

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

My Home

Provider

Name County Hospital Outpatient Services

Provider ID

Location ID

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

Welcome Health Care Professional!

[My Profile](#)

[Manage Account](#)

Provider Services

[Used Viewing](#)

[Search Payment History](#)

[PASRR](#)

[EHR Incentive Program](#)

[EPSDT](#)

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices. Our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

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

Accessing the PASRR/LOC System, continued

Log Into Nevada PASRR Screening Tool:


User ID:

Password: 4

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

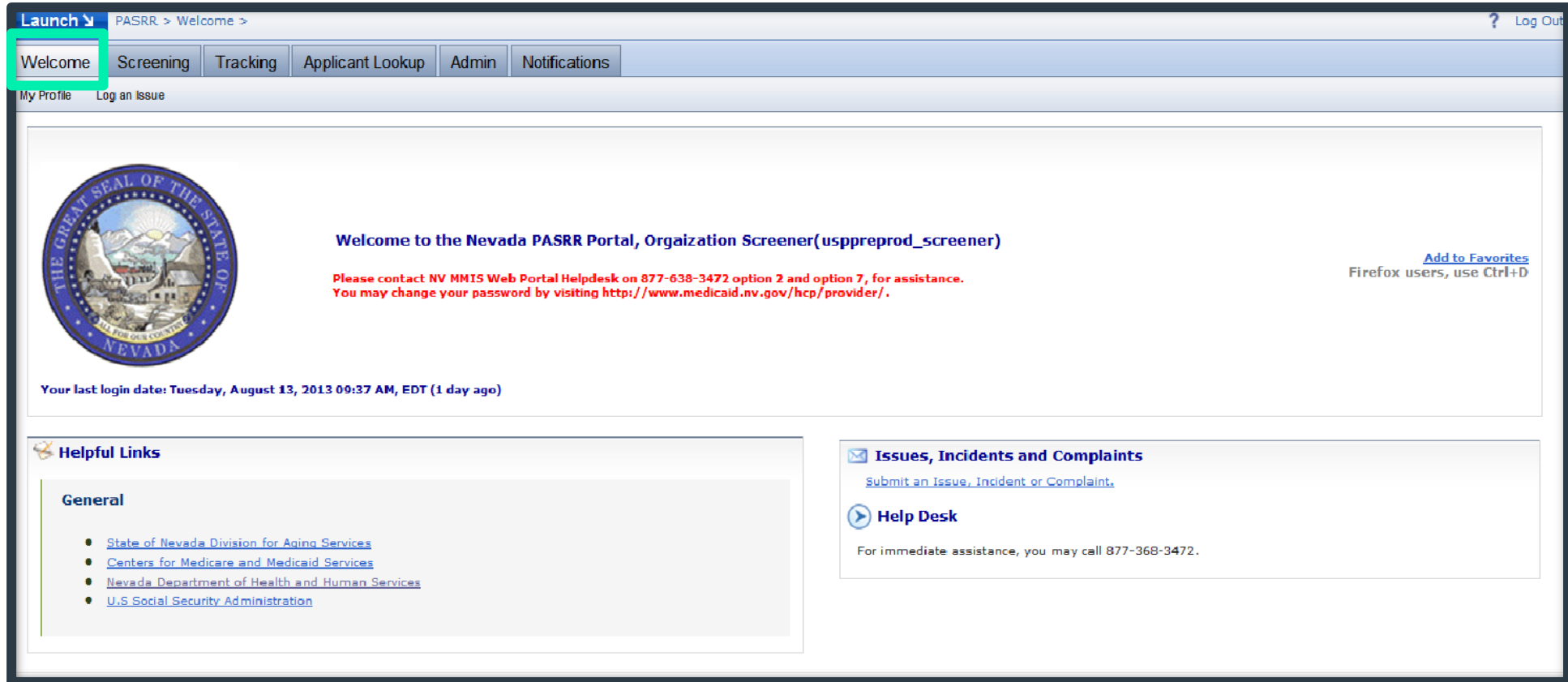
PROVIDERS:

Please note your passwords will expire every 60 days. If your password has expired or is about to expire. You will need to visit the Nevada Provider Portal. [Click here](#) to change your Password.


If you have any problems resetting your password please contact the web portal helpdesk at 877-638-3472  option 2, option 7

4. Enter your EVS Portal User ID and password.
5. Click the “Log in” button.

PASRR/LOC System – Welcome Screen



The screenshot shows a web browser window with the following elements:

- Browser Tab:** "PASRR > Welcome >"
- Navigation Menu:** "Launch" (highlighted with a red box), "Welcome" (highlighted with a red box), "Screening", "Tracking", "Applicant Lookup", "Admin", "Notifications".
- User Links:** "My Profile", "Log an Issue".
- Main Content Area:**
 - 
 - Welcome to the Nevada PASRR Portal, Organization Screener(usppeprod_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.

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 screenshot displays the 'My Profile' page for a user named Jenny Abramson. The page is divided into several sections:

- User Information:** Fields for Name (Abramson, Jenny), Login Name (vzfxkh), Telephone Number (800-688-6696 x7), Email Address (jenny.abramson@hp.com), Medicaid Provider Number, and NPI.
- Credentials:** A dropdown menu for Credential type (Other (Specify in Comment)) and a text field for Comment (Business Analyst).
- Alerts:** A checkbox for 'Receive Email alerts' which is currently checked.
- Current Organization Associations And Roles:** A table listing 8 associations with columns for SL#, ORC, Role, Status, and Action.
- Add New Association (Step 1):** Fields for 'Enter Organization Name' (with a 'Get ORC code' link) and 'Enter ORC Code' (with 'Get Roles' and 'Cancel' links).

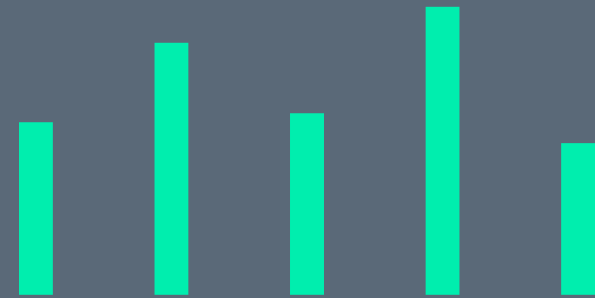
SL#	ORC	Role	Status	Action
1	ED1041067487	Data Analysts	SAVED	Delete Association
2	ED1041067487	Help Desk	SAVED	Delete Association
3	ED1041067487	Nurse Analysts	SAVED	Delete Association
4	ED1041067487	Nurse Admins	SAVED	Delete Association
5	ED1041067487	Usp Administrators	SAVED	Delete Association
6	TE1041067490	Admin	SAVED	
7	TE1041067490	Screeners	SAVED	Delete Association
8	TE1041067490	Tracker	SAVED	Delete Association

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

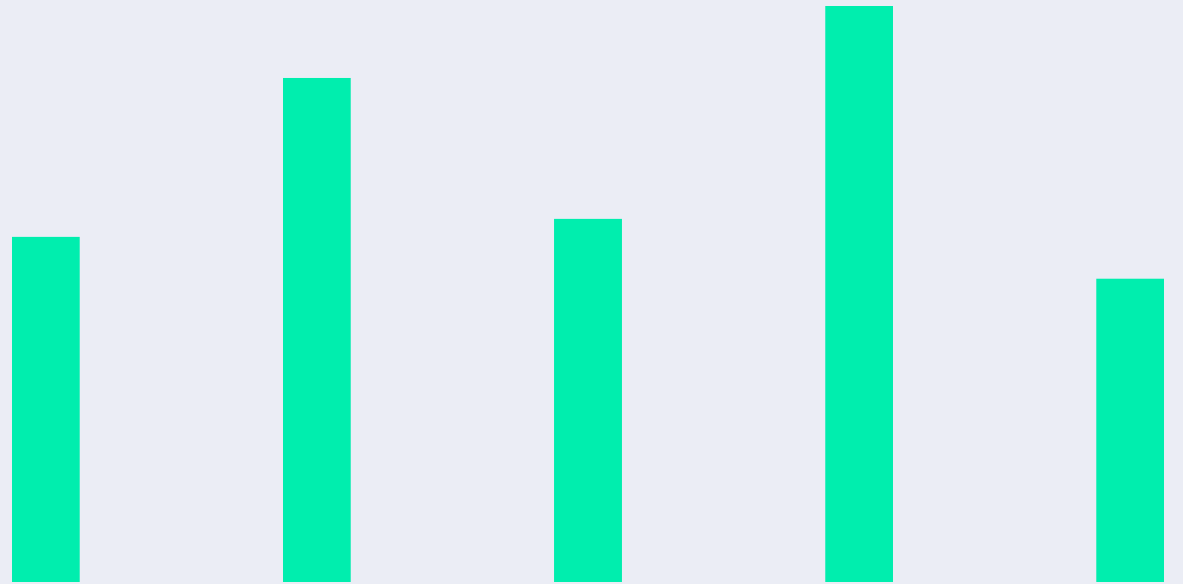
- User Information
- Credentials
- Organization Associations and Roles

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.

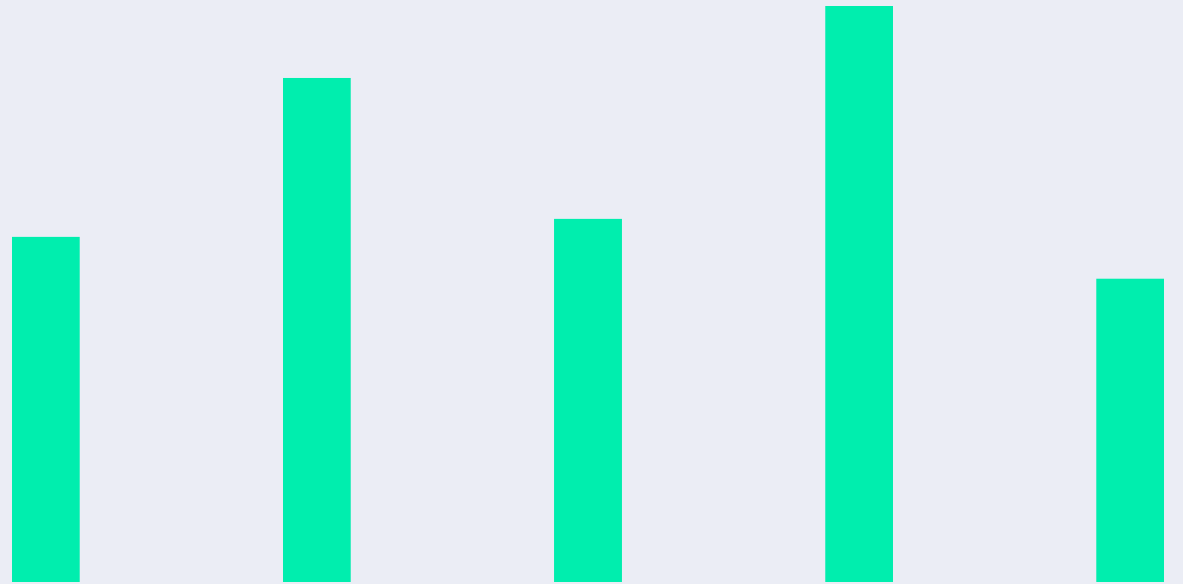
What is the PASRR Screening Tool?



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

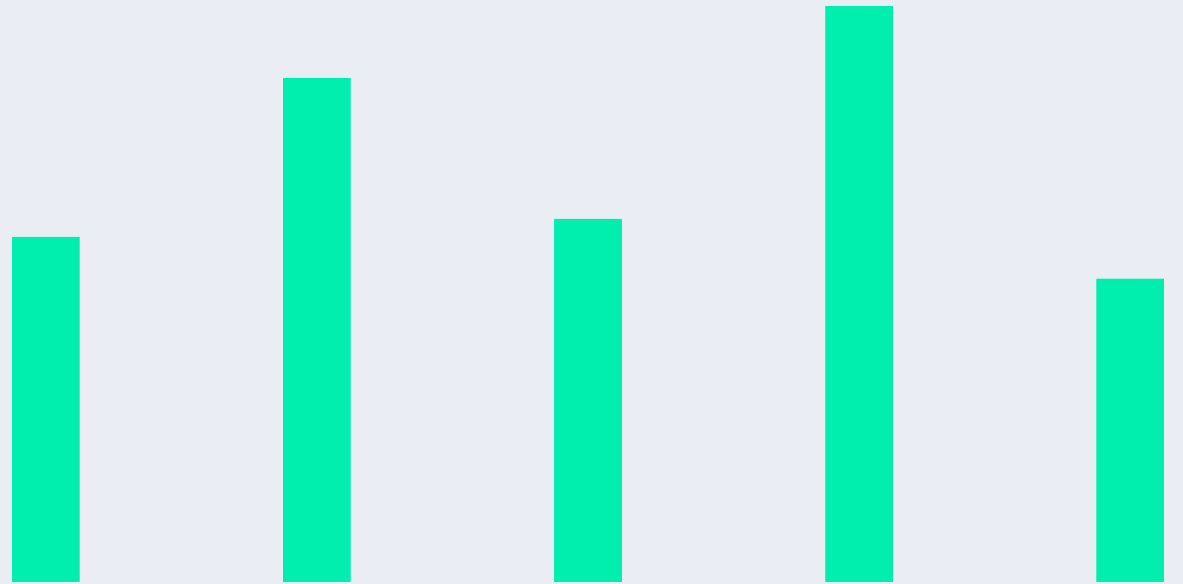
How the PASRR Screening Tool Works



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

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

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"/> Undocumented Resident: <input type="checkbox"/>	<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'.

