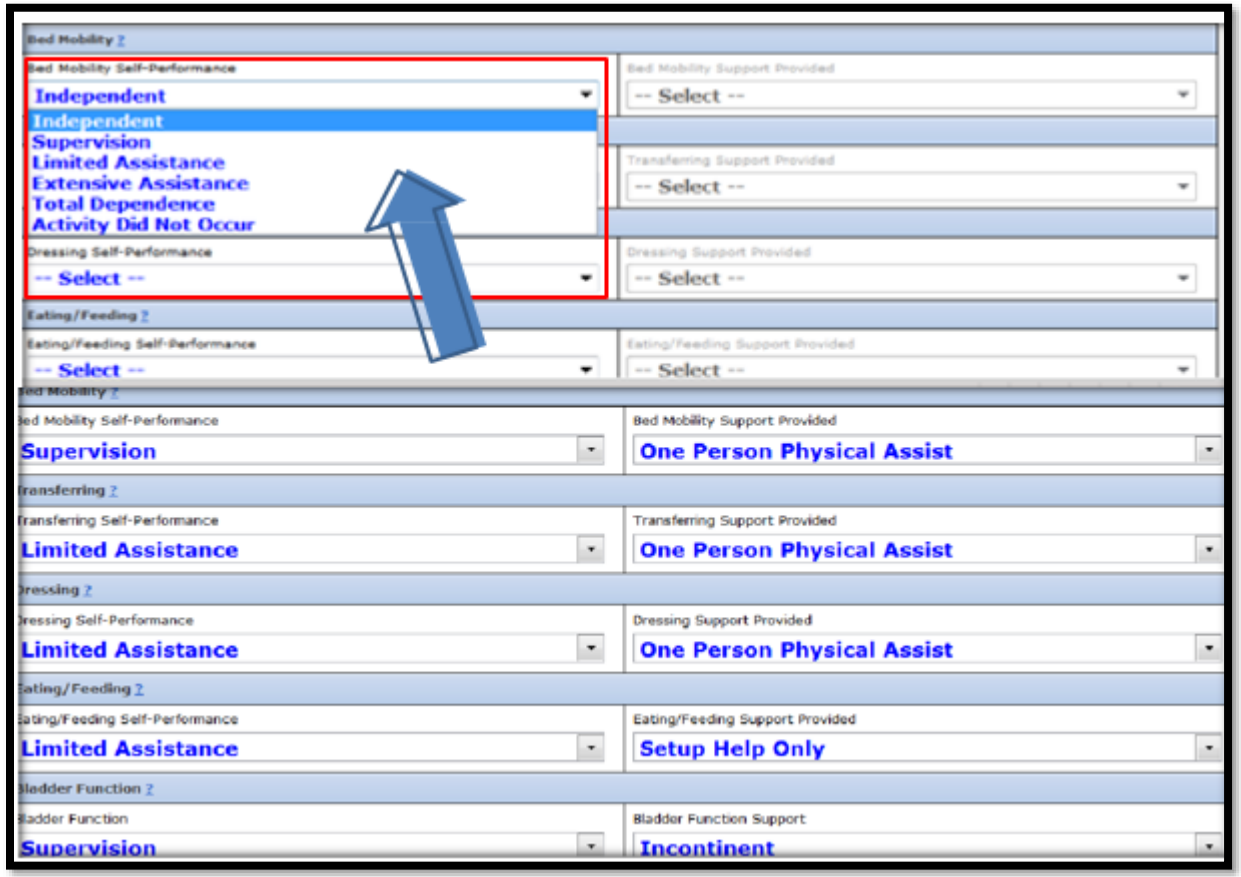
Activities of Daily Living

- 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>

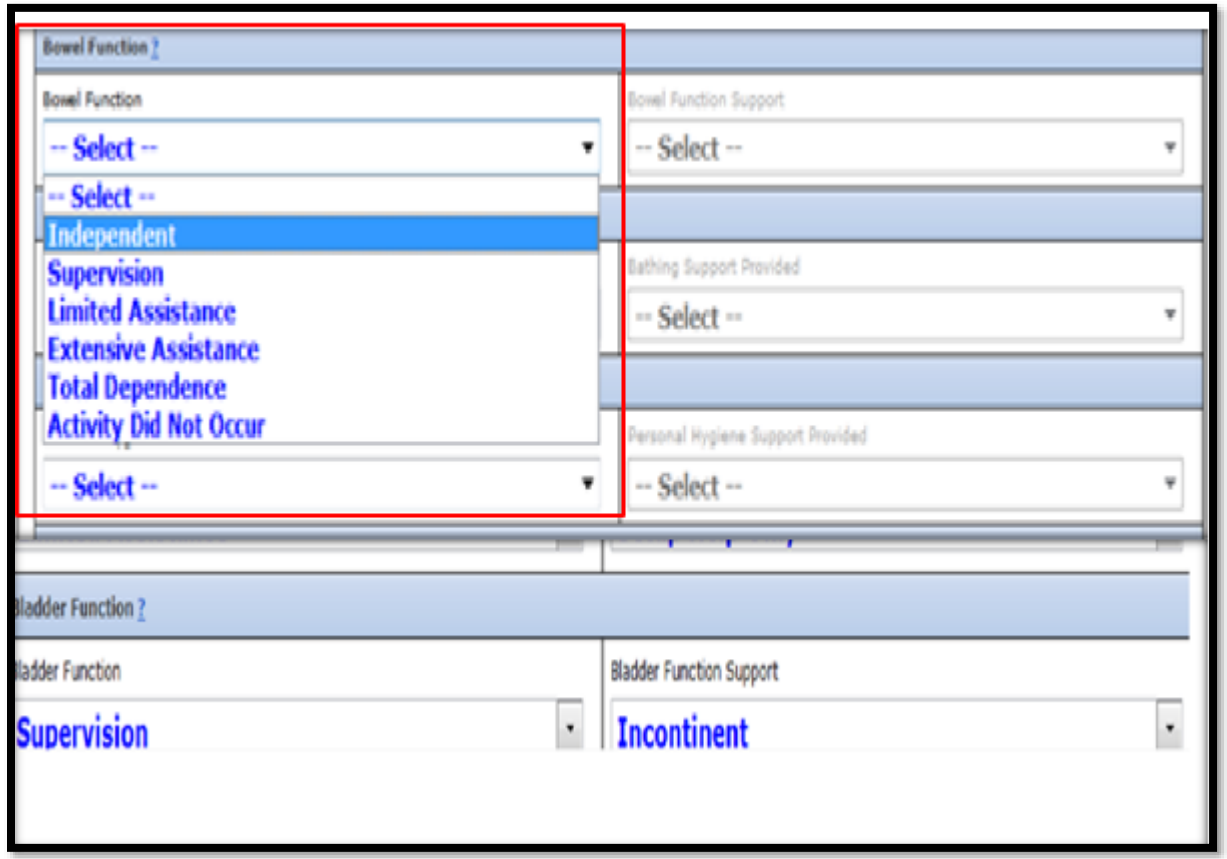


Entering Bladder and Bowel Function Information

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.

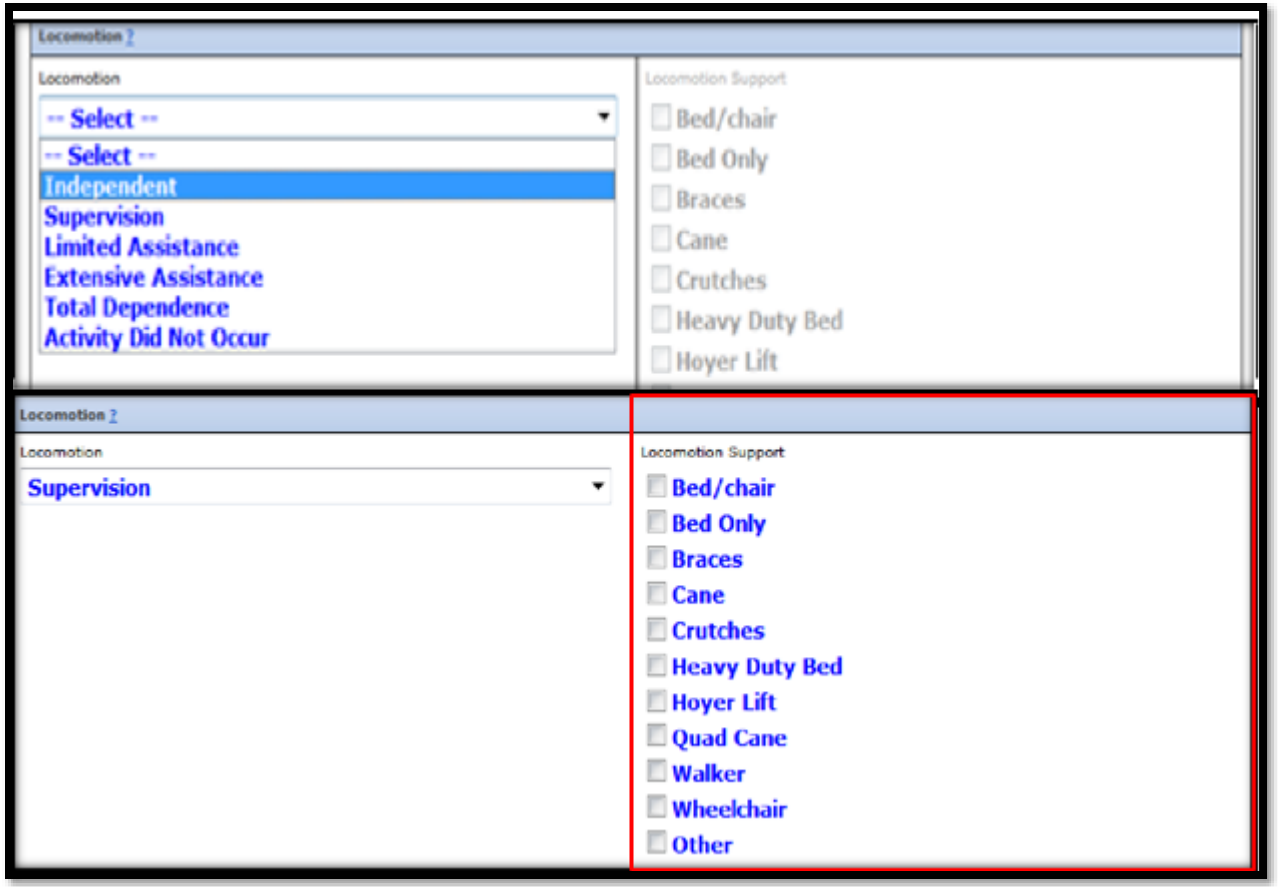


Entering Locomotion Information

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:

