The Commonwealth of Kentucky

Kentucky Level of Care System

Nursing Facility, Institutionalized Hospice, and Intermediate Care Facility for Individuals with Intellectual Disabilities Training User Guide

Document Control Information

Document Edit History

Version	Date	Additions/Modifications
1.0	July 27, 2020	Initial Version
1.1	September 14, 2020	Added Section 2.2 Announcements
1.2	October 2, 2020	Added Section 4.2.6 Report Significant Change Task Added Section 4.3.2 Request LOC Correction Updated screenshots from benefind to KLOCS logo
1.3	November 23, 2020	Update Section 6.3 Ongoing Hospice LOC Management
1.4	August 31, 2022	Included CR 1593 and CR 1594 Enhancements
1.5	September 19, 2022	Update to the KOG Login Instructions
1.6	January 24, 2023	Updated the Electronic Notifications section
1.7	April 28, 2023	Medicaid Renewal Report

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1. Introduction

1.1 Overview of KLOCS

Welcome to the Kentucky Level of Care System (KLOCS) Training! The Department for Medicaid Services (DMS) has transformed Level of Care (LOC) processes across the entire spectrum of Long-Term Services and Supports (LTSS). The purpose of this transformation is to streamline LOC processes by improving communication and coordination between all stakeholders. This transformation includes implementing a new technology system for Nursing Facilities (NF), Institutionalized Hospice Service Providers, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) to electronically submit and manage their LOC applications, eliminating the former paper-based LOC application processes. The PASRR workflow will also be generated and processed through KLOCS.

KLOCS is meant to be the singular system of record keeping for Providers (NFs, ICFs, and Hospice Staff) LOC applications and information. KLOCS provides a platform for all stakeholders including the Community Mental Health Centers (CMHC), Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), Kentucky Medicaid Management Information System (MMIS), The Office of Application Technology Services (OATS), Partner Portal, and the Peer Review Organization (PRO) involved in the LOC applications, review, and approval processes to interact electronically via Tasks and Notifications.

1.2 Background of Regulation Changes

In 2017, DMS approved the request to implement the Kentucky Level of Care System (KLOCS) with the initial go-live date of November 30, 2017 under CR 381 and CR 548. However, regulation changes were required for KLOCS to be operational. In response to the regulation changes, DMS approved the current iteration of KLOCS on August 2, 2019 with implementation set to go-live on August 3, 2020.

Kentucky Level of Care System (KLOCS) Overview

OVERVIEW

The Department for Medicaid Services (DMS) has transformed Level of Care (LOC) processes with the **Kentucky Level of Care System (KLOCS)** implementation. KLOCS is a **new technology system** for LOC providers to electronically submit LOC applications, **eliminating the paper-based LOC application processes**.

PURPOSE

The purpose of the KLOCS implementation is to **streamline LOC processes by improving communication and coordination between all stakeholders** involved in the LOC applications, review, and approval processes.

TIMELINE

The Kentucky Level of Care System (KLOCS) is scheduled to go live on **August 3, 2020**. The KLOCS implementation includes **policy and process changes to requirements for submitting LOC requests** due to the new regulations that impact billing.

1.3 Policy Updates and Regulations

With the August 3, 2020 implementation, KLOCS introduces new functionalities, including:

Functionality	Description
LOC Application Intake	Providers electronically enter application intake information which triggers a task for the appropriate review organization to determine if LOC is met.
LOC Change of Ownership (CHOW)	KLOCS supports Change of Ownership related changes for LOC records when the current facility ownership changes.
LOC Transfers	KLOCS supports transferring an individual from one facility to another.
LOC Corrections	KLOCS allows corrections to completed LOC applications.
LOC Discharges	KLOCS allows discharging an individual from a facility.