- 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

Enter your search criteria:

Name (Last , First)*		SSN** (999999999):	Date of Birth (mm/dd/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/> Undocumented Resident: <input type="checkbox"/>	<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'.

There are no results matching your search criteria.
You may change your criteria for search or click on 'Create Applicant' button above, to create an Applicant with the above supplied data.

Select an Applicant

Narrow your search to see more.

NVP ID	Last Name	First Name	Middle Name	Date Of Birth	Gender	SSN	Medicaid ID
---------------	------------------	-------------------	--------------------	----------------------	---------------	------------	--------------------

There are no Applicants found matching the search criteria. Either Submit a new Level I PASRR Screening form, revise your search criteria or contact the helpdesk for further assistance.

- 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

Launch ▾ Home > Applicant Lookup >

Welcome Screening Tracking **Applicant Lookup** 1 Admin Notifications

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):	
test	test 2	<input type="text"/>	<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"/>

Search Clear

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'.

Select an Applicant

(Displaying 2 of 2 record(s)) Narrow your search to see more.

NVP ID	Last Name	First Name	Middle Name	Date Of Birth	Gender	SSN	Medicaid ID
257030	Tester 3	Test	1	08/19/1967	Male	xxx-xx-	

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	-	<input type="checkbox"/>

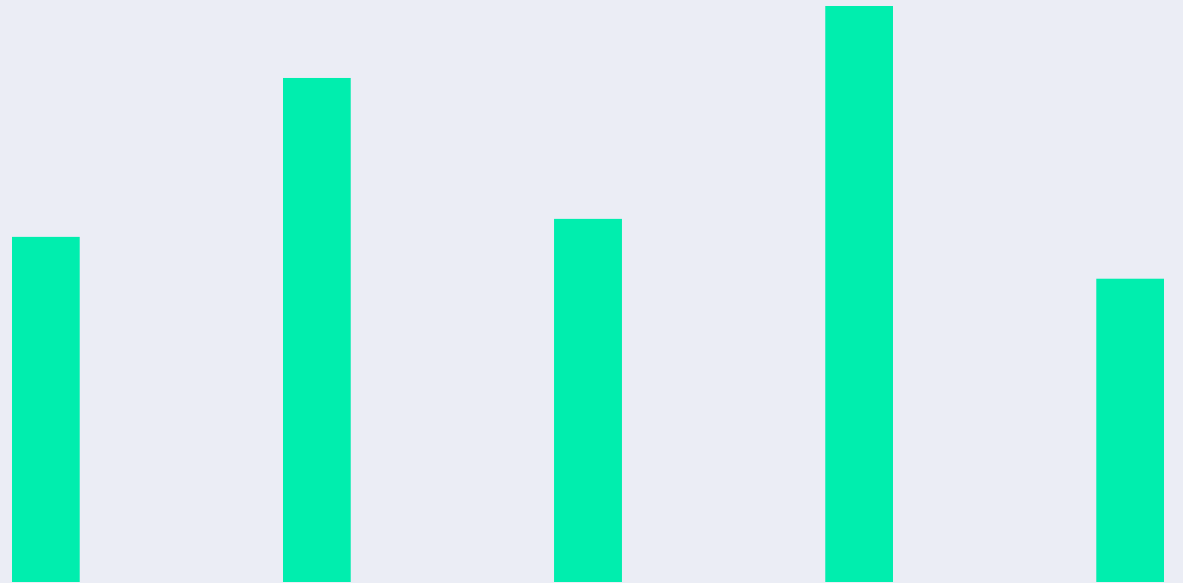
Screening History

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**

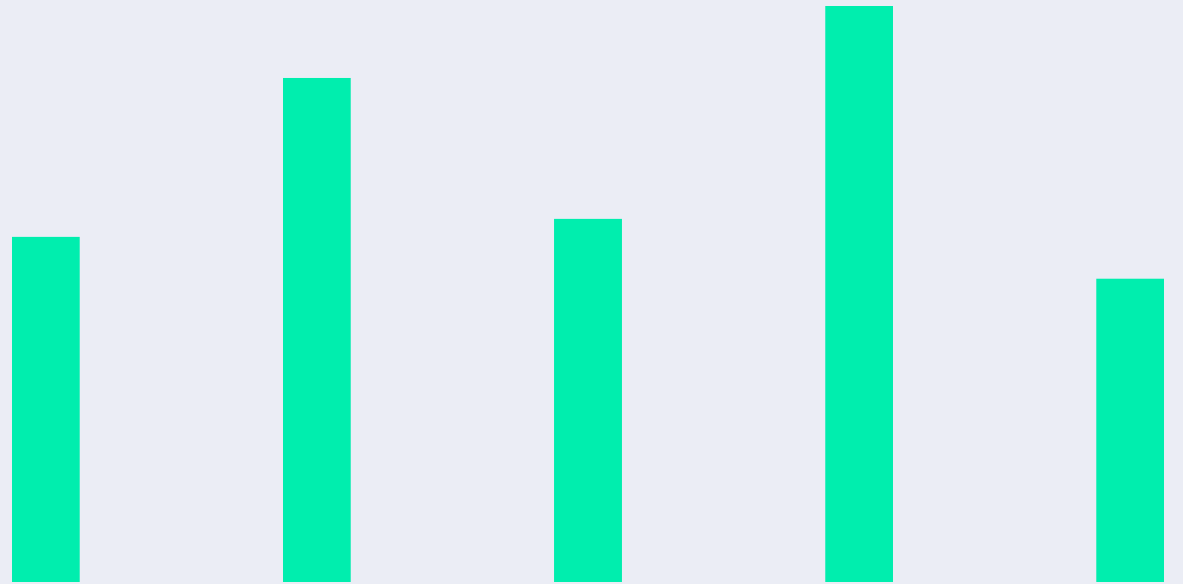
Screening ID	Status	Screening Type	Submission Date	Completed Date	Screeener Organization	Screeener Name
89715	Saved	PASRR(PAS)			ABC Org	Fraga, Thea
55976	Completed	Resident Review(RR)	03/26/2014	03/26/2014		Fraga, Thea
55968	Completed	PASRR(PAS)	03/26/2014	04/25/2014		User, HelpDesk
48151	Completed	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



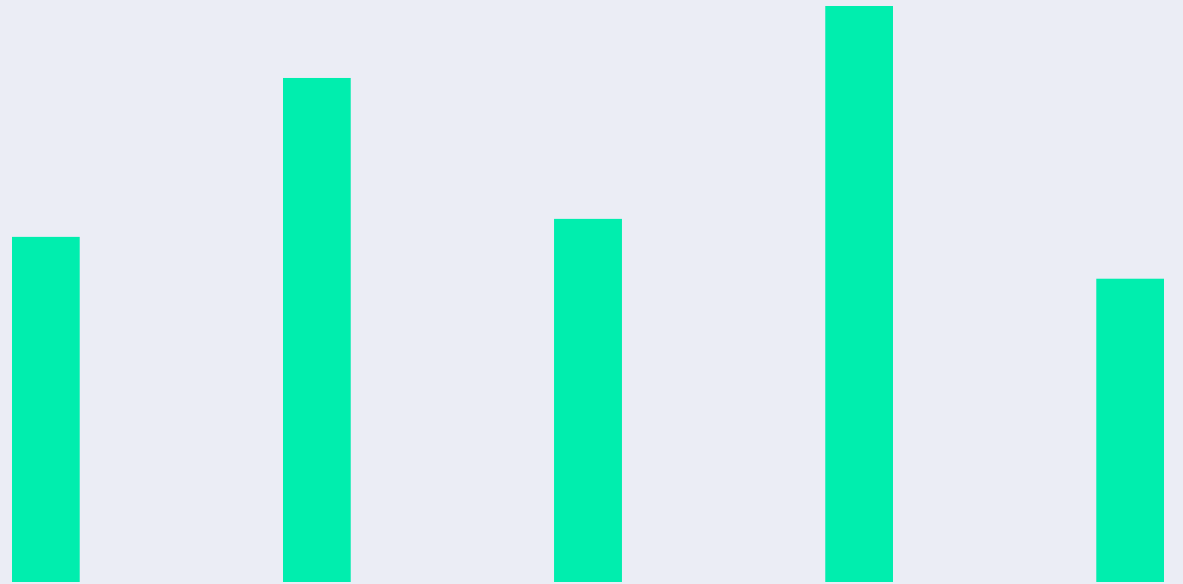
Screening Tab

The screenshot shows the 'Screening' tab interface. At the top, there is a navigation menu with 'Screening' selected. Below the menu, there is a 'Screening Filter' section with a table for filtering by 'Applicant First Name' and 'Applicant Last Name'. The 'Applicant Last Name' filter is set to 'tester'. Below the filter is a 'Screening List' section with a table of screening results. The table has columns for MUST ID, Applicant Name, USP ID, Status, Submission Date, Completed Date, and Screener Name. The table contains four rows of data.

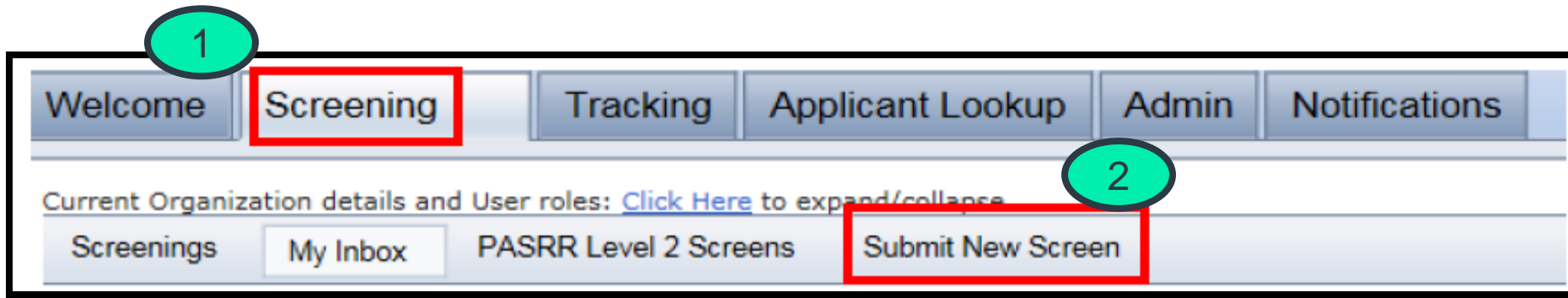
MUST ID	Applicant Name	USP ID	Status	Submission Date	Completed Date	Screener Name
122876	tester, test 4	USP160857	Saved			Admin, Organization (Carson Tahoe Hospital)
122871	tester, test 1	USP160854	Completed	04/20/2011	05/20/2011	Admin, Organization (Carson Tahoe Hospital)
122872	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP (HP Enterprise Services)
122872	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP (HP Enterprise Services)

- 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

Screenings My Inbox PASRR Level 2 Screens Submit New Screen

Submit New Screen

Step 1. Verify Your Contact Information

Screener Name: Organization: Organization Id:

Address: Telephone: Fax: Email:

Step 2. Enter Applicant Information

Last Name: First Name: Middle Name:

SSN (999999999): NVP ID: Date of Birth (mm/dd/yyyy):

Check box if recipient is Medicaid eligible Medicaid ID:

Step 3. Enter Screening Type

Screening Type: [Dropdown Menu]

Select appropriate Screening Type based on the screening to be created. The screening Type can NOT be changed after you start filling the form.