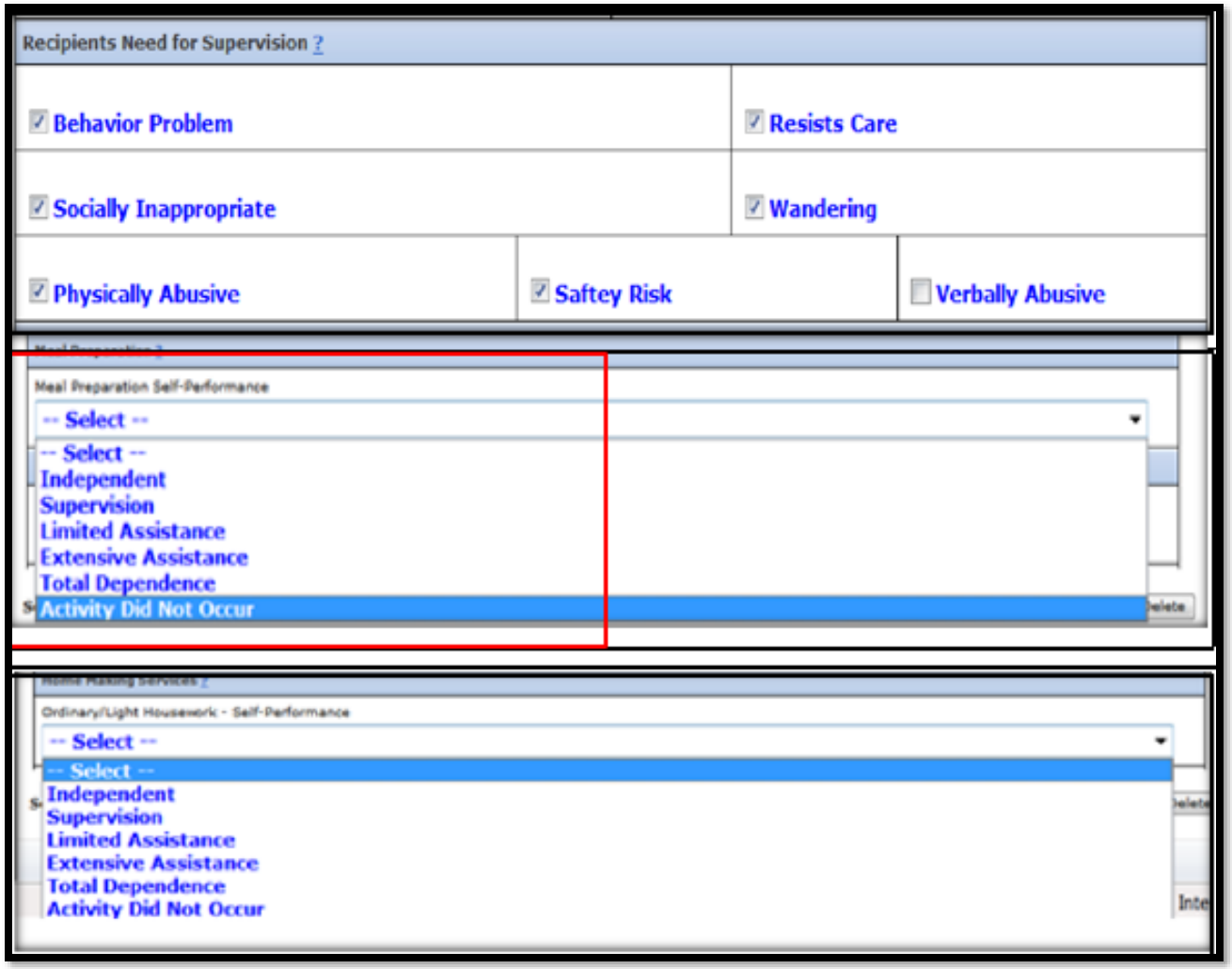
- Select all that apply.
- You are able to select one or more of the needs for supervision.

Meal Preparation:

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

Home Making Services:

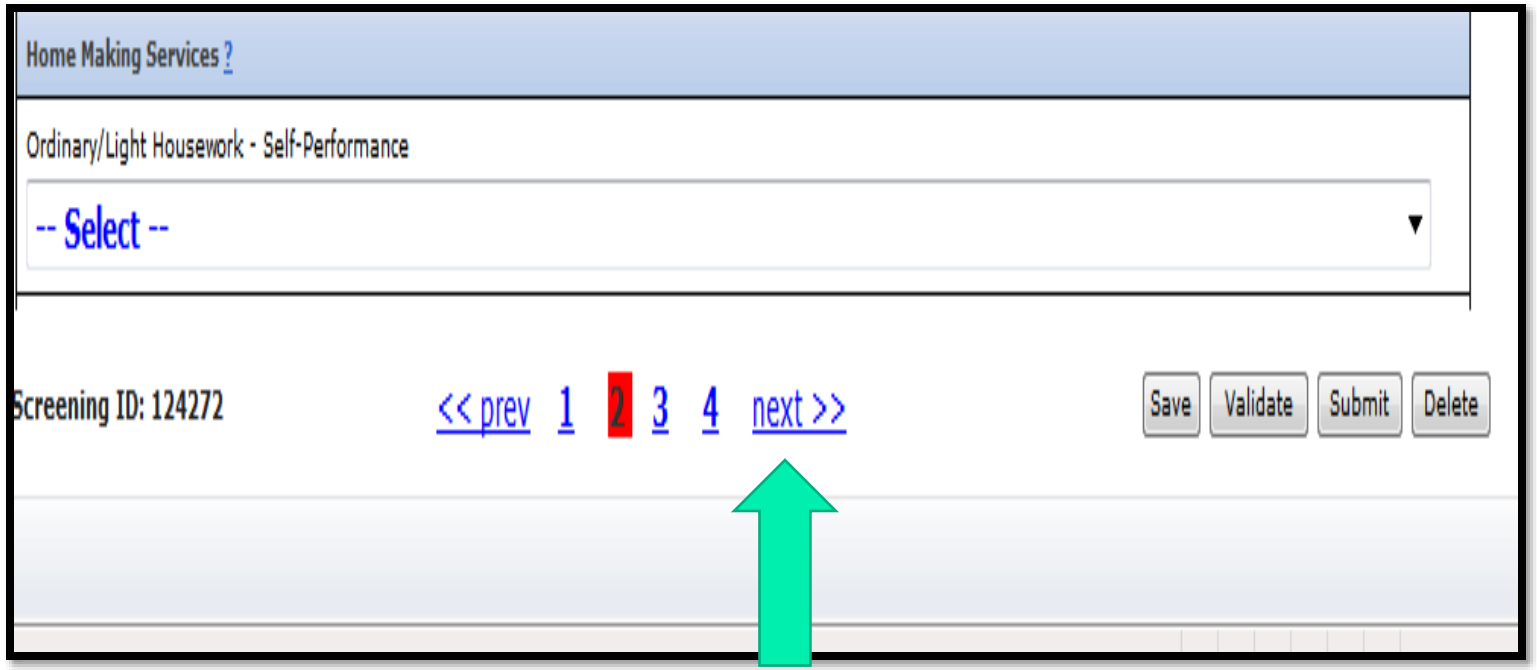
- Select the level of Self-Performance from the drop-down box.



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.

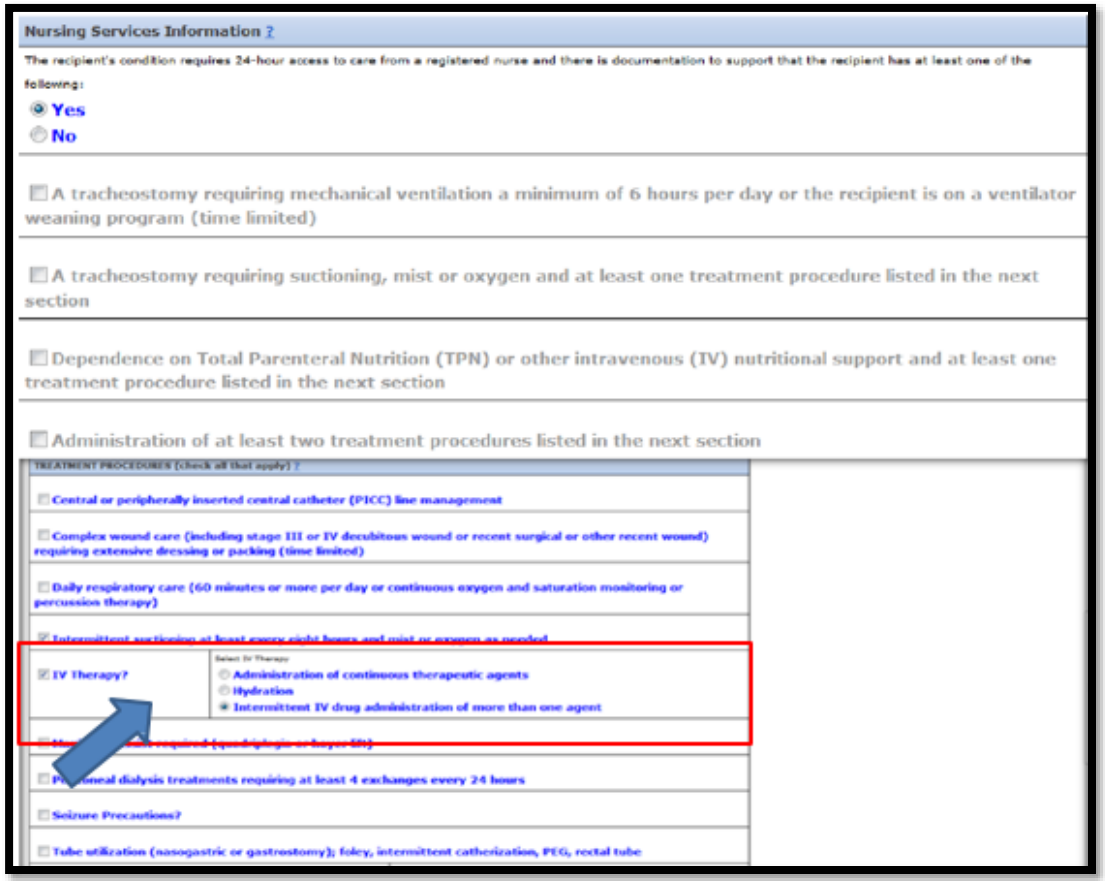
Nursing Services Information:

- 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 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.

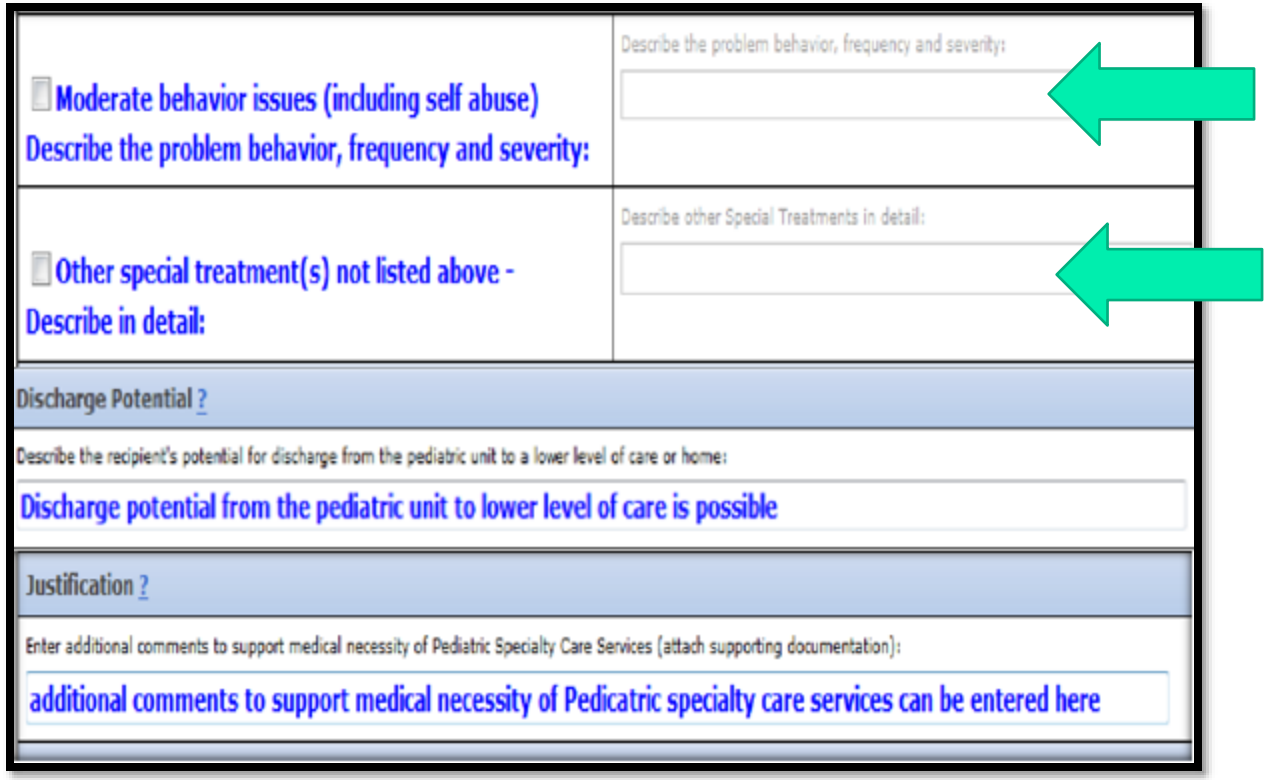


Entering Applicant Behavior Issues, Discharge Potential & Justification

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.