LOC APPLICATION INTAKE	Providers must electronically enter application intake information on KLOCS which triggers a task for the appropriate review organization to determine if the LOC is met.
CHANGE OF OWNERSHIP (CHOW)	KLOCS supports systematic Change of Ownership related actions for LOC records when facility ownership changes.
LOC TRANSFERS	KLOCS supports transferring an Individual from one facility to another.
LOC CORRECTIONS	KLOCS allows users with a certain access level to make corrections to completed LOC applications.
LOC DISCHARGES	KLOCS allows discharging an Individual from a facility.

1.4 Stakeholder Roles

The Key Stakeholders chart introduces the eight different Stakeholders and the role each Stakeholder holds within the KLOCS process.

Stakeholder	Roles
Community Mental Health Centers (CMHC)	LOC determination for individuals who are determined to meet PASRR criteria via a Level II evaluation.
Contact Center	Providing Help Desk Support for Provider and Reviewer questions and system issues.
Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)	LOC determination for PASRR Level II evaluations for Intellectual Disability/Related Condition, Dual Diagnosis Individuals, and State ICF individuals.
Department for Medicaid Services (DMS)	Resolves MCI partial matches through KLOCS, determination for Institutionalized Hospice LOC, and mails correspondence.
Kentucky Medicaid Management Information System (MMIS)	Maintains LOC records sent by KLOCS for Provider billing purposes.
The Office of Application Technology Services (OATS)	Provides production support for KLOCS application.
Partner Portal	A portal developed for the DMS Division of Program Integrity by OATS that offers details about Providers and changes through Partner Portal views.
Peer Review Organization (PRO)	LOC determination for PASRR Level I. Conducts Desk Reviews, Field Reviews, LOC Assessments, and LOC Corrections.
Providers	Including Nursing Facility (NF) staff, Hospice staff, and Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID) staff complete LOC applications on KLOCS and manage individual applications.

1.5 Glossary of Key Terms

The glossary of key terms chart introduces important abbreviations and acronyms used throughout this User Guide. More information about these acronyms may be found later in corresponding sections throughout this User Guide.

Term	Description
CHOW	Change of Ownership
CMHC	Community Mental Health Centers
DBHDID	Department for Behavioral Health, Developmental and Intellectual Disabilities
DMS	Department for Medicaid Services
H&P	History and Physical Examination Information
ICD-10	2015 International Classification of Diseases (10th revision)
ICF-IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
ID/RC	Intellectual Disability/Related Condition
IHP	Institutionalized Hospice
IEES	Integrated Eligibility and Enrollment System
KOG	Kentucky Online Gateway
Level I (MAP-409)	Prescreening to determine if an Individual potentially has a SMI, ID or RC requiring a full Level II evaluation
Level II	Evaluation to determine if the individual meets Pre-Admission Screening and Resident Review (PASRR) criteria, and if so, if they meet Level of Care (LOC) and need specialized services or services of lesser intensity
LOC	Level of Care
LOI	Lack of Information
LTC	Long Term Care
LTSS	Long Term Services and Support
MA	Medicaid
Map-350	Long Term Care Facilities Certification Form
MAP-374	Election of Medicaid Hospice Benefits
MAP-375	Revocation of Medicaid Hospice Benefits Form

Term	Description
MAP-376	Change of Hospice Providers Form
MAP-377	Physician's Certification or Medicaid Hospice Benefit Recertification Statement for 60-day Period
MAP-378	Termination of Medicaid Hospice Benefits Form
MAP-379	Representative Statement for Election of Hospice Benefits
MAP-403	Hospice Patient Status Change Form
MAP-4092	Exempted Hospital Discharge Form
MAP-4093	Provisional admission to Nursing Facility Form
MAP-726A	MAP-726A is the Nursing Facility Admission Form
MCI	Master Client Index (MCI) is a database that allows IEES to have only one record for each Individual receiving benefits
OATS	The Office of Application and Technology Services (OATS) administers a broad range of Cabinet programs and services, from information technology to facilities management
PASRR	Pre-Admission Screening and Resident Review
PRO	Peer Review Organization
Provisional Admission	A temporary admission to a Nursing Facility that is valid for 14 days before a PASRR Level II is required.
Reassessment	Re-evaluating the Individual's circumstances to identify any change in their LOC needs. All NF and ICF-IID LOCs will be reassessed every 365 days (12 months), the Swing Bed reassessment cycle is 30-30-90 days, and the Hospice reassessment cycle is 90-90-60 days.
Response to Referral	Detailed response sent when an individual did not meet criteria for a determination via the PASRR process.
SMI	Serious Mental Illness
SNF	Skilled Nursing Facility
Swing Bed	A Swing Bed hospital is a hospital or Critical Access Hospital (CAH) participating in Medicare that has Centers for Medicare and Medicaid Services (CMS) approval to provide post-hospital Special Nursing Care and meets certain requirements