Continue

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

Submit New Screen

Validation Messages/Errors:

- The information entered does not match our records. Please check that your SSN, Name, Date Of Birth, USP ID, MedicaidId match. Also verify that you have entered the name and date of birth accurately

Step 1. Verify Your Contact Information

Screener Name:	Organization:	Organization Id:	
Fraga, Thea	HP Enterprise Services	HP11111111	
Address:	Telephone:	Fax:	Email:
2610 wycliff Rd Raleigh NC 27601	919-816-4303		thea.fraga@hp.com

Submit this Screen On-Behalf

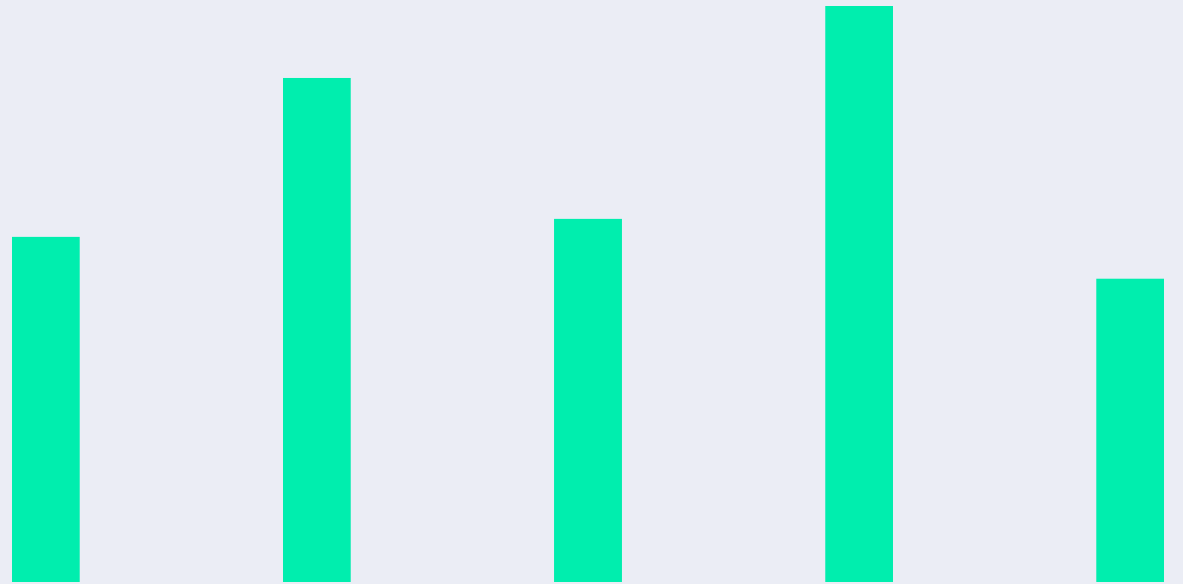
Selecting this option box allows you to enter Contact details of the person on-behalf of whom you are entering this screen.

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"/>
Check box if recipient is Medicaid eligible	<input type="checkbox"/>	
Medicaid ID:	<input type="text"/>	

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

PASRR Page 1



PASRR Page 1: Applicant Information

Applicant Information

Applicant Information 1

First Name: [Text] Last Name: [Text] Middle Name: [Text]

Recipient's Permanent Mailing Address 2:

Street Address: [Text]

City: [Text] State: **Nevada** Zip Code: [Text]

Recipient's Current Location (Physical Address) 2:

Physical Address Location Type:

Same as Screener Organization Address

Same as Permanent Mailing Address

Other (Enter New Address)

Gender (Physical Location): [Text]

Personal Details 2

State (Physical Location): [Text] Date of Birth (MM/DD/YYYY): [Text] Recipient's Home or Cell Phone Number (999-999-9999): [Text]

Gender: Select One Female Male

Marital Status: -- Select --

Other Insurance Name and Number: [Text] Medicaid ID Number: [Text] Medicaid Status: -- Select -- Medicaid County of Residence: -- Select --

Is Applicant's Primary Language English? Yes No

Is Applicant's Primary Spoken Language? -- Select --

Is Interpreter Needed? Yes No

Applicant's Preferred Setting of Care: -- Select --

Who has Legal Responsibility for this Applicant?: -- Select --

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

Is Applicant's Primary Language English? <input type="radio"/> Yes <input checked="" type="radio"/> No 3	If No, What is their Primary Spoken Language? -- Select --	Is Interpreter Needed? <input type="radio"/> Yes <input type="radio"/> No
Applicant's Preferred Setting of Care -- Select --	Who has Legal Responsibility for this Applicant? -- Select --	
Who has Legal Responsibility for this Applicant? 4		
Self		
Who has Legal Responsibility for this Applicant?		
Legally Responsible Person		
Responsible Party Information (Required if recipient has indicators of MI/MR/RC) 2		
Name		
Street Address		
City	State -- Select --	Zip Code
Home Phone or Cell Phone Number 999-999-9999	Work Phone Number 999-999-9999	

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 ?

Type of Contact -- Select --	Name		
Street Address			
City	State Nevada	Zip Code	
Home Phone or Cell Phone Number 999-999-9999	Work Phone Number 999-999-9999		

6

Attending/ Primary Physician ?

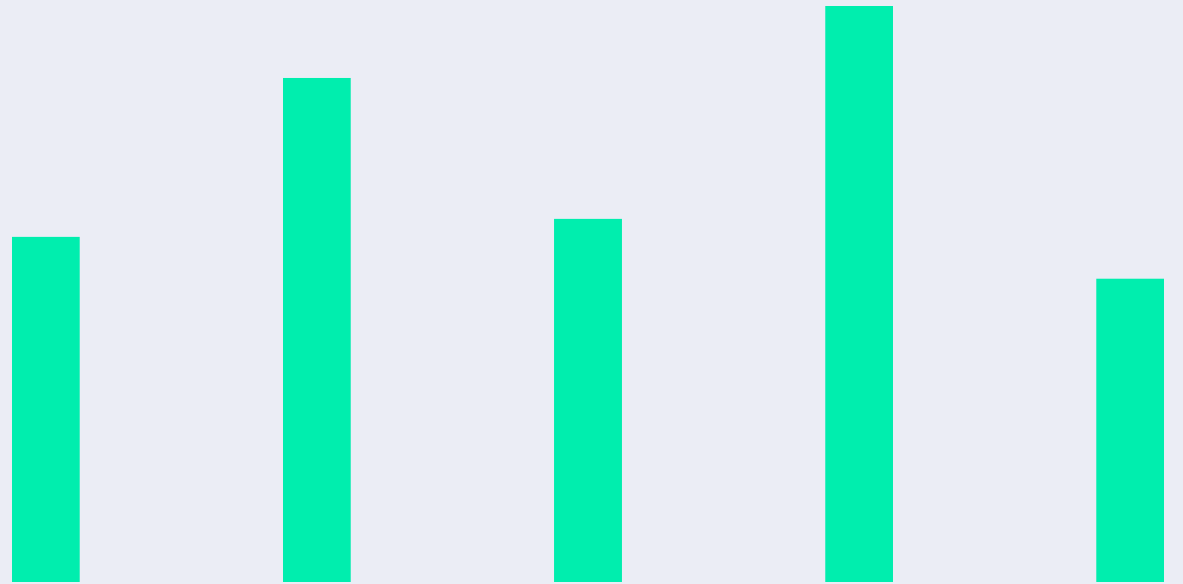
Physician Name	Telephone Number 999-999-9999	Physician Fax	Physicians NPI
Street Address	Mailing Address (if different from street address)		
City	State Nevada	Zip Code	
Internal Use only			
Screening ID: 89715	1 2 3 4 next >>	Save	Validate Submit Delete

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

Physical Health Diagnoses ?	
Substance Abuse ?	
Has History of, or Currently has a Substance Abuse Problem	Date of Last Use (mm/dd/yyyy)
<input type="radio"/> Yes <input type="radio"/> No	
1	
Severe Physical Illness ?	
Is there a severe physical illness?	Severe Physical Illness Diagnoses
<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS) <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) <input type="checkbox"/> Coma <input type="checkbox"/> Congestive Heart Failure (CHF) <input type="checkbox"/> Huntingtons Disease <input type="checkbox"/> Parkinson <input type="checkbox"/> Ventilator Dependence (Functioning at a Brain Stem Level) <input type="checkbox"/> Other
2	
Other Severe Physical Illness	

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

Terminal Illness 3	
Terminal Illness - (where physician has certified life expectancy of 6 months or less) <input type="radio"/> Yes <input type="radio"/> No	Has Doctor Certified a Terminal Prognosis? <input type="radio"/> Yes <input type="radio"/> No
Name of Physician <input type="text"/>	Date of Physician Certification (mm/dd/yyyy) <input type="text"/>

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? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Cognitive Impairment Diagnoses Alzheimer's Disease Creutzfeldt-Jakob Disease Dementia Frontotemporal Dementia Lewy Body Dementia Multi-infarct Dementia Pre-Senile Dementia Other	If Other Cognitive Impairment Diagnosis, Specify	Is Dementia the Primary Diagnosis ? <input type="radio"/> Yes <input type="radio"/> No

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

Current Medications ?

Medications ? **5** How many to add? 1 Add Medications

Medication Name (Some OTC medications may not be available in the dropdown) Type of Medication **6**

-- Select --

If this is a Psychiatric Medication and there is no Mental Health Diagnosis, Identify Purpose for this Medication

Screening ID: 89715 << prev 1 2 3 4 next >> Save Validate Submit Delete

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

5. Type medication in “Medication Name” box.

6. Select Type of Medication

–OTC

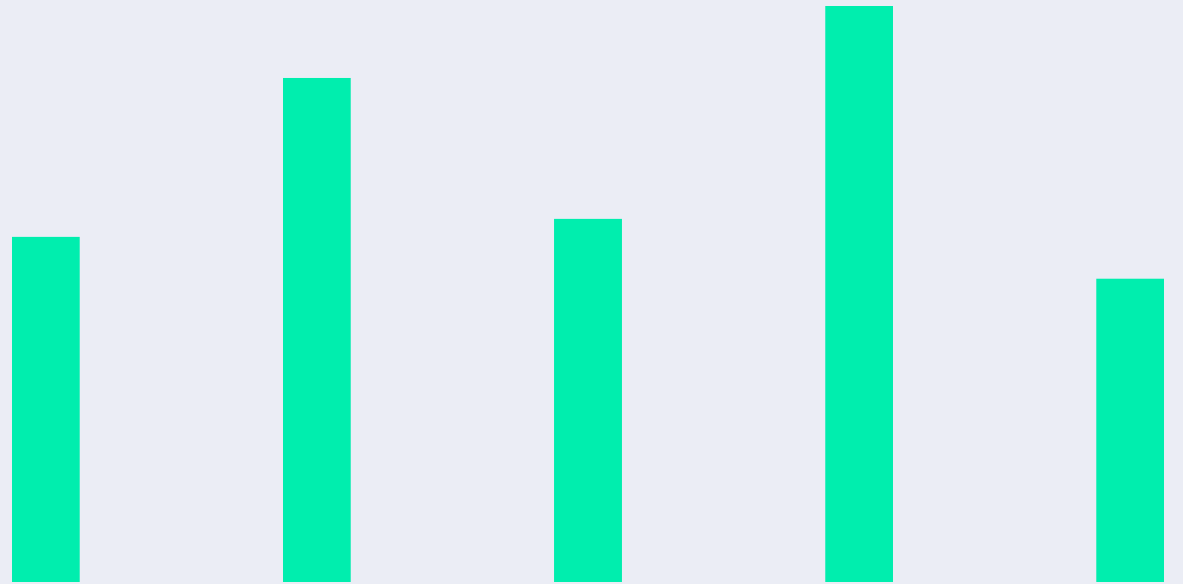
–Formulary

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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Disorders/Diagnoses Severe Anxiety/Panic Disorder Bipolar Disorder Delusional Disorder Eating Disorder Major Depression Personality Disorder Psychotic Disorder Schizoaffective Disorder Schizophrenia Somatoform Disorder Other	If Other MH Diagnosis, Specify

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

Mental Retardation (MR) Diagnosis 2			
Is there an MR Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No	If MR Diagnosis is Present/Suspected, Indicate the Severity Level	Age at Onset (years)	Are MR Services Being Provided? <input type="radio"/> Yes <input type="radio"/> No

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? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Select All RC Diagnoses Autism Blindness Cerebral Palsy Closed Head Injury Deafness Epilepsy(Seizure Disorder) Other	If Other RC Diagnoses, Specify	Did the Condition Manifest Prior to Age 22? <input type="radio"/> Yes <input type="radio"/> No

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

Mental Health Behavioral Profile ?	
<p>Concentration/Task Limitations within the Past 6 Months</p> <p><input type="checkbox"/> Serious difficulty completing age related tasks</p> <p><input type="checkbox"/> Serious loss of interest in things</p> <p><input type="checkbox"/> Serious difficulty maintaining concentration/attention</p> <p><input type="checkbox"/> Numerous errors in completing tasks which she/he should be physically capable</p> <p><input type="checkbox"/> Requires assistance with tasks for which she/he should be physically capable of accomplishing</p> <p><input type="checkbox"/> Other</p>	<p>Other Concentration Task Limitations</p> <input type="text"/>
<p>Adaptation Problems/Changes within the past 6 months</p> <p><input type="checkbox"/> Requires mental health intervention due to increased symptoms</p> <p><input type="checkbox"/> Requires judicial intervention due to symptoms</p> <p><input type="checkbox"/> Symptoms have increased as a result of adaptation difficulties</p> <p><input type="checkbox"/> Serious agitation or withdrawal due to adaptation difficulties</p> <p><input type="checkbox"/> Other</p>	<p>Adapting To Changes Other</p> <input type="text"/>

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

The screenshot shows a web interface for entering mental health treatments. At the top, there is a header bar with 'Mental Health Treatments ?' on the left and 'How many to add? 1' with a dropdown arrow on the right. A red rectangular box highlights the 'Add Mental Health Treatments' button. Below this is a table with a header row containing 'Mental Health Treatments ?' and a green circle with the number '5'. The table has a column for 'Treatments Received within the Past 2 Years' and a column for 'Date Treatment was Received (mm/dd/yyyy)'. The first row in the table has 'Inpatient Psychiatric Hospital' selected in the first column and an empty date input field in the second column. A green circle with the number '6' is placed over the date input field. A calendar icon is visible below the date input field.