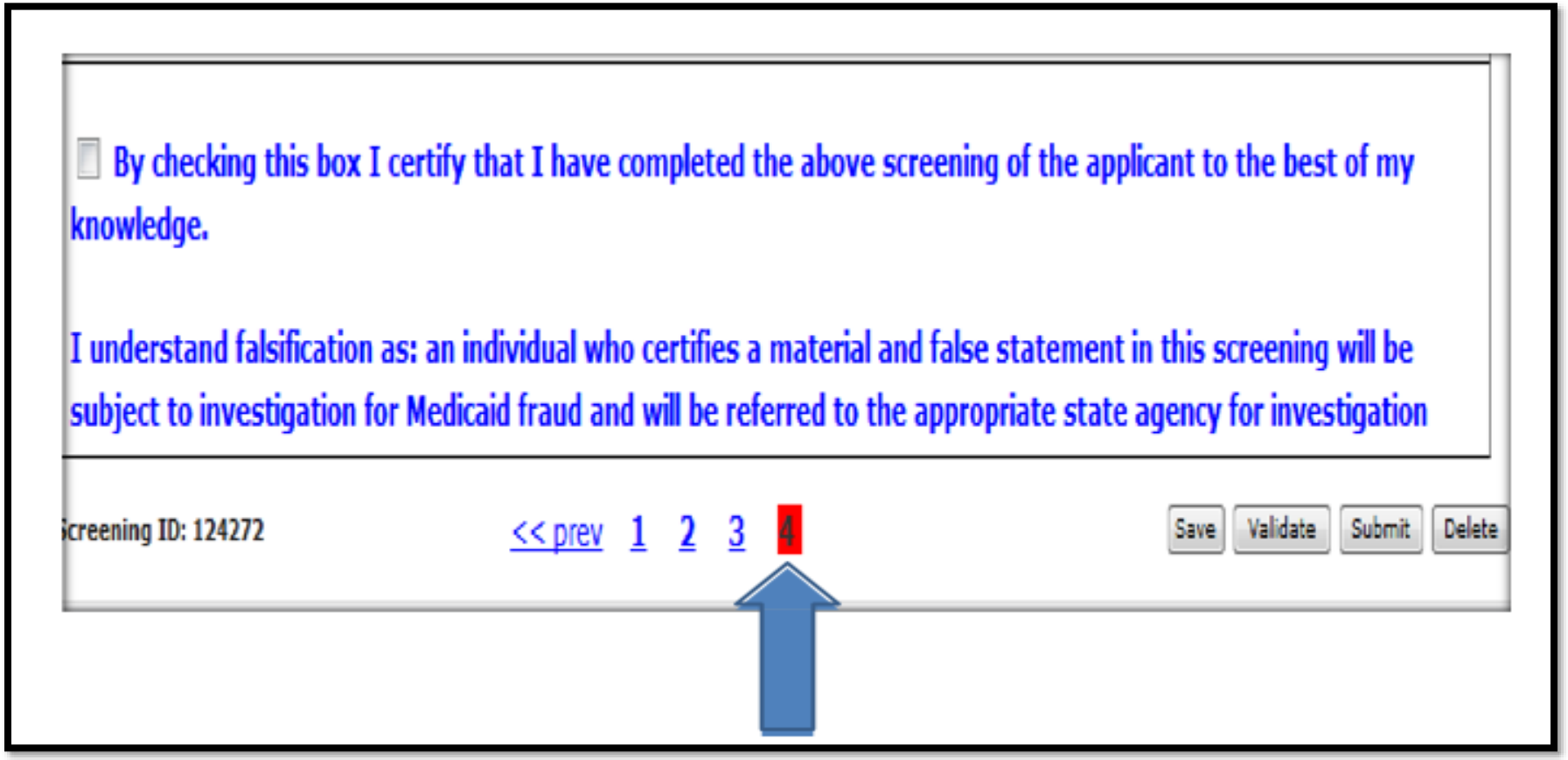
Justification

- 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.

Completion of Pediatric Specialty Care Page

After completing all information on Page 3:

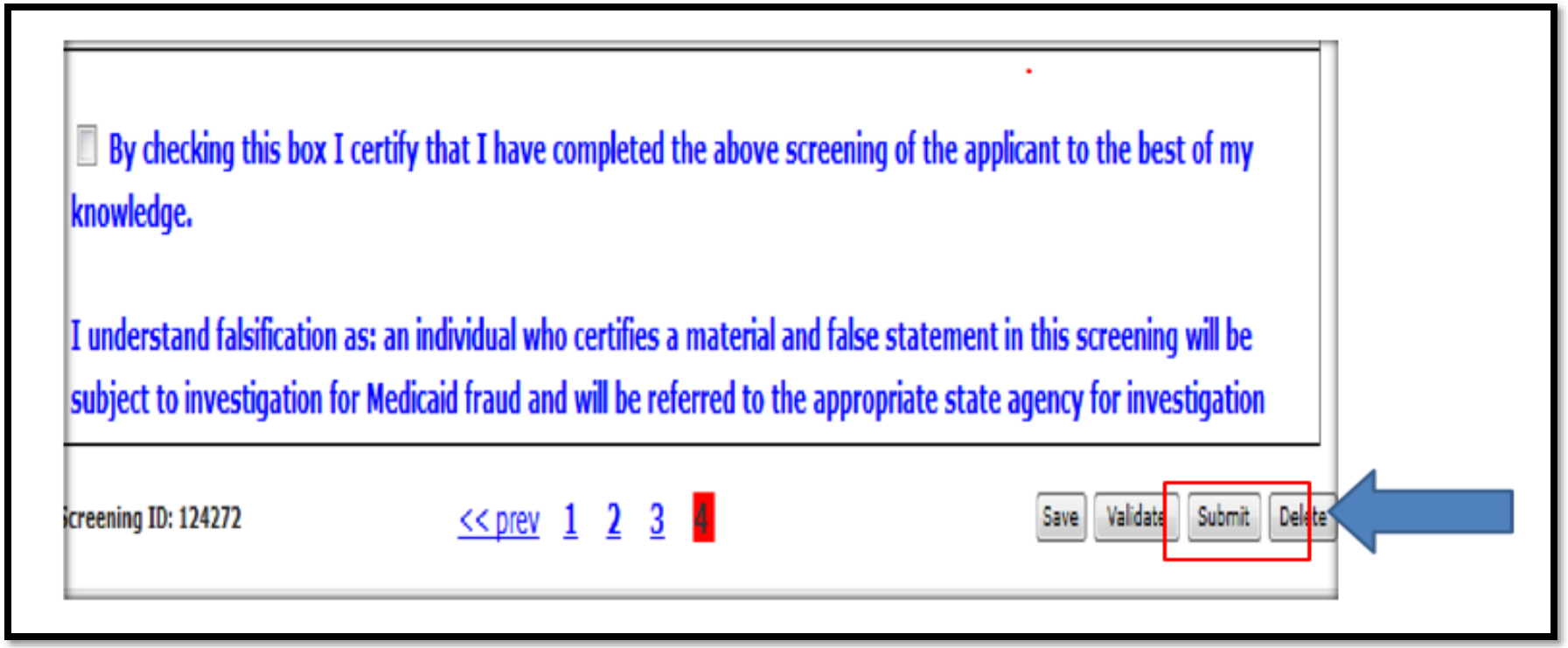
- Click Next or the number 4



Submission Page

You are now ready to submit your request:

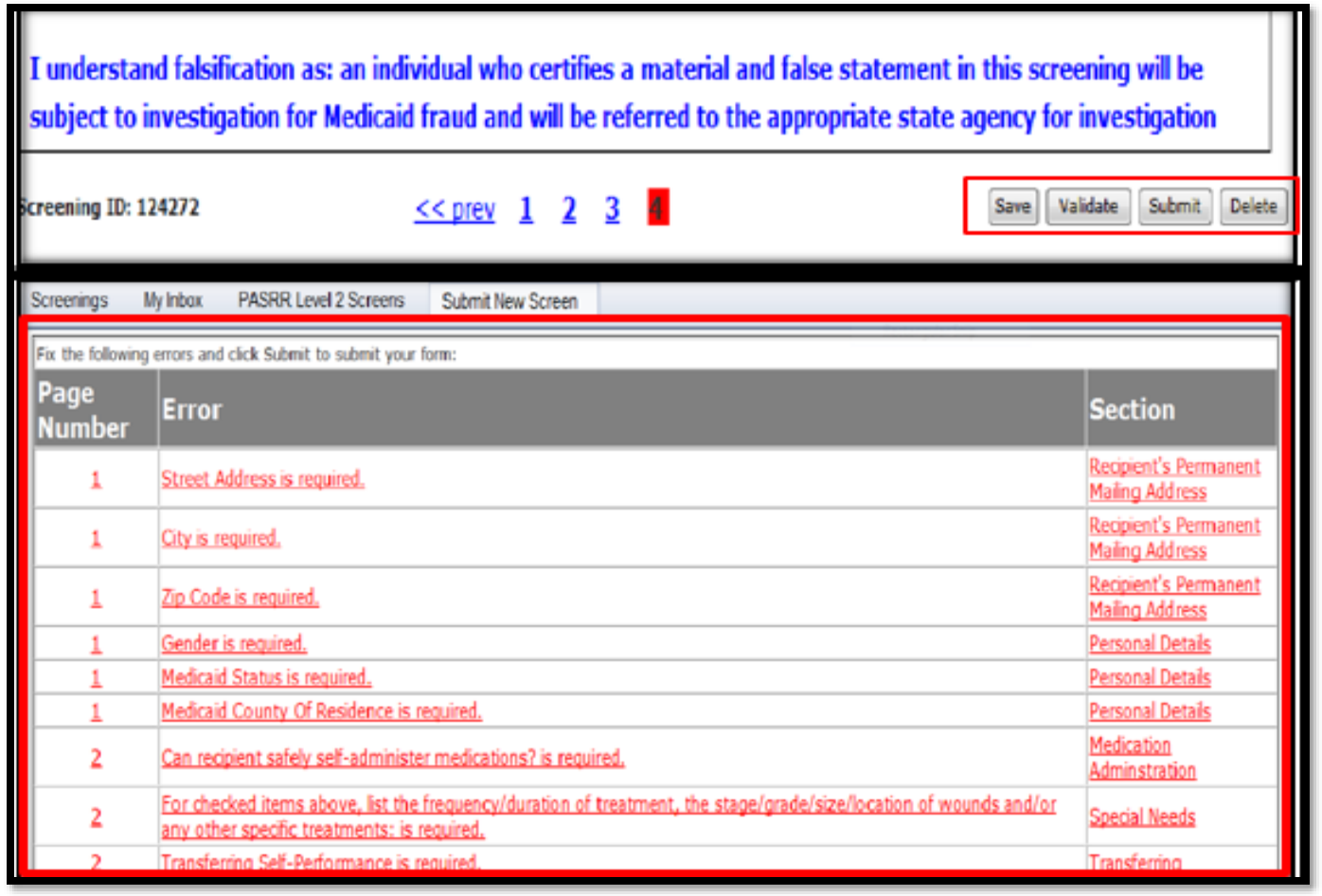
- Click "Submit"