1.6 Access KLOCS

To access KLOCS, Users must meet the following criteria:

- Users must be part of an organization that handles Level of Care (LOC) applications and/or determinations
- Users are required to have a Kentucky Online Gateway (KOG) account
- Users are required to complete Multi-Factor Authentication (MFA)

Please Note: Access to KLOCs is by invitation only. Each facility has a KOG Organization Administrator (Org Admin) responsible for sending the invite to the various authorized Users at their facility to create their KOG account. If a User already has an existing KOG account, they do not need to create a new KOG account. Their facility's Org Admin will need to assign the KLOCS role to the User's existing KOG account.

1.7 Kentucky Online Gateway (KOG) Login Instructions

As a KLOCS User, proceed with the following steps to log into the system:

1. Go to https://kog.chfs.ky.gov/.

2. The system navigates to the **Welcome to the Kentucky Online Gateway** screen.

Refer To: Please refer to the appropriate KLOCS KOG Guide if additional guidance is needed to set up a KOG account.

3. To log in, enter the **Email Address** and click **Next**.
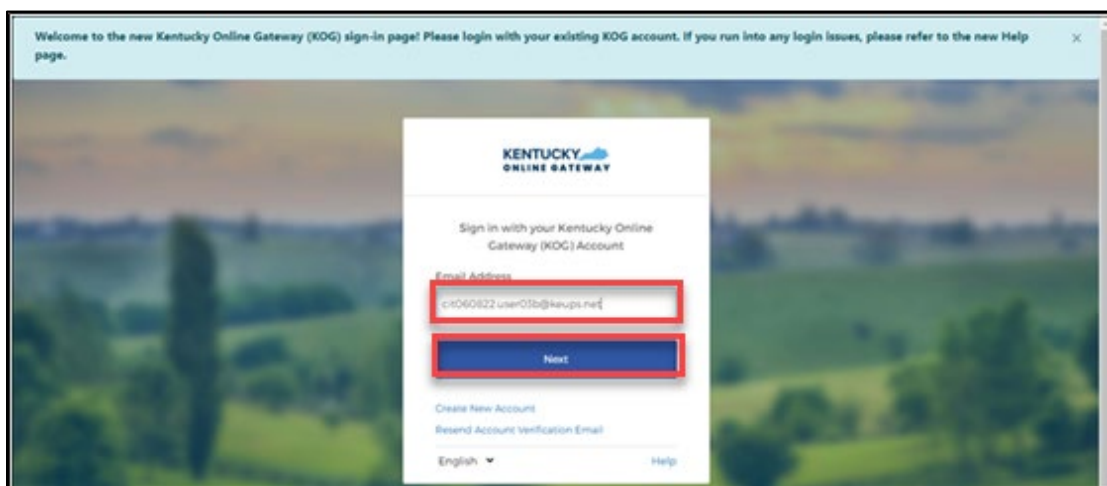
4. Enter **Password** and click **Verify**.
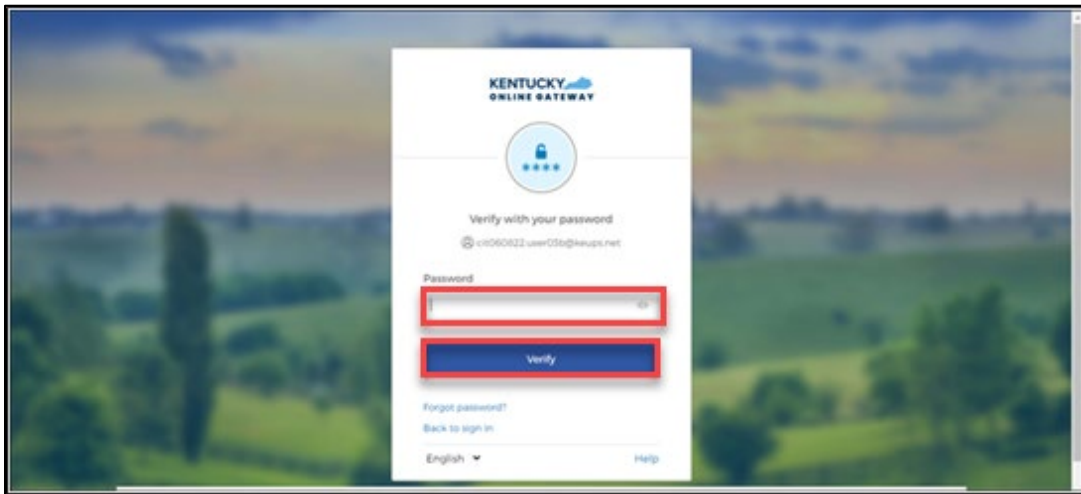
Please Note: As KLOCS utilizes Multi-Factor Authentication (MFA), users are prompted to complete MFA when logging into KOG.