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

Mental Illness Interventions		Add Additional Intervention
7 Interventions to Prevent Hospitalization	Intervention Treatment Date (MM/DD/YYYY)	8 Delete
If Other MI Intervention, Specify		

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

Cognitive Status ?		
Orientation ?		
Oriented to Time	Oriented to Person	Oriented to Place
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No

8. Orientation questions must be answered Yes or No.

PASRR Page 3, continued

Mood and Behavior 2				
<input type="checkbox"/> Wandering	<input type="checkbox"/> Physically Abusive	<input type="checkbox"/> Resists Care		
<input type="checkbox"/> Socially Inappropriate/Disruptive Behavioral Symptoms		<input type="checkbox"/> Verbally Expressions of Distress		
<input type="checkbox"/> Self Deprecation	<input type="checkbox"/> Unrealistic Fears	<input type="checkbox"/> Anxious Non-Health Complaints/Concerns	<input type="checkbox"/> Persistent Anger	
<input type="checkbox"/> Repetitive Verbalizations	<input type="checkbox"/> Negative Statements	<input type="checkbox"/> Sad, pained worried facial expressions	<input type="checkbox"/> Crying/Tearfulness	
<input type="checkbox"/> Unpleasant Mood in Morning	<input type="checkbox"/> Insomnia/Disturbed Sleep Patterns	<input type="checkbox"/> Reduced Social Interaction/Isolation	<input type="checkbox"/> Repetitive Physical Movements	<input type="checkbox"/> Withdrawal From Activities of Interest
Interpersonal Functioning 2				
<input type="checkbox"/> Combative	<input type="checkbox"/> Dangerous to Self, Others, or Property?	<input type="checkbox"/> Altercations		
<input type="checkbox"/> Evictions Due To Socially Inappropriate Behavior	<input type="checkbox"/> Fear of Strangers	<input type="checkbox"/> Illogical Comments		
<input type="checkbox"/> Suicide Attempts/Ideation	<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Excessive Irritability		
<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Paranoid Ideation	<input type="checkbox"/> Homicidal		
<input type="checkbox"/> Anxious	Other Conditions <input type="text"/>			

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? <input checked="" type="radio"/> Yes <input type="radio"/> No	If Yes Then Indicate the Duration of the Nursing Facility Stay Convalescent Care - 45 Days
<input type="checkbox"/> Recipient was directly admitted to a Nursing Facility after receiving acute inpatient care in a hospital	
<input type="checkbox"/> Recipient requires Nursing Facility services for the condition for which the recipient received care in the hospital	
<input type="checkbox"/> 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

Communication ?	
Makes Self Understood	Understand/Use of Language
-- Select --	<input type="checkbox"/> Uses Language/Speaks With No Difficulty
	<input type="checkbox"/> Incomprehensible sounds
	<input type="checkbox"/> Gestures
	<input type="checkbox"/> Writing
	<input type="checkbox"/> Assistive Devices
	<input type="checkbox"/> Sign Language
	<input type="checkbox"/> Does Not Understand/Use Language
	<input type="checkbox"/> Understands Language But Does Not Use
	<input type="checkbox"/> Speaks with Difficulty

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

Functional Limitations 3	
Does the applicant have any functional limitations? <input type="radio"/> Yes <input checked="" type="radio"/> No	Select All That Apply Incapable of Self-Care Incapable of Self-Direction Immobile Incapable of Independent Living Incapable of Learning

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

Screeener Certification ?

Who supplied the information entered on this form?

- Applicant
- Family Member
- Friend
- Medical Record
- Doctor
- Nurse
- Case Manager
- Social Worker
- Other

5

By checking this box I certify that the individual being screened or their appropriate family member or guardian has been informed that Nursing Facility placement is being considered.

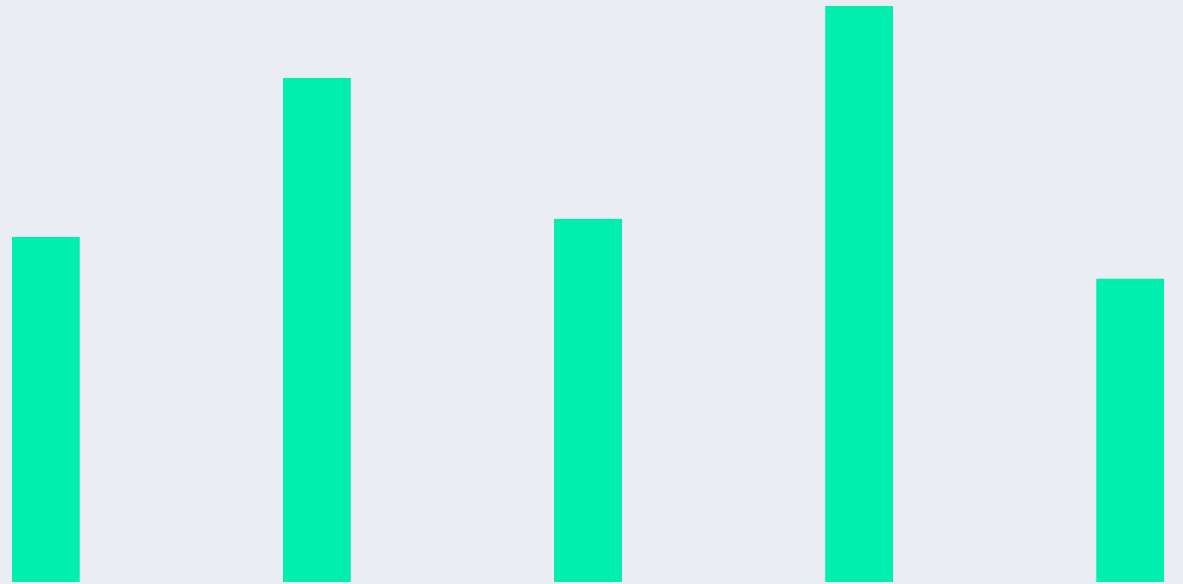
I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation.

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

4. Select appropriate box under “Screeener 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

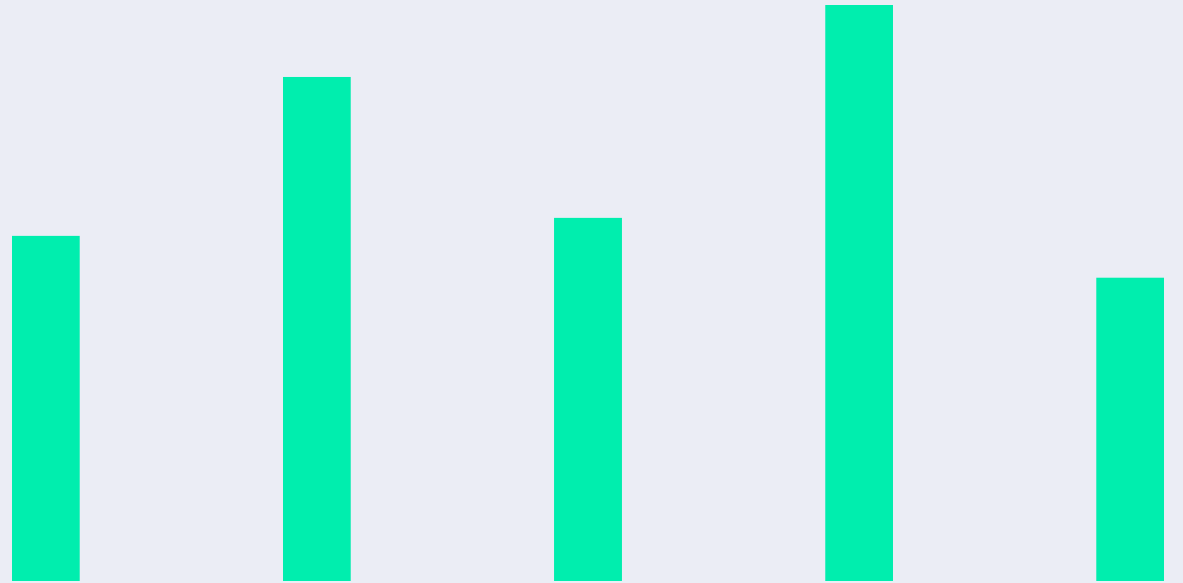
Fix the following errors and click Submit to submit your form:

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	Physical Address Location Type is required.	Recipient's Current Location (Physical Address)
1	Marital Status is required.	Personal Details
1	Medicaid Status is required.	Personal Details
1	Medicaid County Of Residence is required.	Personal Details

ning ID: 89715 << prev [1](#) **[2](#)** [3](#) [4](#) next >> Save Validate Submit Delete

- 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

Screening has been submitted and your Screening ID for reference is

Screening ID	Current status of your Screening	PASRR #	Description
	Completed		An email should have arrived in your inbox explaining Screening Disposition. You may view the screening notification by clicking on Notifications tab



Print... Ctrl+P

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.

The display above shows the screen completion confirmation.

Screen Submitted – Manual Review

The screenshot displays a web interface with two main sections. The top section, titled 'Screening List', contains a table with columns: MUST ID, Applicant Name, USP ID, Status, Submission Date, Completed Date, and Screener Name. The first row is highlighted in orange and has the 'MUST ID' underlined. Below the table is a 'Workflow Task' section with a sub-header 'Additional Information Required:'. This section contains a message and a text input field with a 'Submit' button.

MUST ID	Applicant Name	USP ID	Status	Submission Date	Completed Date	Screener Name
<u>122856</u>	tester, test 4	USP160837	Saved			Admin, Organization (Carson-Tahoe Hospital)
122853	tester, test 1	USP160854	Completed	04/20/2011	05/20/2011	Admin, Organization (Carson-Tahoe Hospital)
122832	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP (HP Enterprise Services)
122832	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP (HP Enterprise Services)

Workflow Task:

Additional Information Required:

Additional Information is required. Please review the messages in the [Messages](#) section of this page to see what action is required. If you need to attach a file, please use the "Add Attachment" section on this page. **IMPORTANT:** [Attachments](#) must be added before submitting your reply.