Error: Incomplete Information

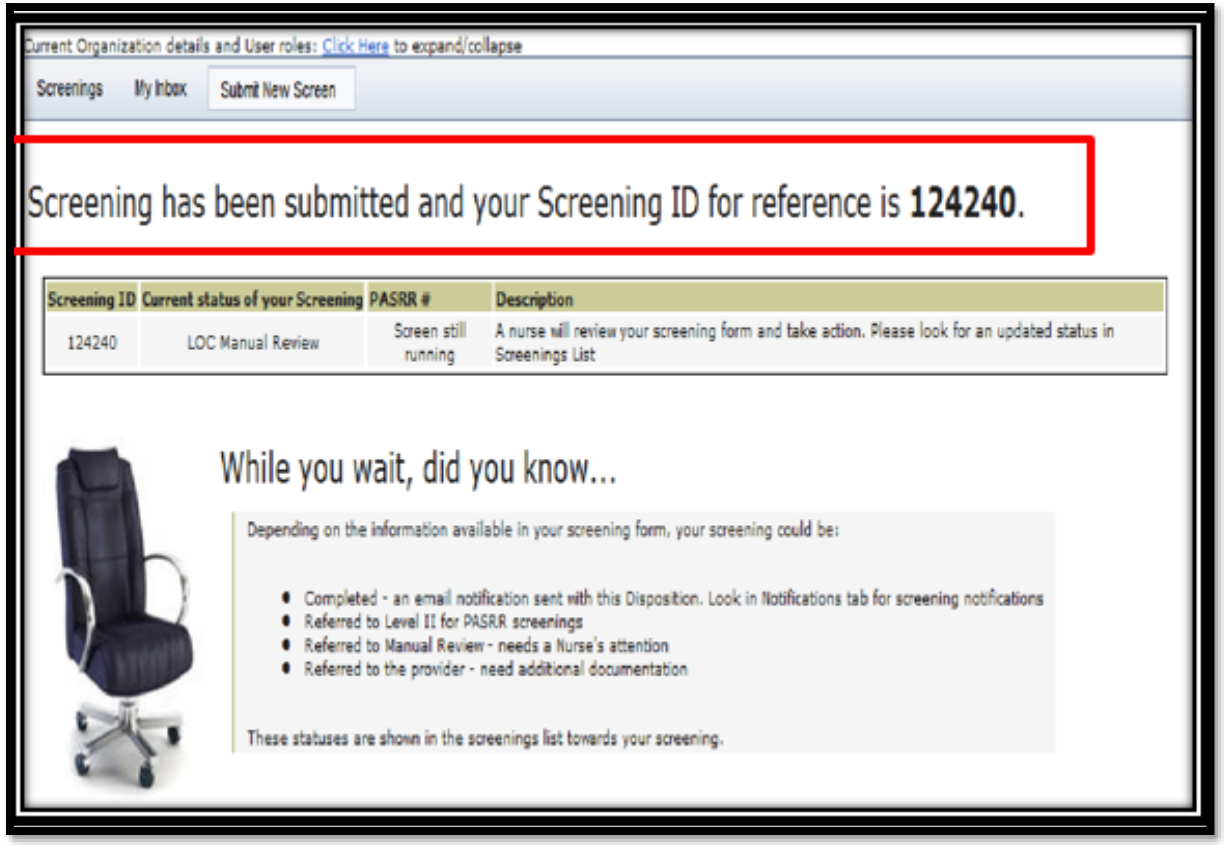
If you have not completed all areas of the tool based on your selection of the screening type and service level:

- 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"



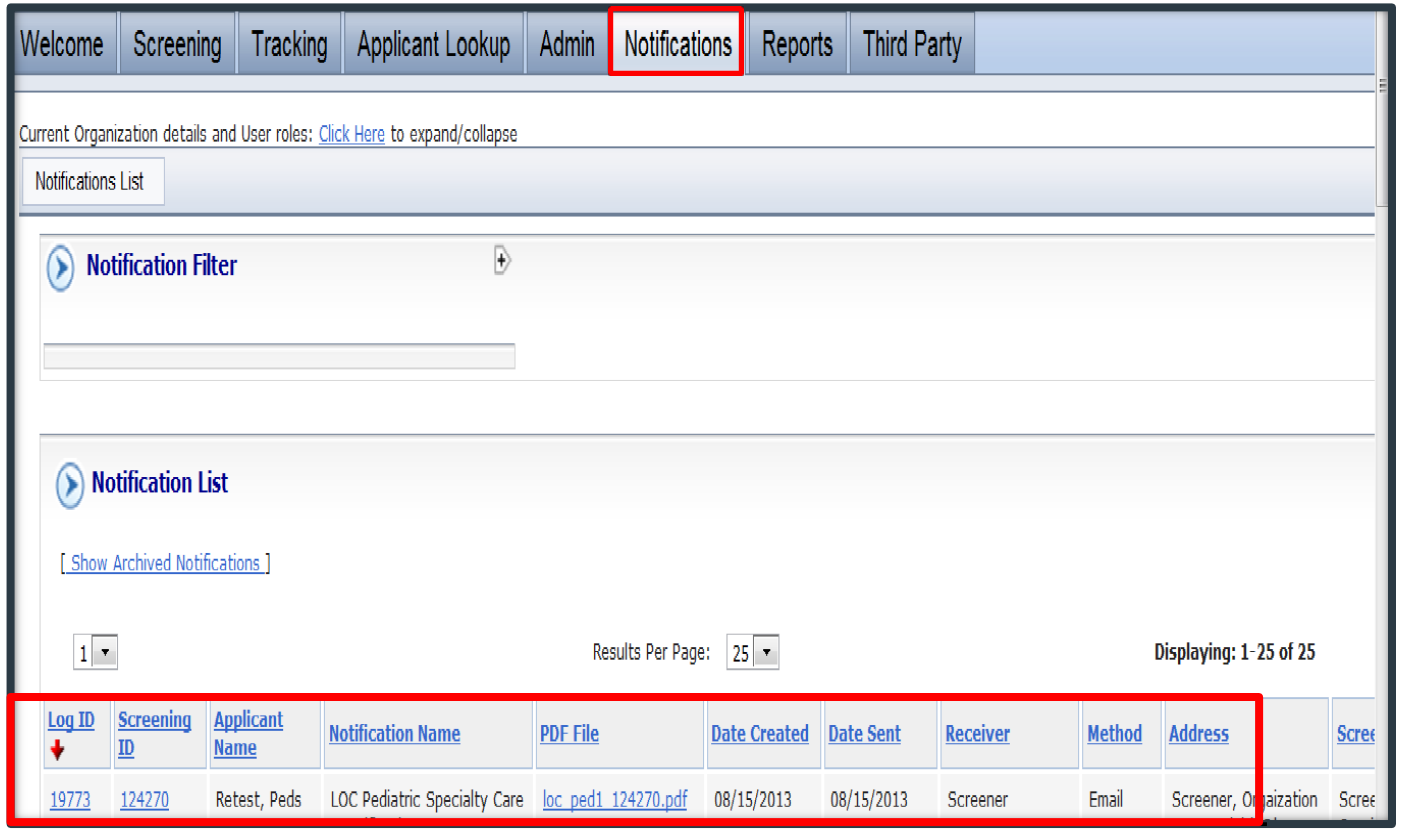
Request Submission

- 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.



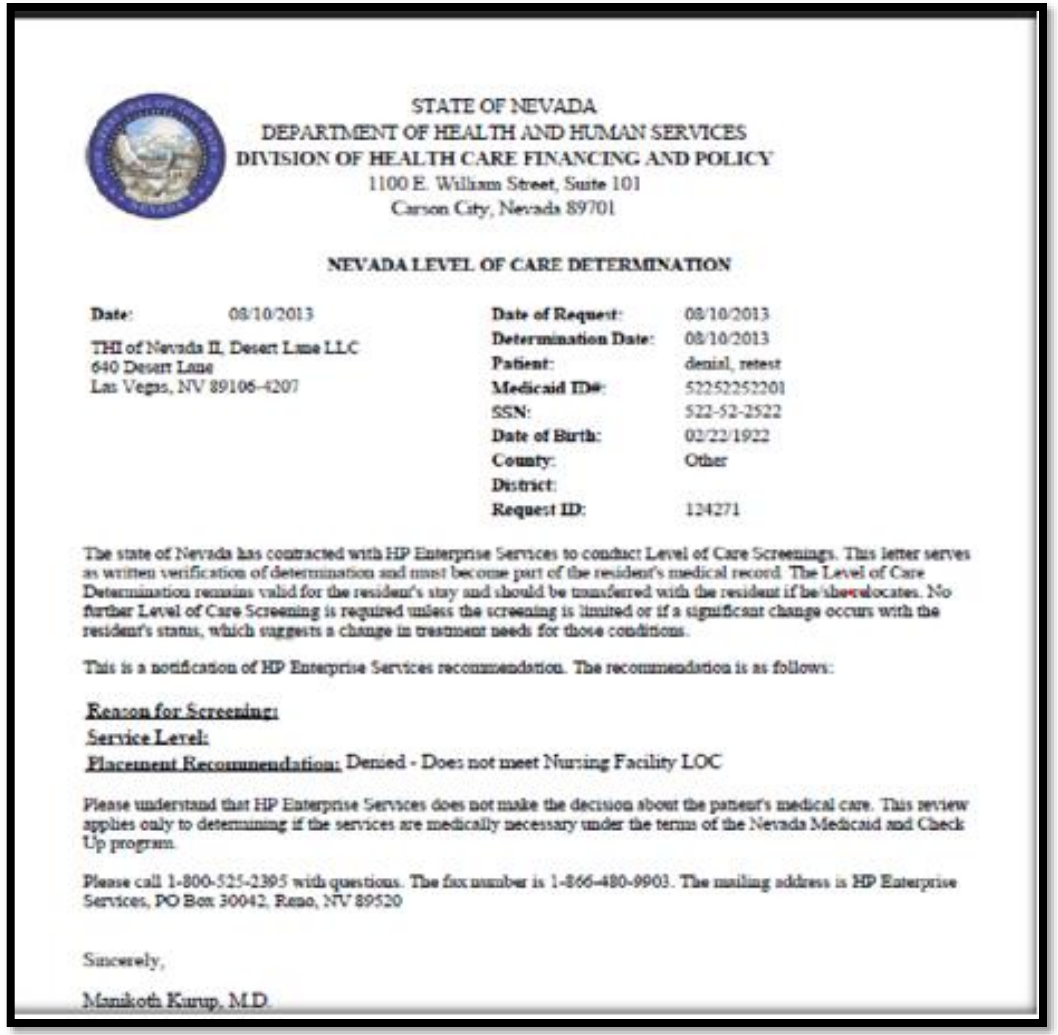
Notification Tab

- 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.
- It is the provider's responsibility to locate the letter under "Applicant Lookup Exceptions" as not all letters will be mailed.
- Letters will be mailed for Level 1A and Level II determinations and that correspondence will be sent to the application or their guardian only.



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.

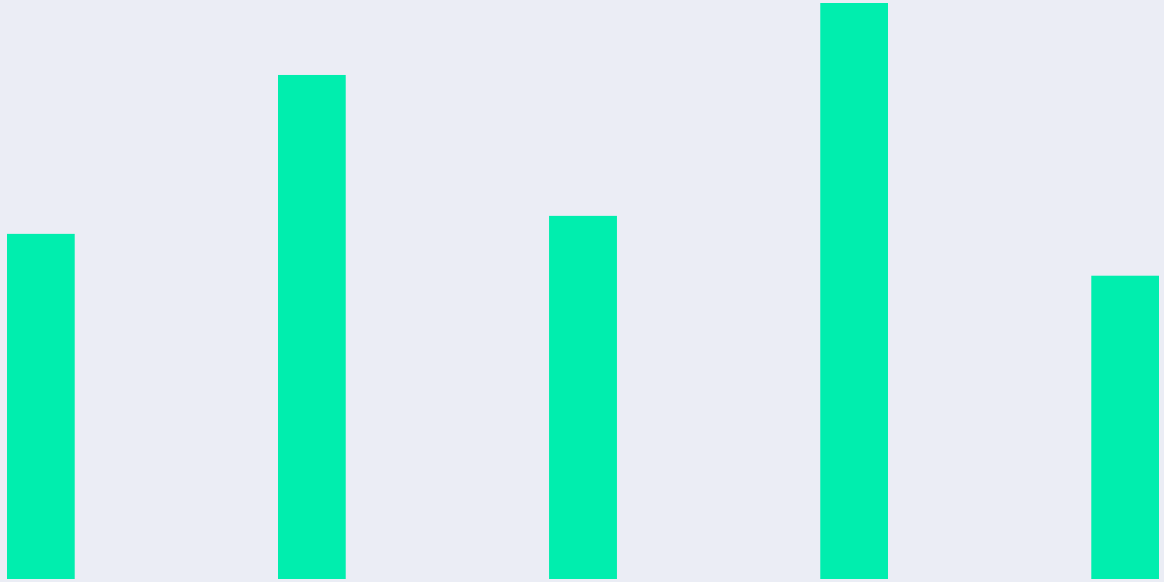
Please call 1-800-525-2395 with questions. The fax number is 1-866-480-9903. The mailing address is HP Enterprise Services, PO Box 30042, Reno, NV 89520

Sincerely,

Manikoth Kurup, M.D.