Refer To: The **Multi-Factor Authentication (MFA) Quick Reference Guide** if MFA has not already been set up. This is a one-time registration.

5. After completing MFA, the KOG **My Apps** screen displays. Click **Launch** on the *Kentucky Level of Care System* (*KLOCS*) tile.
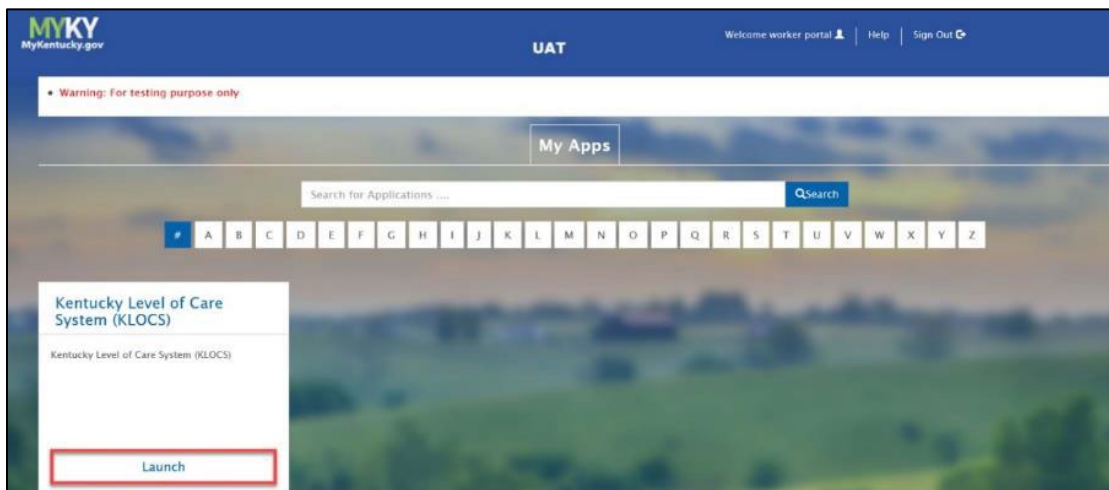
6. The **Warning** page displays. Click **Accept** to proceed.
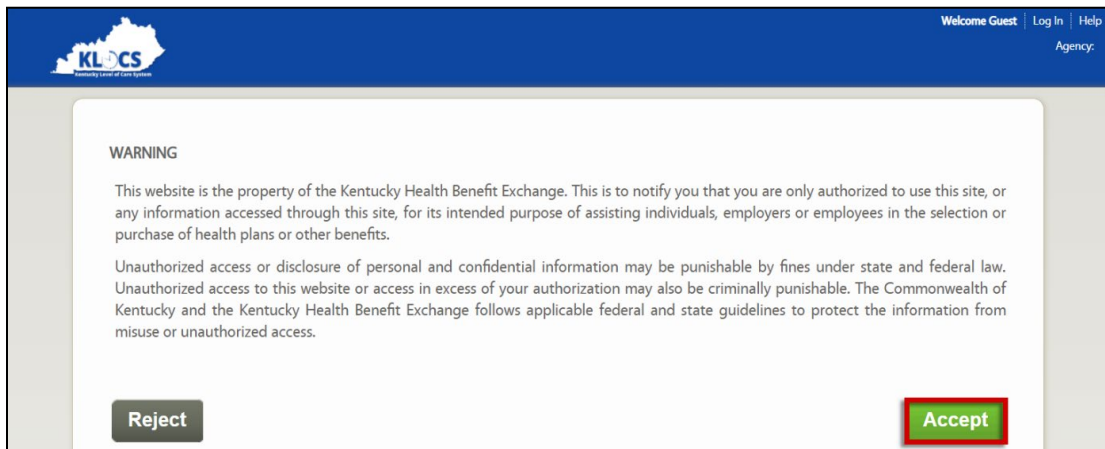
7. The system navigates to the KLOCS **Dashboard** screen.