Message Text:

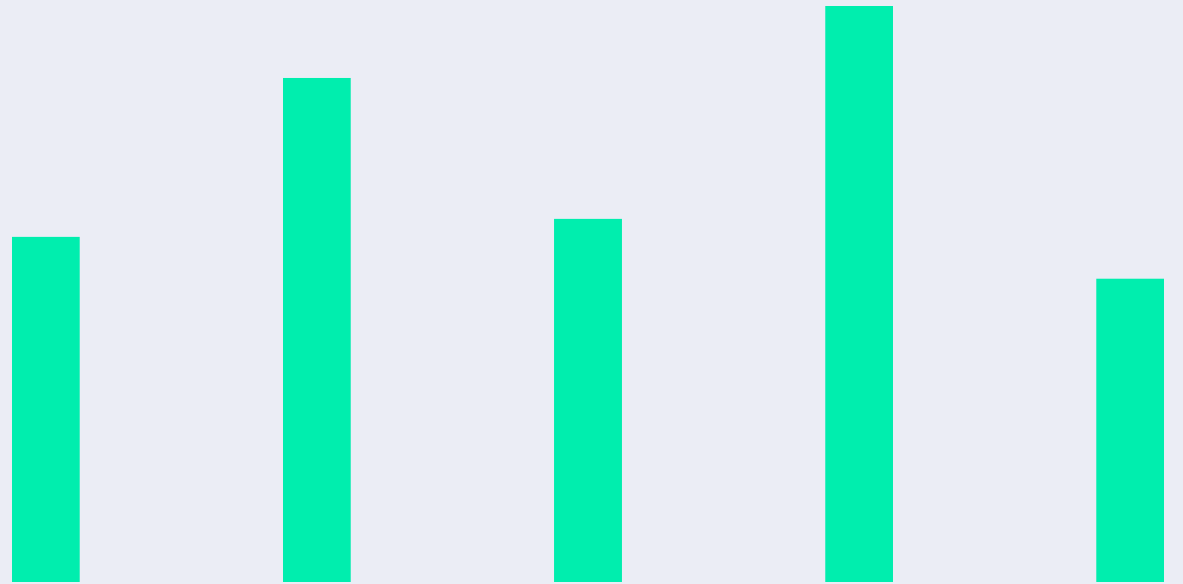
250 characters limit

Submit

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

Launch Home > Notifications > ? Log Out

Welcome Screening Tracking Applicant Lookup Admin Notifications Reports QA Third Party

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

Notifications List

Notification Filter

Filter By	Condition	Filter Value	Action
Log ID	Equals		Add Filter

Notification List

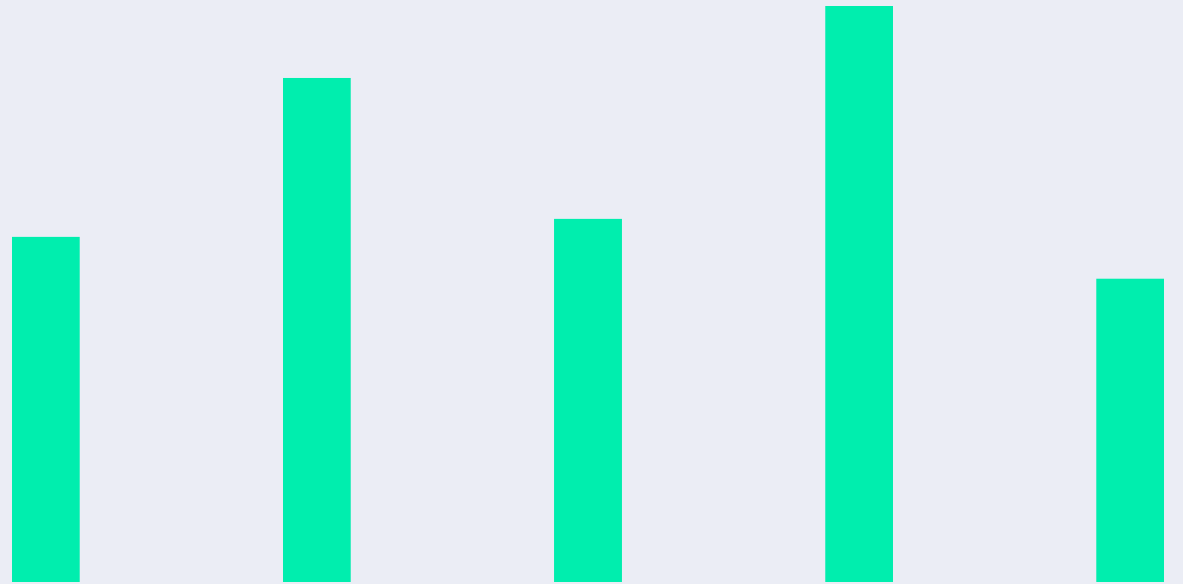
[\[Show Archived Notifications\]](#)

1 >> Last Results Per Page: 25 Displaying: 1-25 of 27

Log ID	PASRR	Applicant Name	Notification Name	PDF File	Date Created	Date Sent	Receiver	Method	Address	Screener Name
11552	122885		PASRR Level II Referral Notification	PASRR_L2_Referral_122885.pdf	05/27/2011 17:51	05/27/2011 17:51	Screener	Email		
11552	122885		PASRR Level II Referral Notification	PASRR_L2_Referral_122885.pdf	05/27/2011 17:51		Applicant or Legal Guardian	Regular Mail		

- 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

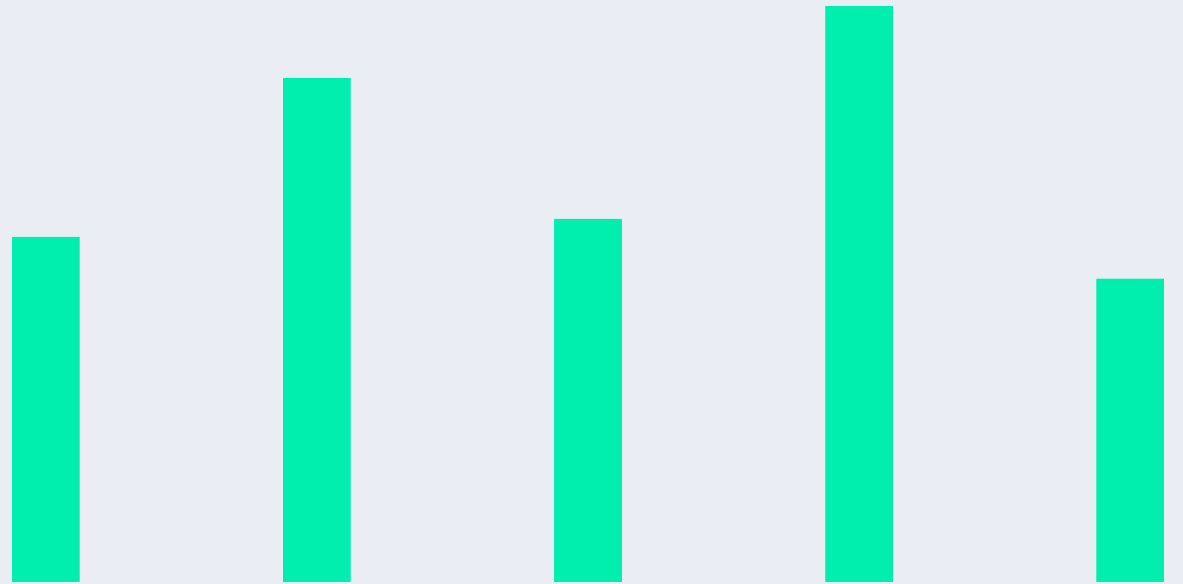
IB:

- 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.

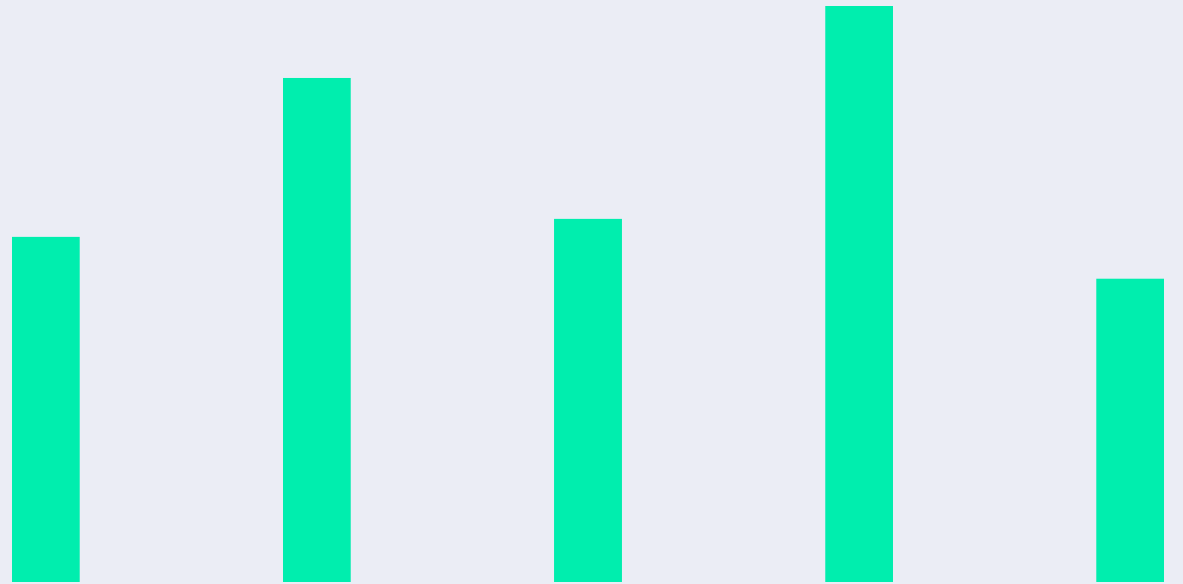
IIA:

- 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.

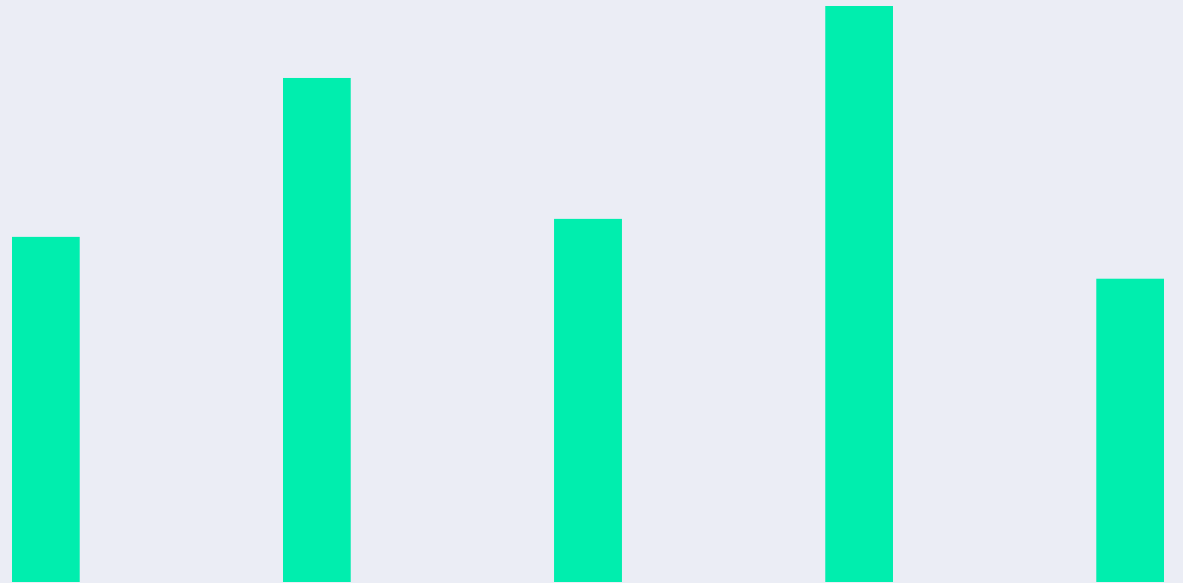
The Screening Tool Process

- 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.

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. The main search area is titled 'Enter your search criteria:' and contains 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)'. Red boxes highlight the 'Name' and 'SSN' fields, and 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'.' The 'Select an Applicant' section below shows a table with columns: 'NVP ID', 'Last Name', 'First Name', 'Middle Name', 'Date Of Birth', 'Gender', 'SSN', and 'Medicaid ID'. A row is visible with '166675' in the NVP ID column. Red boxes highlight the 'First Name', 'Date Of Birth', 'SSN', and 'Medicaid ID' columns. A blue arrow points to the 'Last Name' column.

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.

The screenshot shows the 'Applicant Lookup' tab selected in the navigation bar. The search criteria form includes fields for Name (Last, First)*, SSN** (999999999), Date of Birth (mm/dd/yyyy), Undocumented Resident, Screening ID (99999999), Medicaid ID, PASRR Number, and NVP ID (999999). A 'Search' button and a 'Clear' button are at the bottom. A 'Screening History' link is highlighted with a red box and a green arrow. The history table below shows a single entry with a red box around the 'Screener Organization' field.

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"/>	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



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
	Standard		
PHN	Latest PASRR #	Start Date	Expiration Date
1-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	08/08/2013		Screener, Organization	more...

Submit New Screen

- Click on Submit New Screen tab.
- 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 three tabs: 'Screenings', 'My Inbox', and 'Submit New Screen'. A blue arrow points to the 'Submit New Screen' tab. The main content area 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 the form.

Initial Placement

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

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

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.