Nevada Medicaid
Nursing Facility and ICF/IID
Tracking Process Training

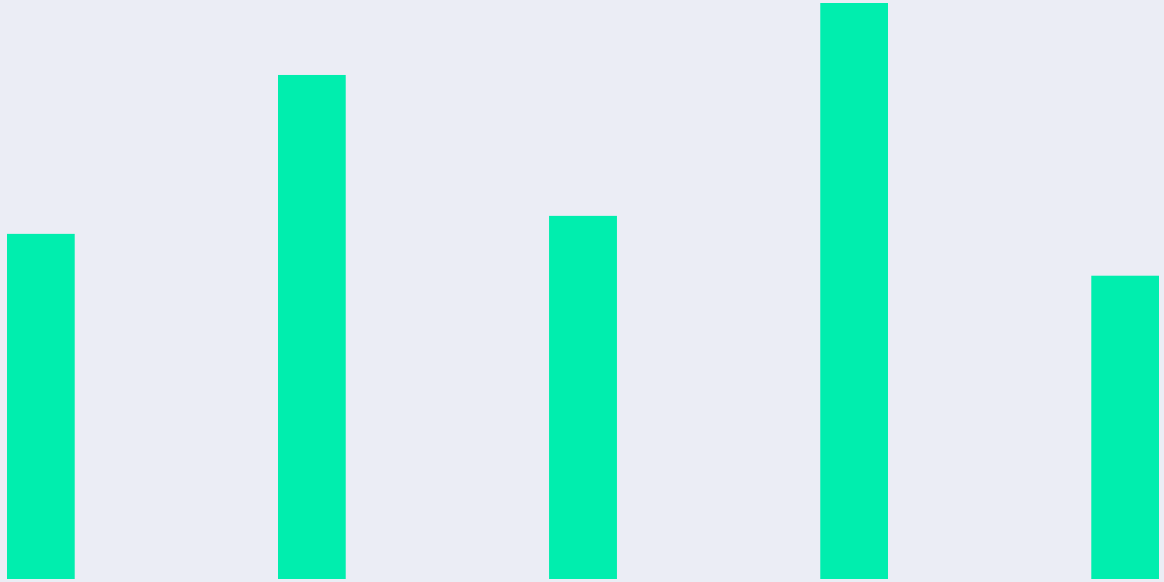
Objectives



Objectives

1. Describe the current process and understand the new process when submitting tracking forms
2. Differentiate between PASRR and Level of Care
3. Demonstrate how to enroll in EVS and access the PASRR Portal
4. Identify and resolve potential validation errors
5. Navigate and submit an online form
6. Identify resources to help with the process

Nursing Facility Tracking Form



Nursing Facility Tracking Form

Nursing facilities must submit the Nursing Facility Tracking Form to Nevada Medicaid in order to bill. This form is required for all of the following:

- Admissions
- Discharges
  - Note: Failure to immediately report discharge information may prevent the recipient from receiving other necessary services and/or prevent other providers from receiving payment.
- Deaths
- Hospice enrollments or dis-enrollments
- Level of Care changes
- Medicaid Managed Care dis-enrollments
- New or retro eligibility determinations
- Payment continuations

ICF/IID Tracking Form

The facility must submit an ICF/IID Tracking Form within 72 hours of an admission, readmission, discharge, Medicaid eligibility determination or annual continued stay review.

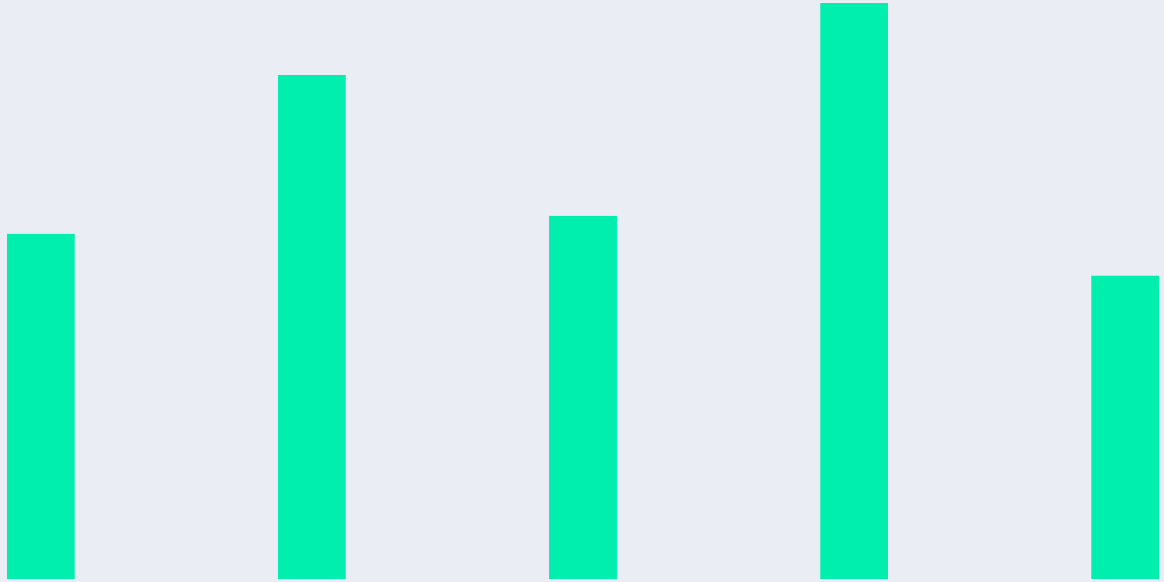
Note: Failure to submit the Tracking Form may result in a delay or denial of payment.

The ICF/IID & Nursing Facility Tracking Form Process

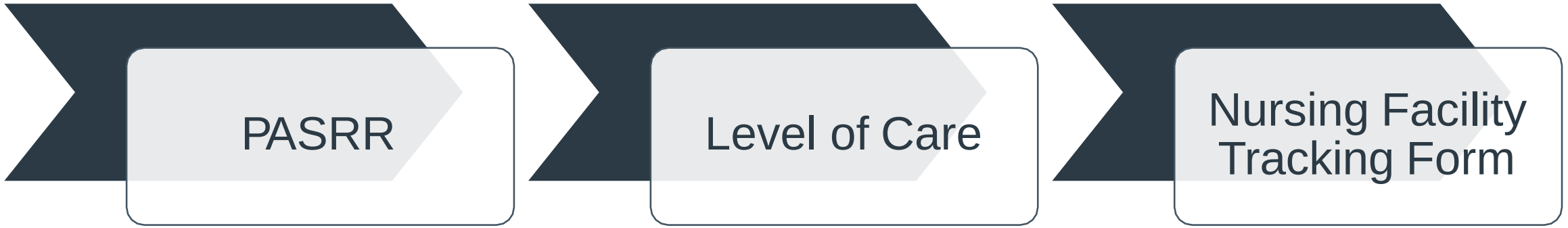
Process

- Beginning July 1, 2016, forms are submitted online, and fields are validated for accuracy
- Forms are transmitted online directly to Nevada Medicaid via the Long-Term Care/PASRR Portal

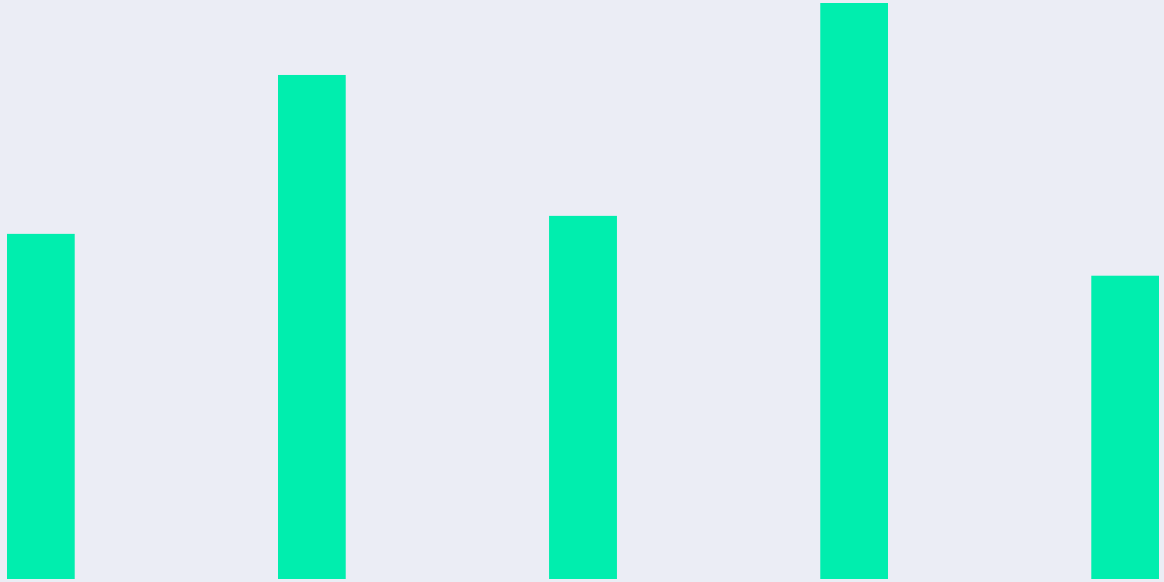
PASRR and Level of Care (LOC)



Nursing Facility Tracking Form



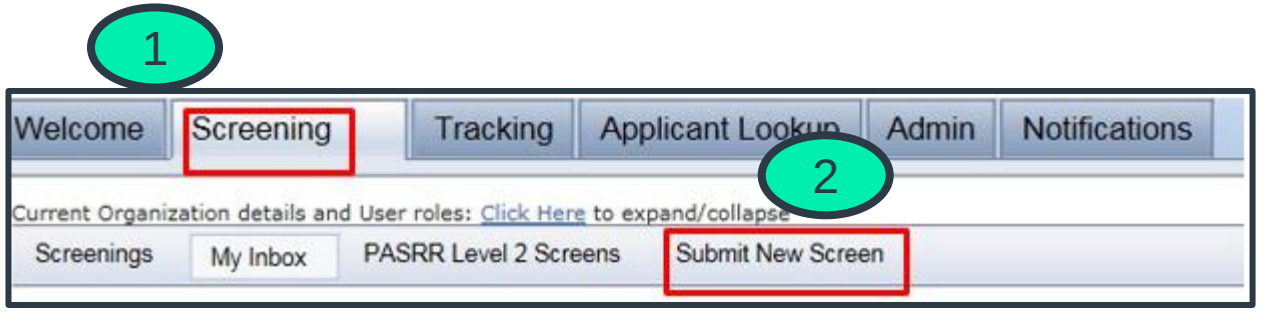
Tracking Form Screen Submissions



Tracking Screen Submission Process Overview

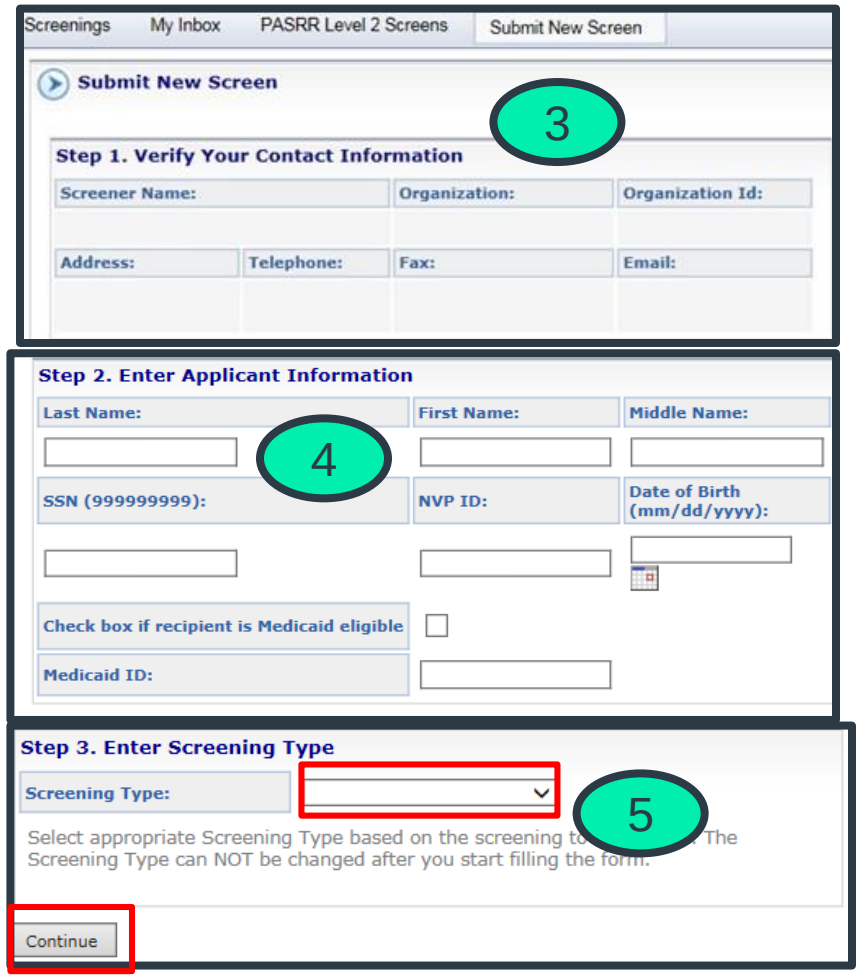
- Select “**Submit New Screen”** and enter information
- At submission if there is information missing or information does not match, you may receive a validation error
- Once screen is successfully submitted, the system will automatically check eligibility and other criteria
- Possible outcomes of submission are:
  - Pended for additional information
  - Completed and approved
  - Completed and rejected