2. System Navigation

2.1 System Navigation

The screens described in this chapter (System Navigation) are viewable by all Provider types using KLOCS. Certain functionality on the screens may be restricted to specific User groups.

2.1.1 Dashboard – Task View

The **Dashboard** screen is the default homepage for KLOCS Users and is the first screen Users see upon logging in to KLOCS. This screen will serve as the starting point for any work Providers perform in KLOCS. It is also where Providers view all tasks for every Individual associated with their facility.

Dashboard Screen - Functionality Guide

Element	Control Type	Action
Announcement Banner	Banner	Displays when Providers have Unread Active Announcements.
Message Center	Link	Navigate to the Provider's Message Center
View Announcements	Link	Navigate to the **View Announcements** screen
View Reports	Link	Navigate to the **Reports** screen
Manage Discharges	Link	Navigate to the **Discharge** screen
Quick Search	Link	Navigate to the **Search Individual** screen
Start New Application	Link	Navigate to the **LOC Application - Basic Information** screen
FAQ	Link	Navigate to the **Frequently Asked Question** screen
MAP Forms	Link	http://chfs.ky.gov/dms/forms.htm
Member View	Link	Navigate to **Member View** screen
Search Tasks	Link	Redirect to **Search Task** screen
Select Queue	Drop-down	Three options: 1. My Tasks/2. Nursing Facility/3. Hospice
Filter Columns	Check Boxes	Allows User to add or remove columns from the *Task* table
Filter	Button	Applies the selected *Filter Columns* criteria
Radio Button next to each task	Radio Button	Selects a specific task on which to act
Individual Name (Tasks Table)	Link	Navigate to **Individual Summary** screen
View History	Button	**Task History** pop-up screen launches for selected task
Mark as New	Button	Marks selected task as New
Mark as Closed	Button	Marks selected task as Closed
Individual Name (Applications Table)	Link	Navigate to **Individual Summary** screen
Continue (Applications Table)	Link	Allows User to continue with application intake

Selecting a specific task and then clicking **View History** launches the **Task History** pop-up screen for that task.

Task History

Task Details

Task Name	**Existing LOC Overlap**	Received Date	**02/06/2020**
App/Case #	**280059248**	Due Date	**N/A**
Individual Name	**VIRAJ, SHARMA**	Status	**In Progress**

From Date	To Date	Status	Action Taken By
02/06/2020	02/06/2020	New	
02/06/2020	02/06/2020	In Progress	Allen,Damon

Task History Screen - Data/Functionality Guide

Element	Control Type	Details
From Date	N/A	Date task initiated
To Date	N/A	Date task completed
Status	N/A	Current task status
Action Taken By	N/A	Name or Login of User(s) who acted on the task
Change Facility	Link	Only visible to Providers who have access to multiple facilities

Please Note: In KLOCS, all tasks are assigned to a specific Provider (or Reviewer) and may be viewed and continued by any User assigned to that Provider (or Reviewer).