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	

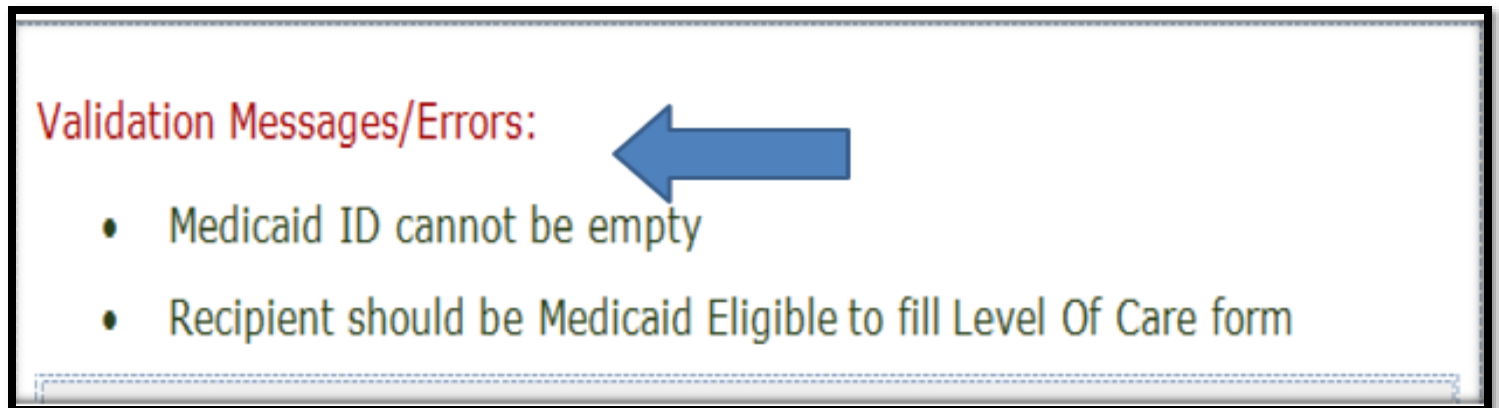
Medicaid Eligibility

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 titled 'Is Medicaid Eligible?' and contains two radio buttons labeled 'Yes' and 'No'. A red rectangular box highlights this entire section. A blue arrow points from the right towards the 'Yes' radio button. Below this section is a field labeled 'Medicaid ID:' followed by an empty text input box.



The screenshot shows a validation message box with a dashed border. The title 'Validation Messages/Errors:' is in red text. A blue arrow points from the right towards the title. Below the title are two bullet points:

- Medicaid ID cannot be empty
- Recipient should be Medicaid Eligible to fill Level Of Care form

Screening Type

Step 3. Enter Screening Type

Screening Type: [Dropdown Menu]

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

Service Level: Standard

Initial Placement: [Dropdown Menu]

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

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 cannot be changed after 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 shows a web application interface with a navigation menu at the top containing 'Welcome', 'Screening', 'Tracking', 'Applicant Lookup', 'Admin', 'Notifications', 'Reports', and 'Third Party'. The 'Screening' menu item is highlighted with a red box. Below the navigation is a breadcrumb trail 'PASRR > Screening >'. A secondary menu contains 'Screenings', 'My Inbox', 'PASRR Level 2 Screens', and 'Submit New Screen'. The main content area is divided into sections, with the first two highlighted by red boxes. The first section, 'Screening Type ?', contains a dropdown menu labeled 'Please choose the type of work being' with a value of '-- Select --', and a text field for 'Date of creation' with the value '2013-08-10T09:27:22.016'. The second section contains two columns of radio button options: 'Reason For Screening' with options 'Initial Placement', 'Retro Eligibility', 'Service Level Change', and 'Time Limitation'; and 'LOC Service Level' with options 'Standard', 'Pediatric Specialty Care I', 'Pediatric Specialty Care II', and 'Ventilator Dependent'. The third section, 'Requesting Facility or Provider Information ?', contains several input fields: 'Screener' and 'Organization' (with 'Carson-Tahoe Hospital' pre-filled), 'Professional Title', and another 'Organization' field. Below these are three rows of fields for contact information: 'Screener Contact Name', 'Screener Contact Org Name', and '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.

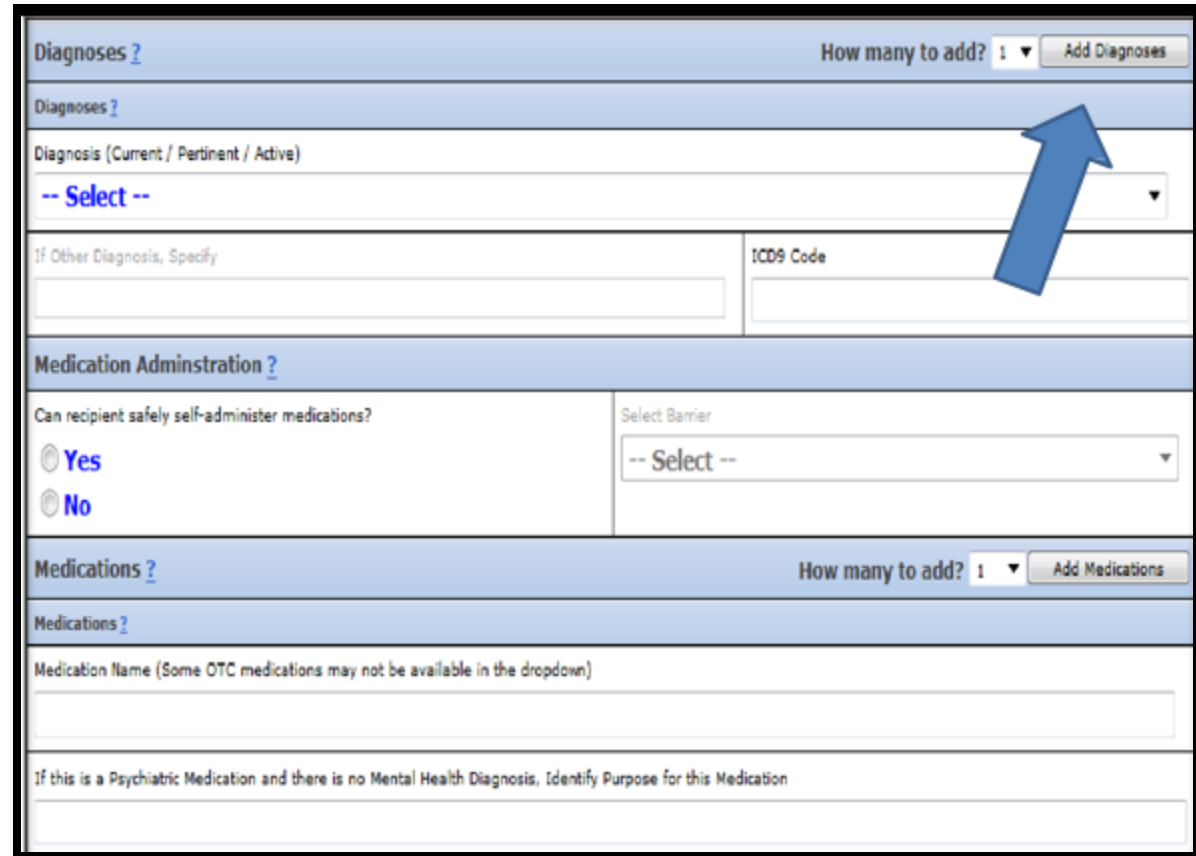
The screenshot displays a web form titled "Applicant Information" with the following sections and fields:

- Applicant Information:** Last Name, First Name, Middle Name.
- Recipient's Permanent Mailing Address:** Street Address, City, State (Nevada), Zip Code.
- Personal Details:** Social Security Number (999999999), Date of Birth (mm/dd/yyyy), Gender (Select), Recipient's Home or Cell Phone Number (999-999-9999), Medicaid ID Number, Medicaid Status (Select), Medicaid County Of Residence (Select).

At the bottom of the form, there is a "Screening ID: 124272" and a navigation bar with tabs 1, 2, 3, 4, and "next >>". A blue arrow points to the "next >>" link. Action buttons for "Save", "Validate", "Submit", and "Delete" are also present.

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 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 'Diagnoses ?' and a sub-header 'Diagnosis (Current / Pertinent / Active)'. A dropdown menu shows '-- Select --'. Below this 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, with a header 'Medications ?' and a sub-header 'Medication Name (Some OTC medications may not be available in the dropdown)'. There is an input field for the medication name and another 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, and a red box highlights a note: '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 menu 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 menu with "-- Select --" as the current selection.
- Medications ?**: This section is highlighted with a red box. It includes a "How many to add?" dropdown menu set to "1" and an "Add Medications" button. A blue arrow points to the "Add Medications" button.

Below the "Medications ?" section, there is 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".

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	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.

The screenshot displays a form with two main sections: 'Bowel Function' and 'Bladder Function'. The 'Bowel Function' section has a dropdown menu open, showing the following options: -- Select --, -- Select --, Independent (highlighted in blue), Supervision, Limited Assistance, Extensive Assistance, Total Dependence, Activity Did Not Occur, and -- Select --. To the right of the 'Bowel Function' dropdown is a 'Bowel Function Support' dropdown menu with the option -- Select --. Below these are two more dropdown menus: 'Bathing Support Provided' with -- Select -- and 'Personal Hygiene Support Provided' with -- Select --. The 'Bladder Function' section is below, with a dropdown menu set to 'Supervision' and a 'Bladder Function Support' dropdown menu set to '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 displays two screenshots of a software interface for entering locomotion information. The top screenshot shows a dropdown menu for 'Locomotion' with 'Independent' selected. The bottom screenshot shows a dropdown menu for 'Locomotion' with 'Supervision' selected, and a list of locomotion support options with checkboxes. The bottom screenshot is highlighted with a red border.

Locomotion	Locomotion Support
-- Select --	<input type="checkbox"/> Bed/chair
-- Select --	<input type="checkbox"/> Bed Only
Independent	<input type="checkbox"/> Braces
Supervision	<input type="checkbox"/> Cane
Limited Assistance	<input type="checkbox"/> Crutches
Extensive Assistance	<input type="checkbox"/> Heavy Duty Bed
Total Dependence	<input type="checkbox"/> Hoyer Lift
Activity Did Not Occur	

Locomotion	Locomotion Support
Supervision	<input type="checkbox"/> Bed/chair
	<input type="checkbox"/> Bed Only
	<input type="checkbox"/> Braces
	<input type="checkbox"/> Cane
	<input type="checkbox"/> Crutches
	<input type="checkbox"/> Heavy Duty Bed
	<input type="checkbox"/> Hoyer Lift
	<input type="checkbox"/> Quad Cane
	<input type="checkbox"/> Walker
	<input type="checkbox"/> Wheelchair
	<input type="checkbox"/> Other

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 a software interface for entering recipient information. It is divided into three main sections:

- Recipients Need for Supervision ?**: A grid of checkboxes for various needs:
 - Behavior Problem
 - Resists Care
 - Socially Inappropriate
 - Wandering
 - Physically Abusive
 - Safety Risk
 - Verbally Abusive
- Meal Preparation ?**: A drop-down menu for 'Meal Preparation Self-Performance'. The options are: -- Select --, -- Select --, Independent Supervision, Limited Assistance, Extensive Assistance, Total Dependence, and Activity Did Not Occur. The 'Activity Did Not Occur' option is currently selected and highlighted in blue.
- Home Making Services ?**: A drop-down menu for 'Home Making Services - Self-Performance'. The options are: -- Select --, -- Select --, Independent Supervision, Limited Assistance, Extensive Assistance, Total Dependence, and Activity Did Not Occur. The 'Independent Supervision' option is currently selected and highlighted in blue.