Submit New Screen



1. Click on the “Screening” tab
2. Click on the “Submit New Screen” tab

Submit New Screen, continued

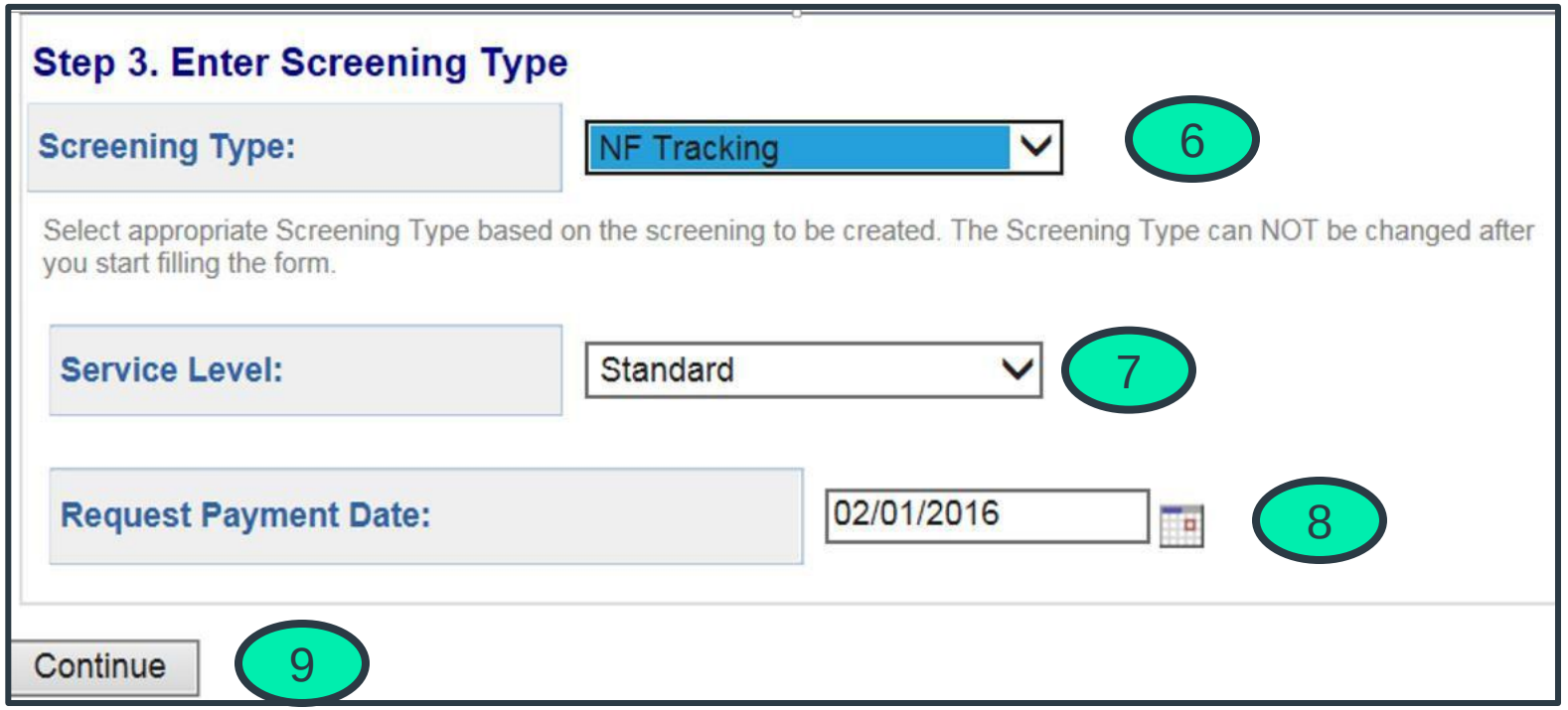


3. Verify your contact information
4. Enter applicant information:
   - Last Name
   - First Name
   - SSN
   - DOB

   a. Click the box next to “Check box if recipient is Medicaid eligible”

   b. Enter 11-digit Medicaid ID
5. Select “Screening Type”

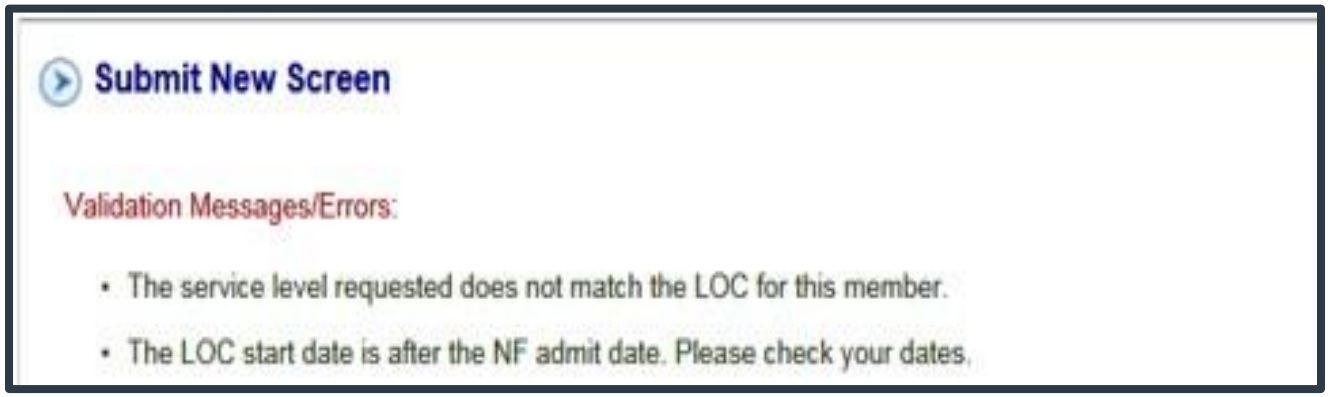
Select Screening Type



6. Select “NF Tracking” from the “Screening Type” drop-down box
7. Select the “Service Level”
   - Standard
   - Pediatric Specialty Care I
   - Pediatric Specialty Care II
   - Ventilator Dependent
8. Enter the request payment date
9. Select “Continue”

Note: If information does not match, validation errors will occur.

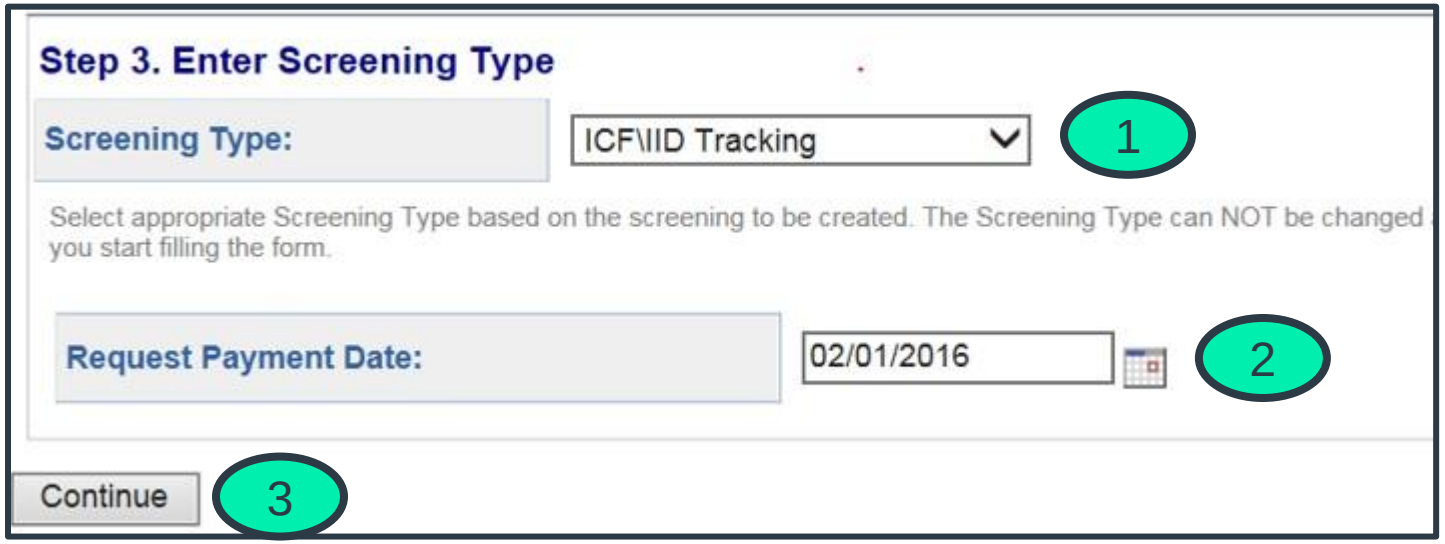
Example of Validation Error Prior to Submission



To resolve, please check the LOC Service Level and start date.

Request a new LOC if needed or change tracking request to match.

Select Screening Type – ICF/IID Tracking Form

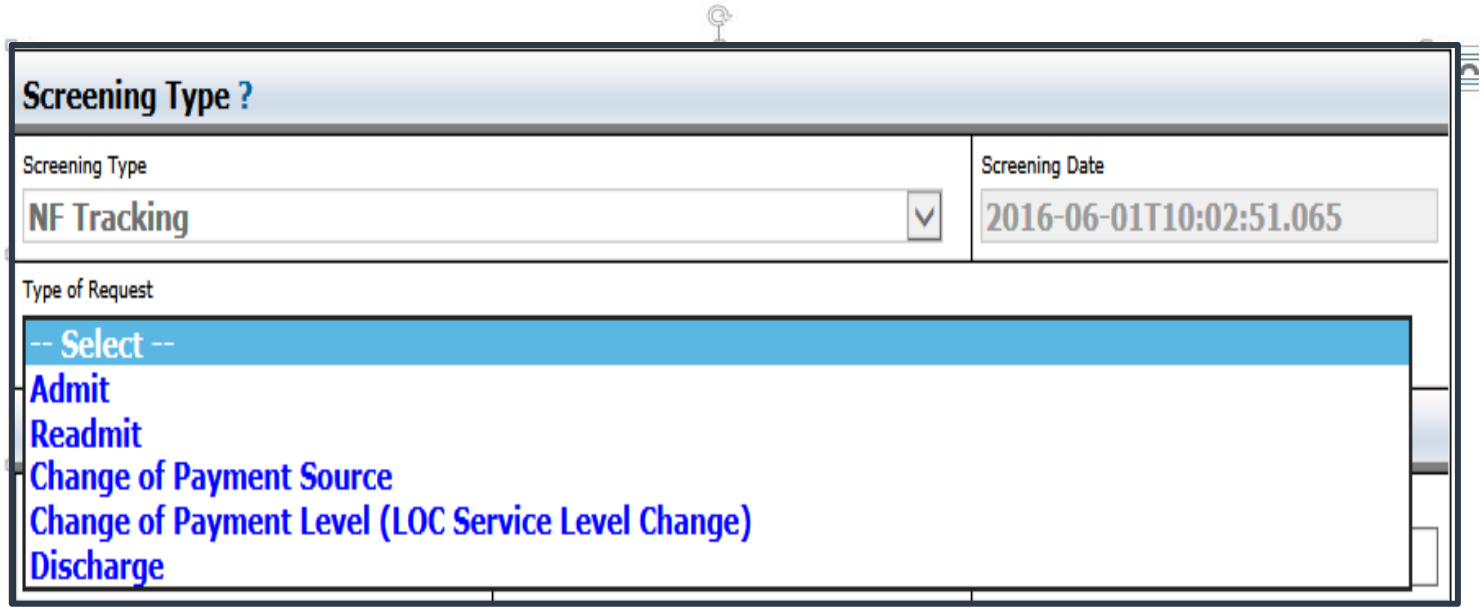


1. Select “ICF/IID Tracking” from the “Screening Type” drop-down menu
2. Enter the payment date
3. Select “Continue”

Note: If information does not match, validation errors will occur:

- The information entered does not match our records

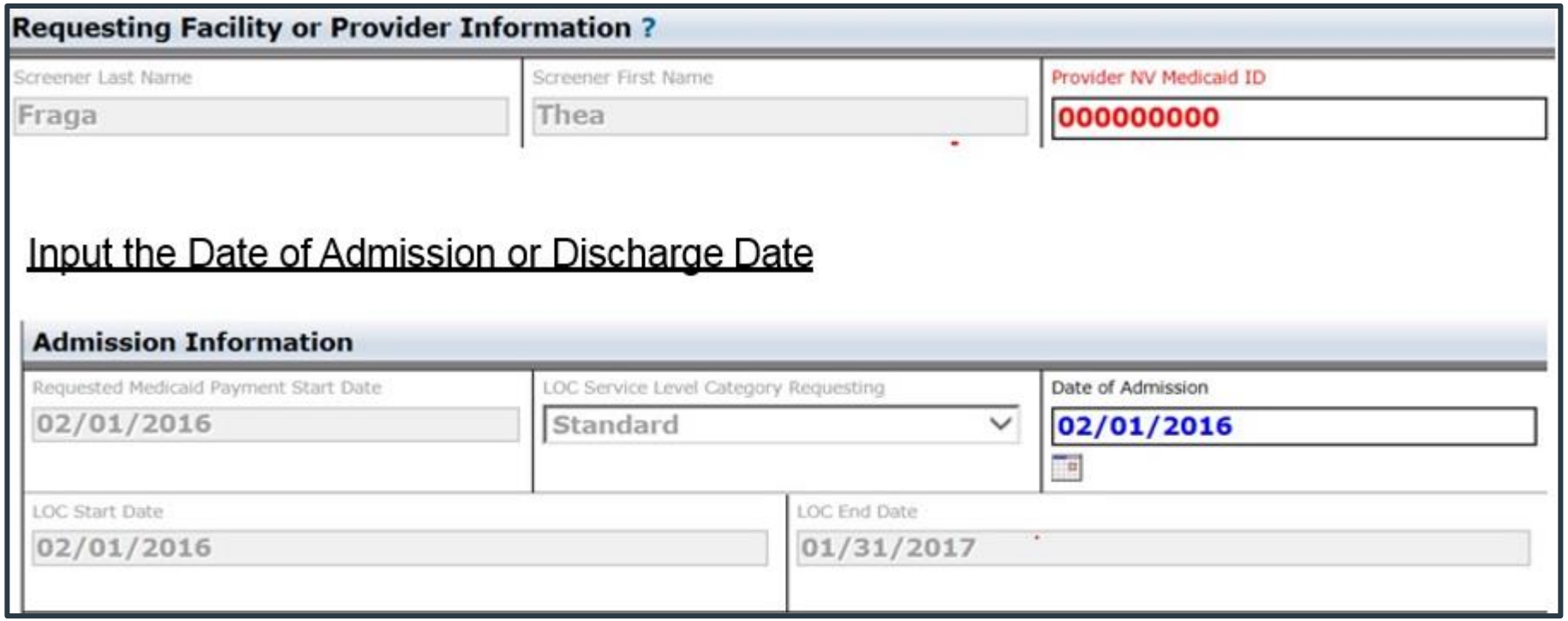
Select Type of Request – NF Tracking & ICF/IID Tracking Form



- Select the type of request from the drop-down box
- Additional fields will become required depending on the type of request selected

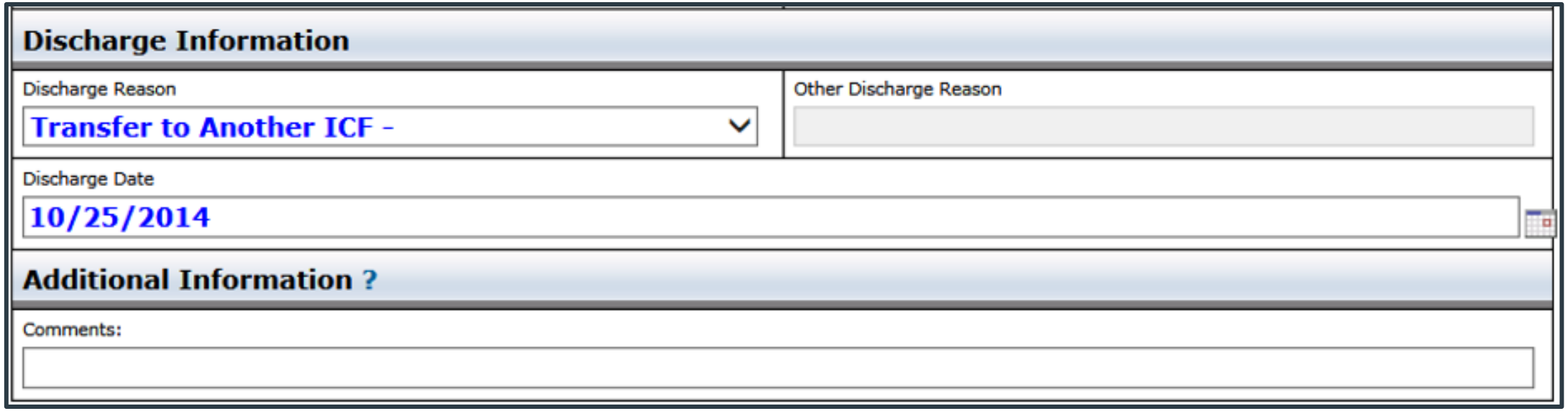
Enter Provider NV Medicaid ID & Date of Admission

Input the Provider's Nevada Medicaid ID



Enter Date of Discharge and Reason

Select discharge reason from drop-down options and input discharge date.

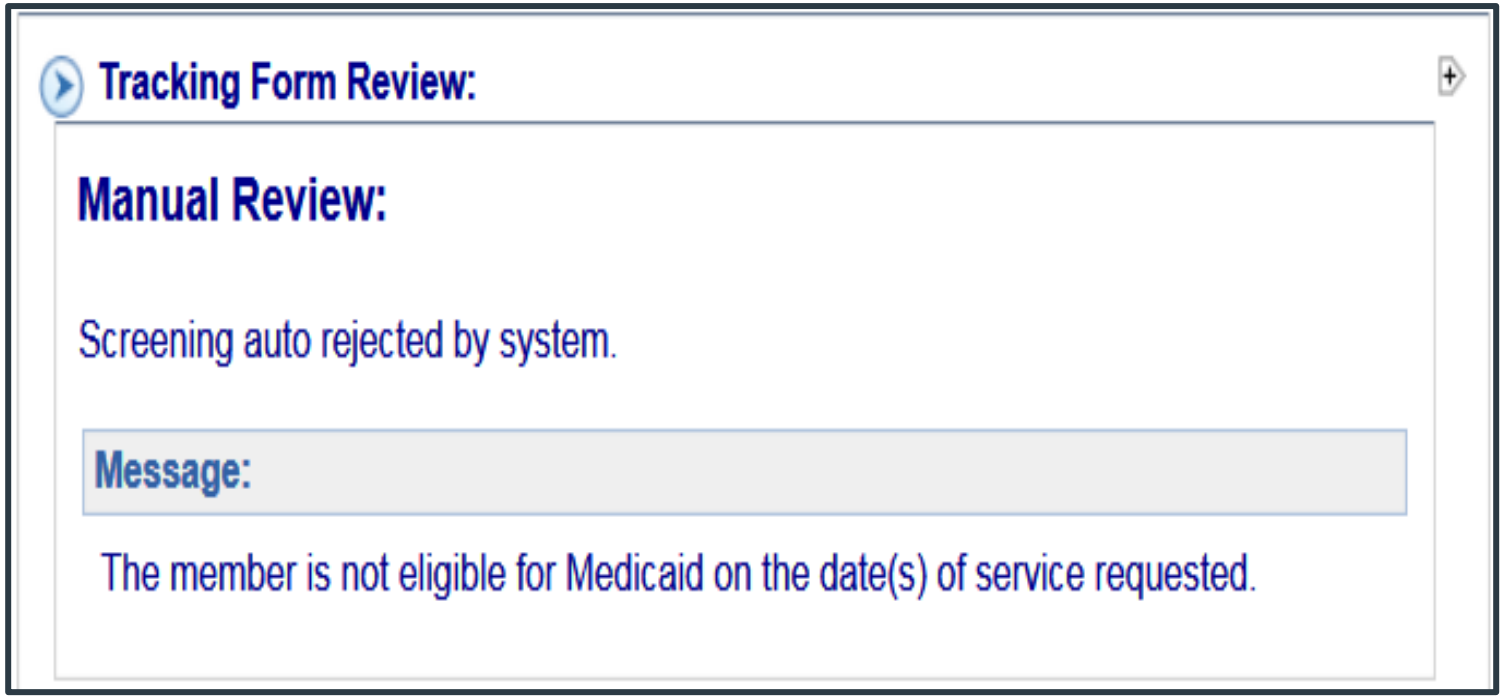


Validate and Submit

1. Validate responses and correct errors.

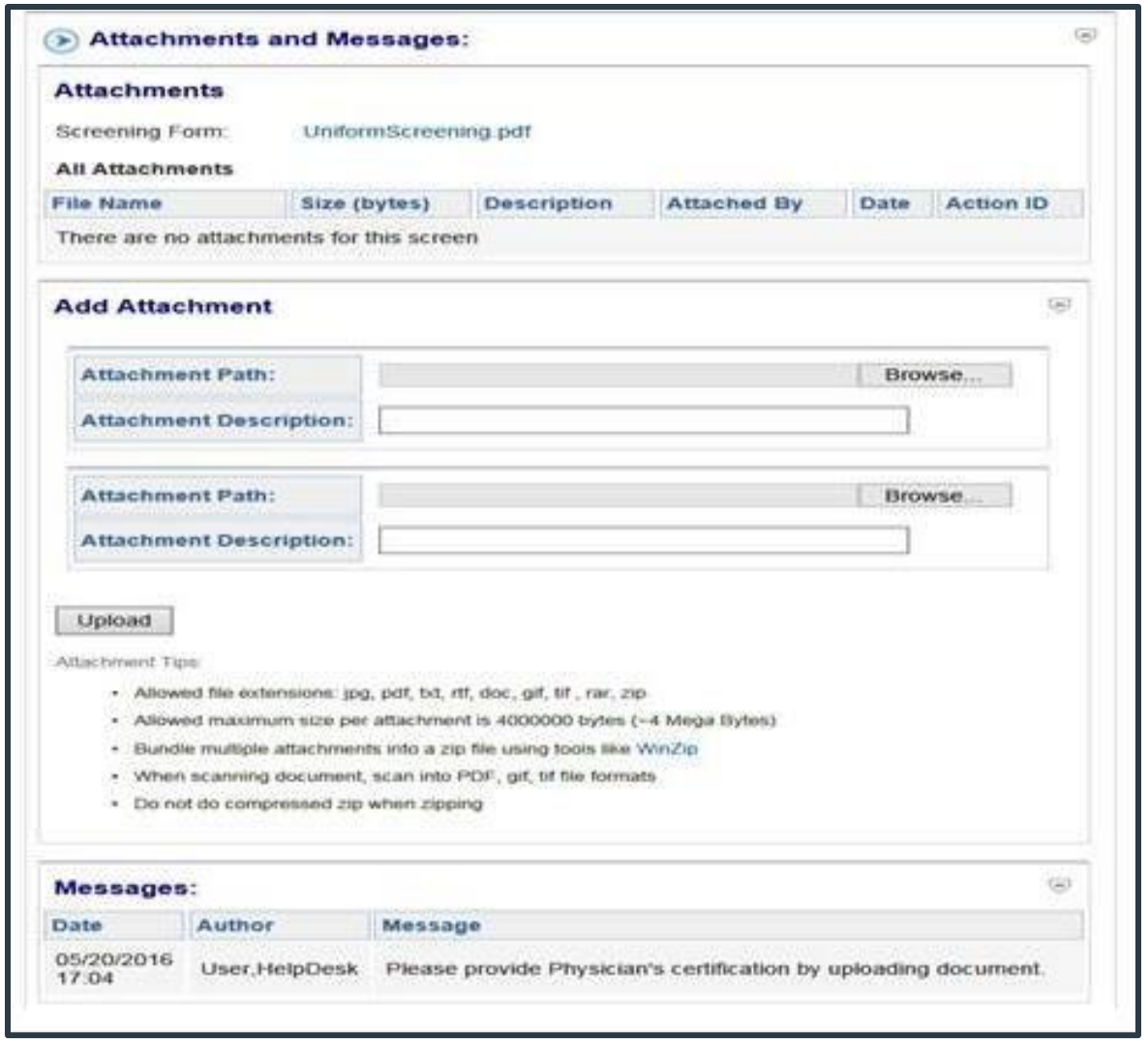
2. Click on “Submit” to successfully transmit the tracking form.