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2.1.2 Dashboard – Member View

The **Member View** screen displays when a Provider clicks the **Member View** link under *Quick Links* on the **Dashboard** screen. All Individuals associated with a Provider are shown along with their LTC benefits status, LOC status, and LOC start date.

Member View Screen - Functionality Guide

Element	Control Type	Action
Filter By	Drop-down	Two options: 1. LTC Status Benefits / 2. LOC Status
Values	Drop-down	Allows User to filter based on selection in *Filter By* field: • LTC Status Benefits - Approved, Pending, Not found • LOC Status - LOC Met, LOC Not Met, LOC Pending LOI
Start Date	Date Picker	Allows User to select start date
End Date	Date Picker	Allows User to select end date
Individual Name	Link	Navigate to the **Individual Summary** screen
Program Code	Link	Navigate to the **Program Summary** screen

2.2 Announcements

The announcement functionality is intended to alert Providers and Reviewers of key items such as past due Provider enrollments and when there are unread announcements.

2.2.1 View Announcements

Providers may access the **View Announcements** screen from the **Dashboard** under the *Quick Links* section by clicking the **View Announcements** link. The **View Announcements** screen displays all active (meaning unexpired and announcements that have not been deleted). Providers may sort announcements by using the following: *Type of Announcement, Status, Importance, Effective Start Date and Effective End Date.*

Complete the following steps to filter and sort active announcements:

1. (Optional) On the **View Announcements** screen, Providers may enter as much identifying criteria to view relevant announcement details:

    a. Select the *Type of Announcement* from eight different Announcement Types options: **Release Notes**, **System Outage**, **System Changes**, **Key Dates**, **Training**, **Key Policy Updates**, **General Announcements** and **Other**.

    - Multiple Announcement Types may be selected at the same time

    b. From the *Status* drop-down, select "**Active**" or "**Inactive**".

    c. From the *Importance* drop-down, select "**Urgent**" or "**Normal**".

    d. Using the calendar in the *Effective Start Date* field, select the **"Effective Start Date"** or **enter it manually**.

    e. Using the calendar in the *Effective End Date* field, select the **"Effective End Date"** or **enter it manually**.

2. (Optional) Click **Search**.

Please Note: These filters are not mandatory and may be used to sort announcements based on filter selection. If no filters are preselected on the **View Announcements** screen, the default view displays all announcements which are active and for which the Effective End Date has not passed.

3. A search results table generates at the bottom of the **View Announcements** screen displaying the following details:
    a. Type of Announcement
    b. Announcement Title
    c. Role Type
    d. Status
    e. Importance
    f. Effective Start Date
    g. Effective End Date
    h. Unread
        1. All announcements that are active and unread have a value of Y. Once an announcement is marked as Read this column remains blank.
    i. Posted Date
4. Click the **Announcement Title hyperlink** to navigate to the **Announcement** screen.

2.2.2 Announcement Screen

Once Providers select the *Announcement Title* on the **View Announcement** screen, KLOCS navigates to the **Announcement** screen. On the **Announcement** screen, Providers are able to read the specific announcement details and mark the announcement as read.

Announcement

Type Of Announcement : General Announcement
Announcement Title : KLOCS Training Material
Effective Start Date : 08/18/2020
Effective End Date : 08/31/2020

Announcement Description :

As we continue to navigate and learn our way through KLOCS, please reference all training material on the DMS webpage.