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

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 & 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

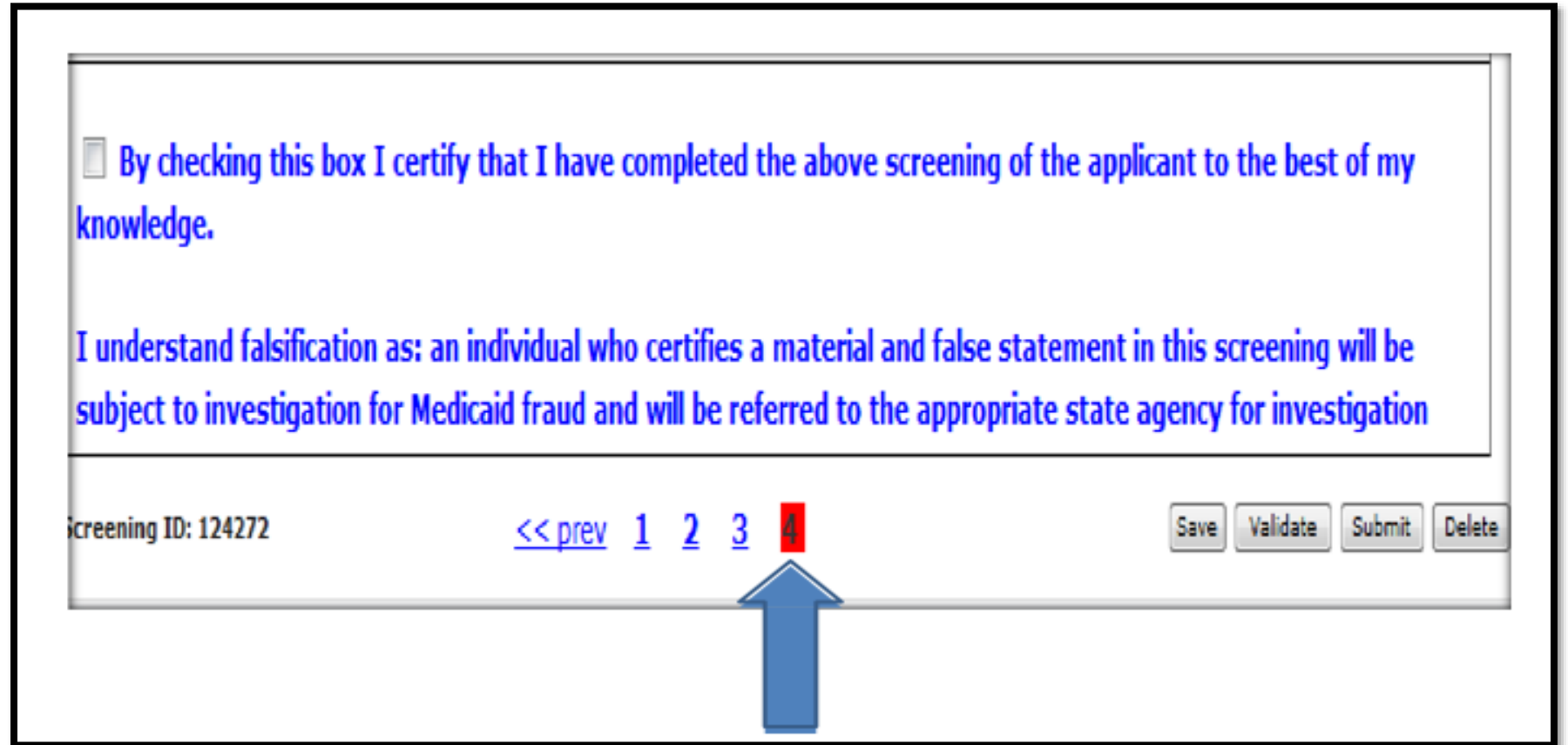
- Enter information to support the medical necessity of Pediatric specialty care
- If you have selected Pediatric Specialty Care I or II, you are required to attach documentation; indicate if you are faxing it.

<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: 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): 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

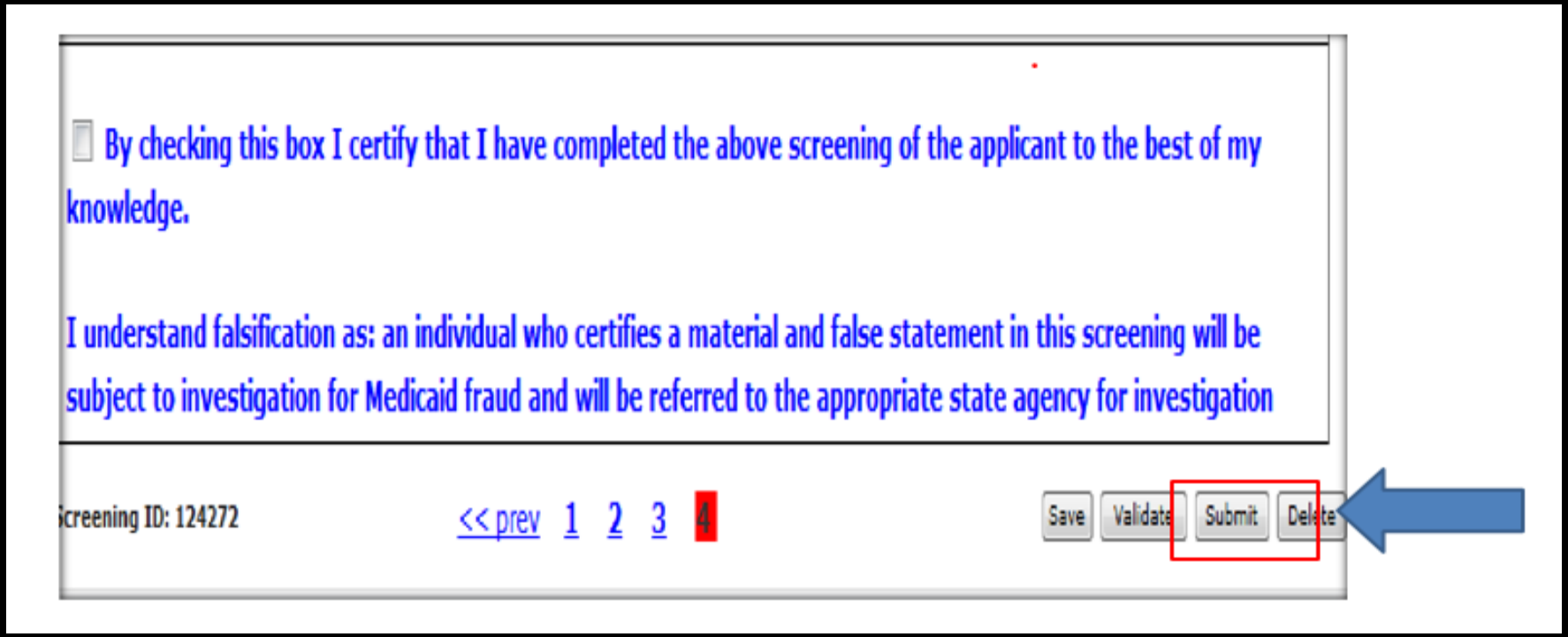
Screening ID: 124272 << prev 1 2 3 **4** Save Validate Submit Delete

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

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

A blue arrow points to the "Submit" button, which is highlighted with a red box.

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

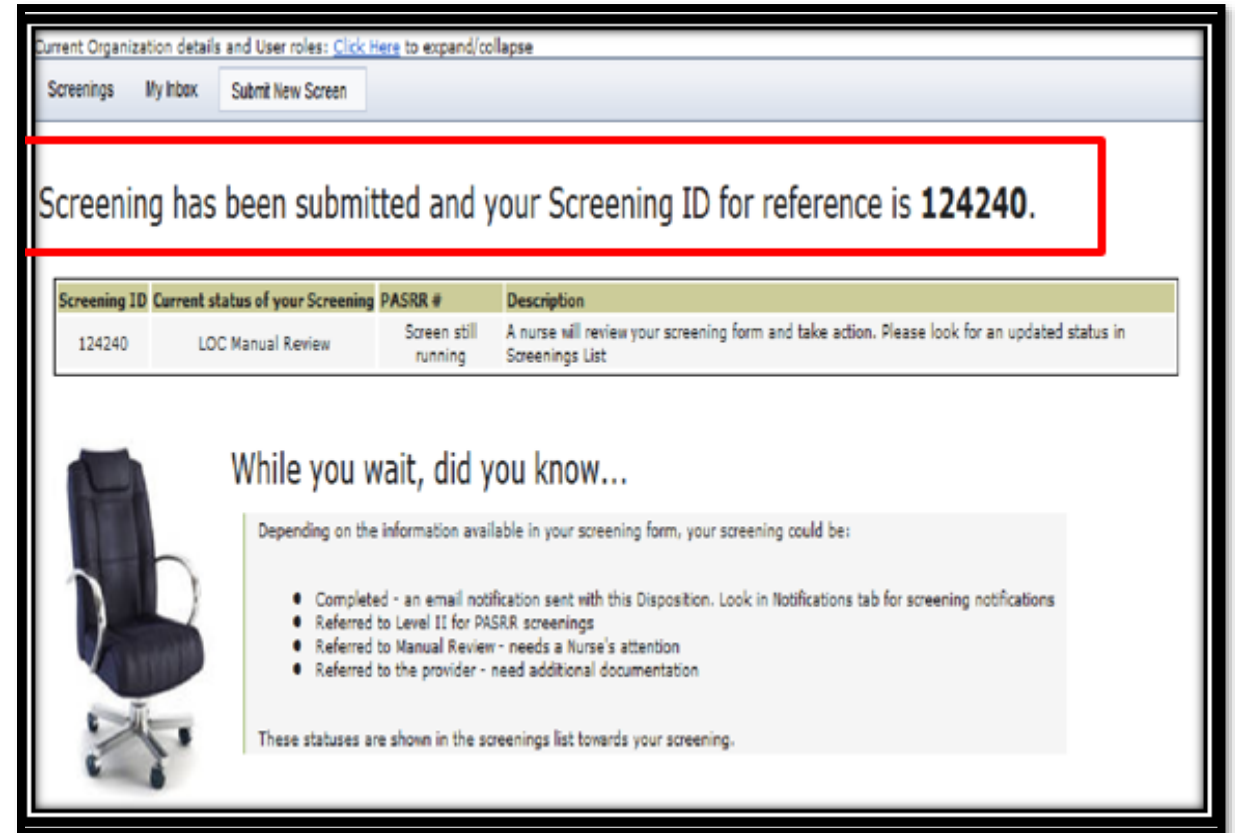
Screenings My Inbox PASRR Level 2 Screens Submit New Screen

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

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

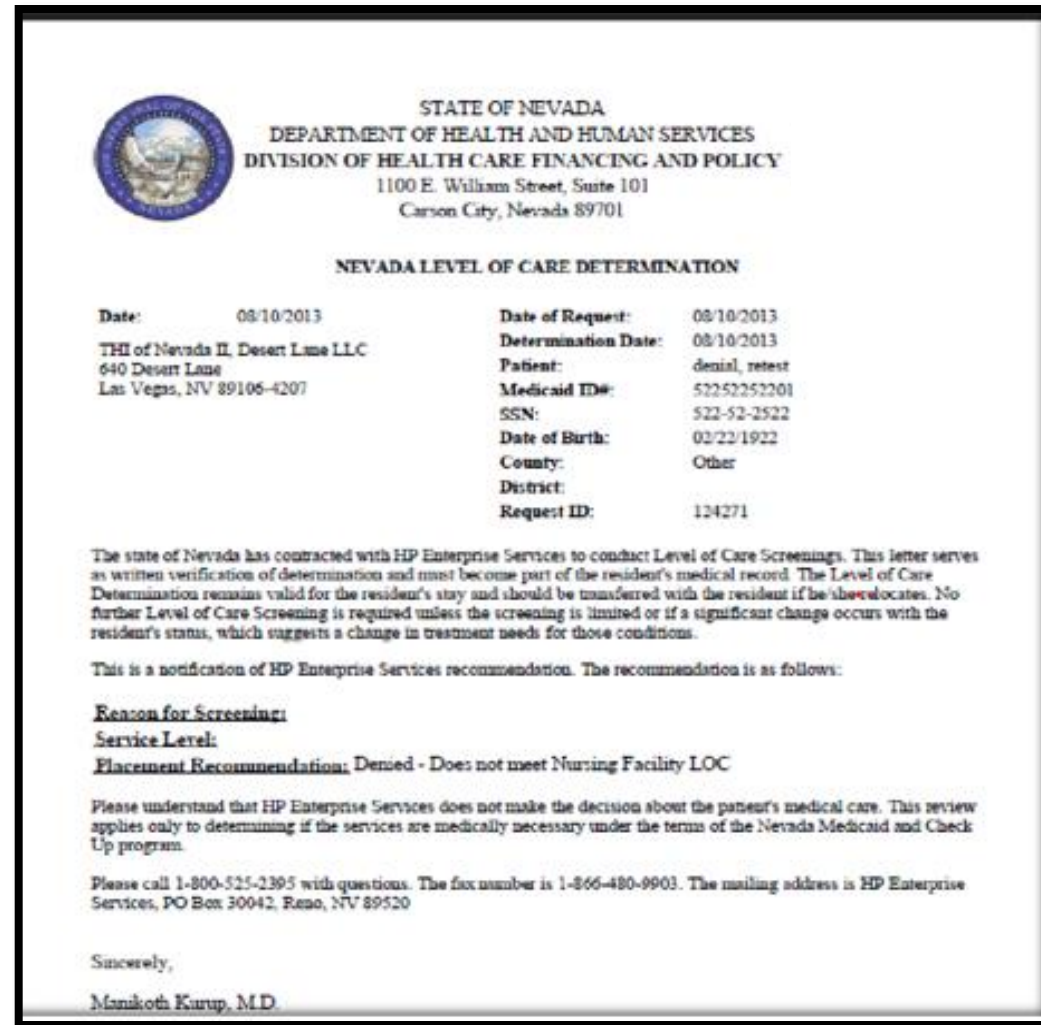
[[Show Archived Notifications](#)]

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	Screen
19773	124270	Retest, Peds	LOC Pediatric Specialty Care	loc_ped1_124270.pdf	08/15/2013	08/15/2013	Screener	Email	Screener, Organization	Screen

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.