Eligibility Verification Error



If the recipient is not eligible, this message will display when recipient detail is accessed.

Pended for Additional Information/Physician's Certificate



How to add attachments:

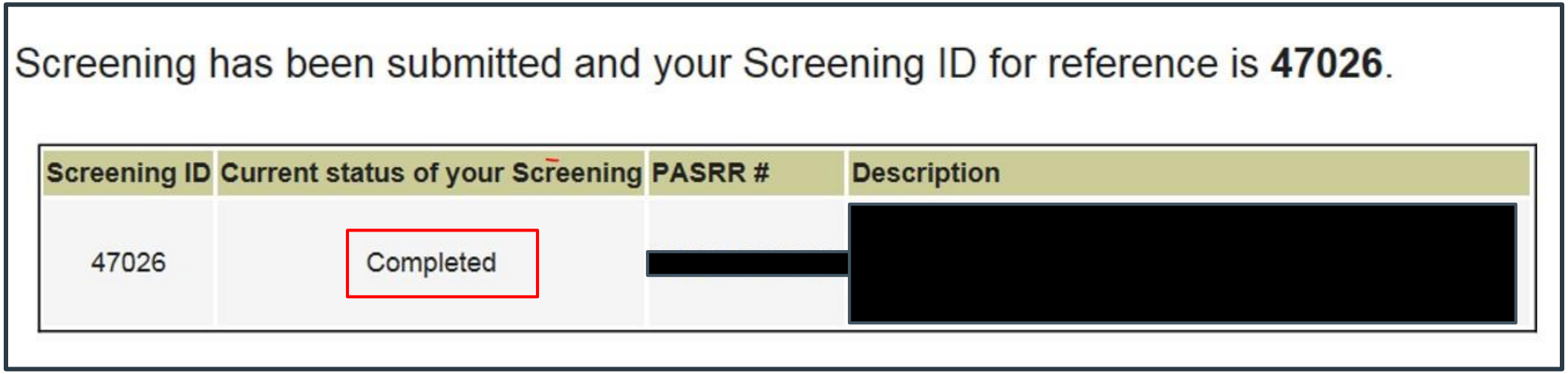
1. Access screening list
2. Select screening ID
3. Click on "Add Attachment" (Browse)
4. Browse for attachment
5. Click "Upload"

Pended for Additional Information

ICF/IID tracking requests for admits will be pended back for attachment of physician certification and resubmission.

Required: Complete a message in the text box and click “Submit"

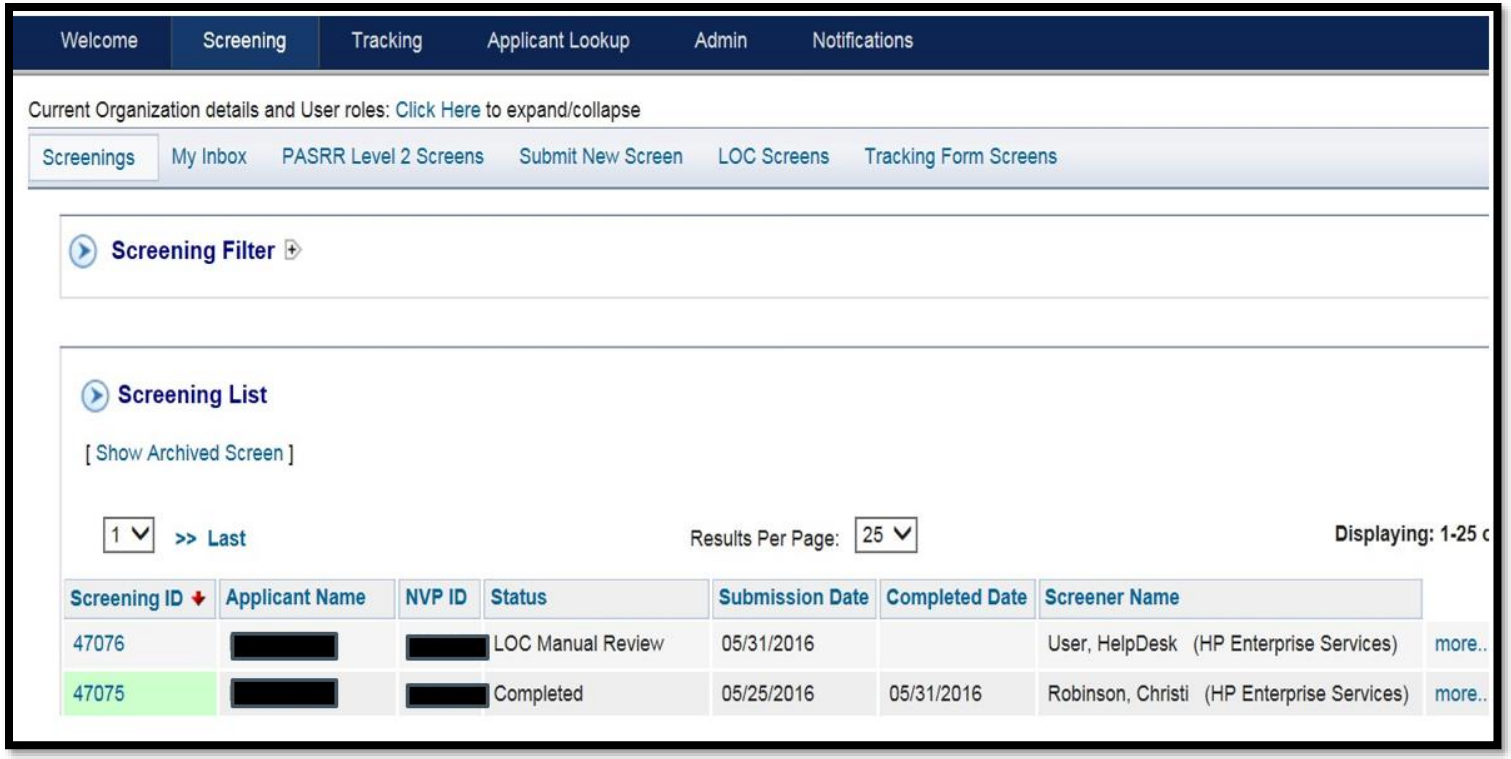
Successful Transmission



After successful transmission, refer to the PASRR Portal. Click on “Screening ID” from “Screening List” to view the screening outcome.

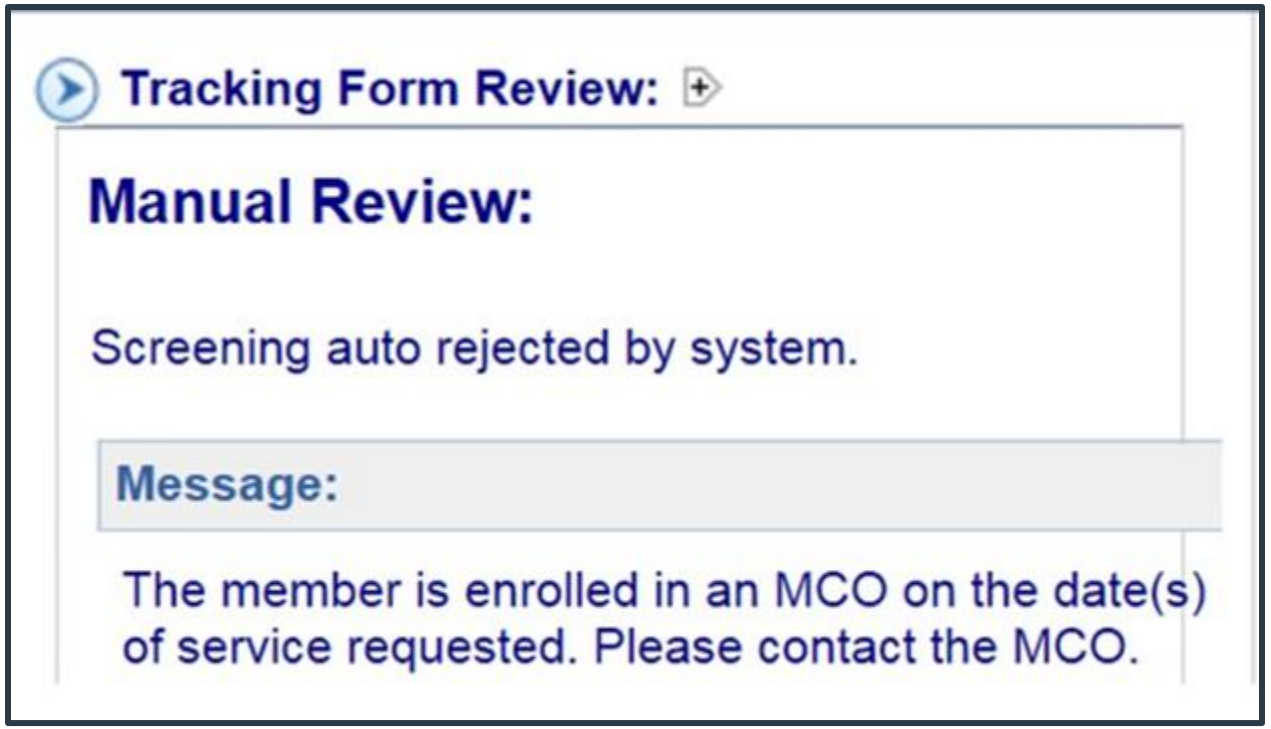
Reminder: “Completed” can mean approved or rejected

Verify Screening Outcome



Click on “Screening ID” to verify outcome in Screening Detail screen.

Example of a Screening Rejection Disposition Message



When validation errors occur, refer to the validation error guides for resolution.

1. Click on “Screening” tab.
2. Review the screening list.

Contacts & Resources

Contacts

PASRR/LOC:

Phone: (800) 525-2395

Division of Health Care Financing and Policy (DHCFP) – Long Term Services and Support (LTSS) Unit

(775) 684-3619

Requests for LOC Assistance

(775) 335-8556

Nevada Medicaid Customer Service Center

(877) 638-3472

Training Requests

NevadaProviderTraining@gainwelltechnologies.com

Resources

Nevada Medicaid Website:

www.medicaid.nv.gov

Electronic Verification System

https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx

State Website

http://dhcfp.nv.gov/

Medicaid Services Manual – Policy Information (Chapter 500 – Nursing Facilities)

http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/

Thank you