Links for the Announcements
KLOCS - DMS Webpage : https://chfs.ky.gov/agencies/dms/provider/Pages/klocs.aspx

Links for Downloading the Documents
KLOCS Weekly Communication : KLOCS Week One Communication_August 5_vF
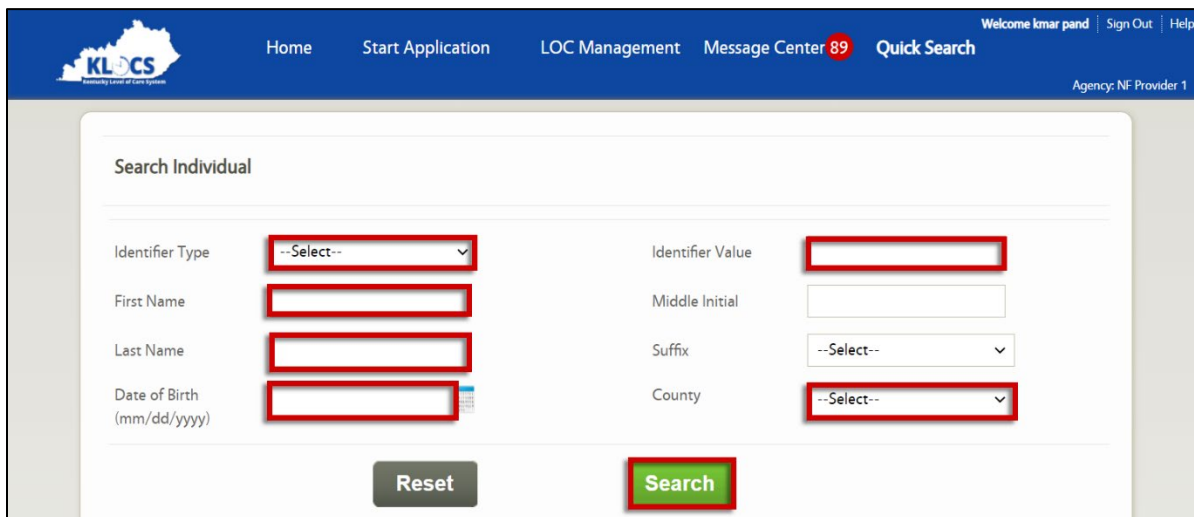
◄ Back   Mark As Read

Please Note: Once the announcement has been marked as read, KLOCS does not allow Providers to undo this action.

2.3 Quick Search

The **Search Individual** screen is also referred to as the **Quick Search** screen. It is accessible from the **Dashboard** screen when Users click the **Quick Search** link under the *Quick Links* section. Providers may search for Individuals using multiple identifiers. The more identifiers used the narrower the search results. Search results will be displayed on a table at the bottom of the **Search Individual** screen and only for Individuals associated with the Provider's facility.

> **Please Note:** The minimum search criteria using the Quick Search function is Identifier Type AND Identifier Value, OR First Name OR Last Name.

Complete the following steps to search for an Individual:

5. On the **Search Individual** screen, enter as much identifying information for the Individual as possible.

   a. Use the drop-down in the *Identifier Type* field to select from the five options (Individual #, App #, PASRR #, SSN, or None).

      i. If making a selection in the *Identifier Type* field, enter the corresponding number in the *Identifier Value* field.

   b. Enter the **First Name** in the *First Name* field.

   c. Enter the **Middle Initial** in the *Middle Initial* field, when applicable.

   d. Enter the **Last Name** in the *Last Name* field.

e. (Optional) Select the Individual's **"suffix"** from the *Suffix* field drop-down, when applicable.

f. Using the calendar in the *Date of Birth* field, select the **"Birth Date"** or enter it manually.

g. From the *County* field drop-down, select the **"County"**.

6. Click **Search**

7. A table with the search results displays at the bottom of the **Search Individual** screen.

Elements under some columns in the search results grid may be clickable links (*Individual Name, Application Status, for example*).

- Click on the **Individual's Name** link to navigate to the **Individual Summary** screen.

- If a cell under the *Application Status* column reads Continue, then that is an active link. Click the link to continue with that Individual's application. If a cell reads Complete, there is no need to proceed.