The image shows a letter from the State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy. The letter is titled "NEVADA LEVEL OF CARE DETERMINATION" and contains the following information:

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	Date of Request: 08/10/2013
THI of Nevada II, Desert Lane LLC 640 Desert Lane Las Vegas, NV 89106-4207	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



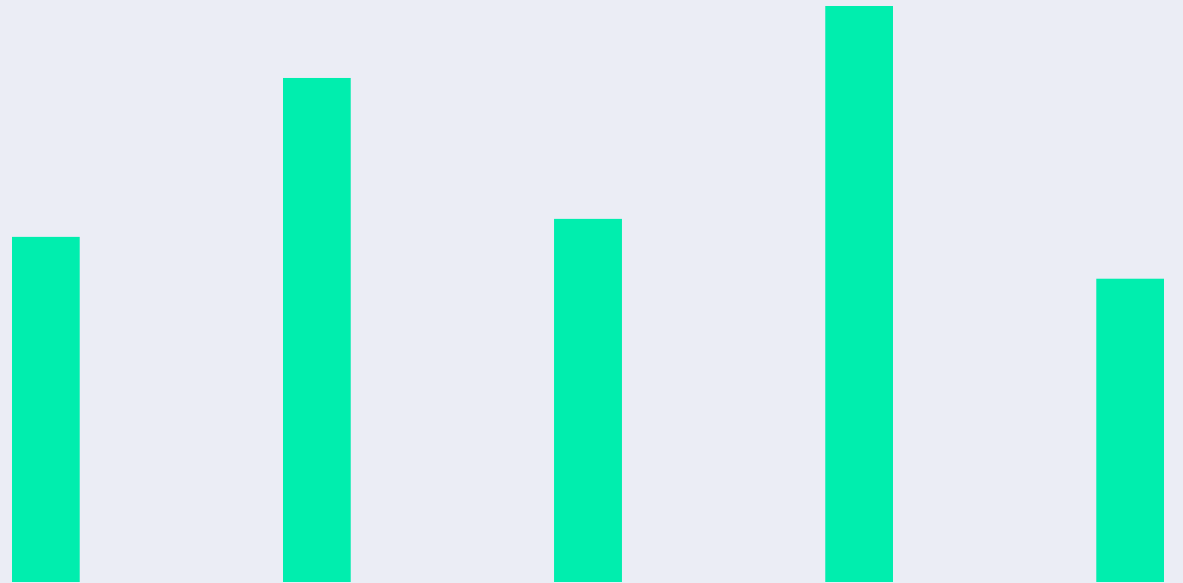
Objectives



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

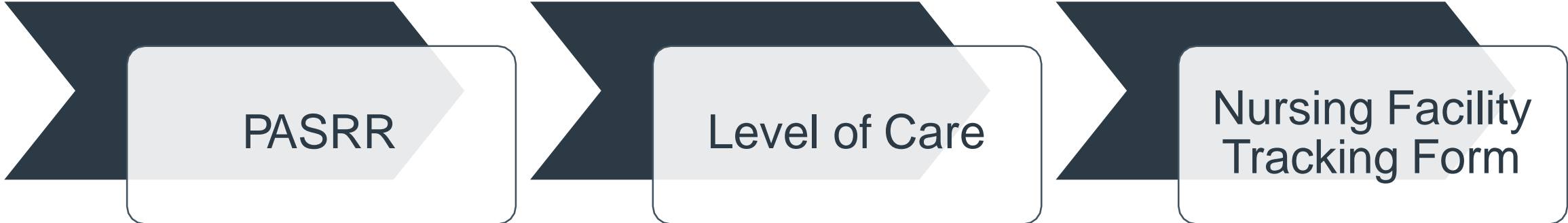
Process

- 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

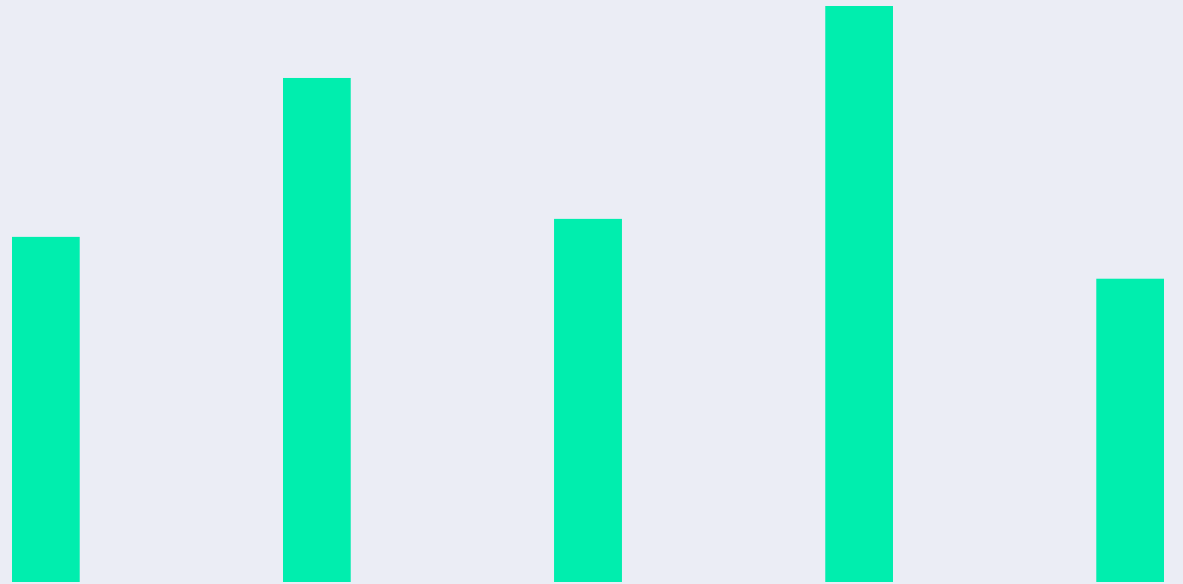
PASRR and Level of Care (LOC)



Nursing Facility Tracking Form



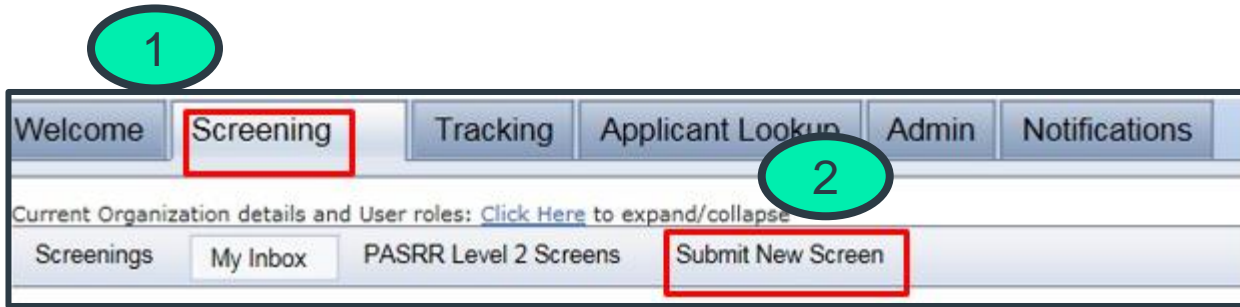
Tracking Form Screen Submissions



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

The screenshot shows a web application interface for submitting a new screen. It is divided into three main sections, each with a red circle highlighting a step number:

- Step 1. Verify Your Contact Information:** This section is highlighted with a red circle containing the number 3. It contains several input fields: Screener Name, Organization, Organization Id, Address, Telephone, Fax, and Email.
- Step 2. Enter Applicant Information:** This section is highlighted with a red circle containing the number 4. It contains fields for Last Name, First Name, Middle Name, SSN (999999999), NVP ID, and Date of Birth (mm/dd/yyyy). There is also a checkbox for "Check box if recipient is Medicaid eligible" and a field for Medicaid ID.
- Step 3. Enter Screening Type:** This section is highlighted with a red circle containing the number 5. It features a dropdown menu for "Screening Type" and a "Continue" button at the bottom left.

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

Step 3. Enter Screening Type

Screening Type: 6

Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed after you start filling the form.

Service Level: 7


Request Payment Date: 8

Continue 9

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

 Submit New Screen

Validation Messages/Errors:

- The service level requested does not match the LOC for this member.
- The LOC start date is after the NF admit date. Please check your dates.

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

Step 3. Enter Screening Type

Screening Type: ICF/IID Tracking **1**

Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed you start filling the form.

Request Payment Date: 02/01/2016 **2**

Continue **3**

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

The screenshot shows a web form with the following elements:

- Screening Type ?**: A header section for the form.
- Screening Type**: A dropdown menu with the selected value **NF Tracking**.
- Screening Date**: A text input field containing the value **2016-06-01T10:02:51.065**.
- Type of Request**: A dropdown menu with the following options:
 - Select --
 - Admit
 - Readmit
 - Change of Payment Source
 - Change of Payment Level (LOC Service Level Change)
 - Discharge

- 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

Requesting Facility or Provider Information ?		
Screener Last Name Fraga	Screener First Name Thea	Provider NV Medicaid ID 00000000
<p><u>Input the Date of Admission or Discharge Date</u></p>		
Admission Information		
Requested Medicaid Payment Start Date 02/01/2016	LOC Service Level Category Requesting Standard	Date of Admission 02/01/2016
LOC Start Date 02/01/2016	LOC End Date 01/31/2017	

Enter Date of Discharge and Reason

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

Discharge Information	
Discharge Reason Transfer to Another ICF - ▼	Other Discharge Reason <input type="text"/>
Discharge Date 10/25/2014 	
Additional Information ?	
Comments: <input type="text"/>	

Validate and Submit



1. Validate responses and correct errors.

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

Eligibility Verification Error

Tracking Form Review:

Manual Review:

Screening auto rejected by system.

Message:

The member is not eligible for Medicaid on the date(s) of service requested.

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

Pended for Additional Information/Physician's Certificate

Attachments and Messages:

Attachments
Screening Form: UniformScreening.pdf

All Attachments

File Name	Size (bytes)	Description	Attached By	Date	Action ID
There are no attachments for this screen					

Add Attachment

Attachment Path: Browse...

Attachment Description:

Attachment Path: Browse...

Attachment Description:

Upload

Attachment Tips:

- Allowed file extensions: jpg, pdf, txt, rtf, doc, gif, tif, rar, zip
- Allowed maximum size per attachment is 4000000 bytes (~4 Mega Bytes)
- Bundle multiple attachments into a zip file using tools like WinZip
- When scanning document, scan into PDF, gif, tif file formats
- Do not do compressed zip when zipping


Messages:

Date	Author	Message
05/20/2016 17.04	User.HelpDesk	Please provide Physician's certification by uploading document.

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

 **Workflow Task:**

Additional Information Required:

Additional Information is required. Please review the messages in the [Messages](#) section of this page to see what action is required. If you need to attach a file, please use the "Add Attachment" section on this page. **IMPORTANT:** [Attachments](#) must be added before submitting your reply.

Message Text:

250 characters limit

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

Screening has been submitted and your Screening ID for reference is **47026**.

Screening ID	Current status of your Screening	PASRR #	Description
47026	Completed	[REDACTED]	[REDACTED]

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

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

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

Screenings | My Inbox | PASRR Level 2 Screens | Submit New Screen | LOC Screens | Tracking Form Screens

Screening Filter

Screening List



[Show Archived Screen]

1 >> Last Results Per Page: 25 Displaying: 1-25 c

Screening ID	Applicant Name	NVP ID	Status	Submission Date	Completed Date	Screener Name
47076	[REDACTED]	[REDACTED]	LOC Manual Review	05/31/2016		User, HelpDesk (HP Enterprise Services) more..
47075	[REDACTED]	[REDACTED]	Completed	05/25/2016	05/31/2016	Robinson, Christi (HP Enterprise Services) more..

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

Example of a Screening Rejection Disposition Message

 **Tracking Form Review:** 

Manual Review:

Screening auto rejected by system.

Message:

The member is enrolled in an MCO on the date(s) of service requested. Please contact the MCO.

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