Please Note: The Quick Search functionality allows Providers to search for Individuals who have either a PASRR Number or an Application Number. Providers may only search for Individuals who have (or had) a LOC tied to their organization. Other Users may search for any Individual regardless of that person's LOC type or their Provider.

2.4 Individual Summary

The **Individual Summary** screen is accessed by clicking on the Individual's name after using the Quick Search function to find them. Only certain Users have access to the **Individual Summary** screen and those are the only Users who may take action on this screen.

Individual Summary Screen - Functionality Guide

Element	Control Type	Action
View/Print Applications	Button	Displays all applications, provides current status with an option to print the application(s)
Assessment History	Button	Displays all assessments and the corresponding details
View/Upload Documents	Button	Displays all uploaded documents pertaining and provides the option to upload additional documents
View/Update Diagnosis	Button	Navigate to a new screen to view and update Diagnosis and Medication information
Message Center	Button	Navigate to the **Message Center** screen (displays all notifications and correspondences)
View Tasks	Button	View all tasks (User role-based for taking action on certain tasks)
Request Level II	Button	Navigate to the **Request Level II** screen to select the reason for a Level II **(only visible to NF Users)**
Update Contact Details	Button	Navigate to **Update Contact Details** screen to enter any new contact information and save
Request LOC Correction	Button	Navigate to the **Request LOC Correction** screen to submit a correction request for the LOC Start Date or LOC Discharge Date
Approve LOC Correction	Button	Navigate to the **Approve LOC Correction** screen to review a LOC correction request **(only visible to Super Users)**
Nursing Facility (LTC Program column)	Link	Navigate to the **Program Summary** screen
LTC Correction Request Summary	N/A	Displays the summary of the LOC correction request history for the Individual. If there are no correction records, the following message will display: No LOC correction requested.

2.5 Assessment History

The **View Assessment Details** screen is where Providers can view an Individual's assessment history, including the details for each assessment. This screen is accessible by clicking **Assessment History** on the **Individual Summary** screen.

The *Assessment Details* section displays Assessment Type, Program Code, Assessment Tool, Assessment Reason, Determination Date, Comments

(specific to the assessment), Provider Number, Provider Name, Provider Address, Initial Submission Date, and Location.

The *View Details* section displays two tables. The first table provides the LOC Status, LOC Start Date, Reassessment Date, Assessment Reason, Comment, Comment Date, Commented by and Reason. The second table includes Diagnosis, Type, Date of Diagnosis, and Indicator.

Lastly, the *Documents Upload* section displays Document Type, Date, and Comments (specific to a document) for any documents that have been uploaded for that assessment.

View Assessment Details

○ NF Assessments

Assessment Details

Assessment Type	:	Level of Care
Program Code	:	Nursing Facility
Assessment Tool	:	MAP 726A, PASRR Level I
Assessment Reason	:	Initial
Determination Date	:	N/A
Comments about the assessment	:	the h&p was not signed
Provider Number	:	7100139845
Provider Name:	:	ETOWN NURSING UAT
Provider Address	:	911 BYPASS ROAD, PIKEVILLE, FAYETTE, KY, 415010000
Initial Submission Date	:	02/12/2020
Location	:	Home

Assessment Activity

LOC Status	LOC Start Date	Reassessment Date	Assessment Reason	Comment
PEND	02/16/2020	N/A	Initial	the h&p was no

Diagnosis

Diagnosis	Type	Date of Diagnosis	Indicator
E8989	Additional	02/08/2019	ICD10

Document Uploaded

Document Type	Document Date	Comments
H&P	02/12/2020	test doc
MAP-350	02/12/2020	test doc

◄ Back

View Assessment Details Screen - Functionality Guide

Element	Control Type	Action
Arrow	Icon/Button	Clicking arrowhead opens/closes the full assessment details
Document Name (Document Type Column)	Link	Opens the document
Back	Button	Navigate to **Dashboard** screen

2.6 View Applications

The **View Applications** screen is accessible by clicking **View Applications** from the **Individual Summary** screen. This screen provides a detailed view of all applications associated with the Individual.
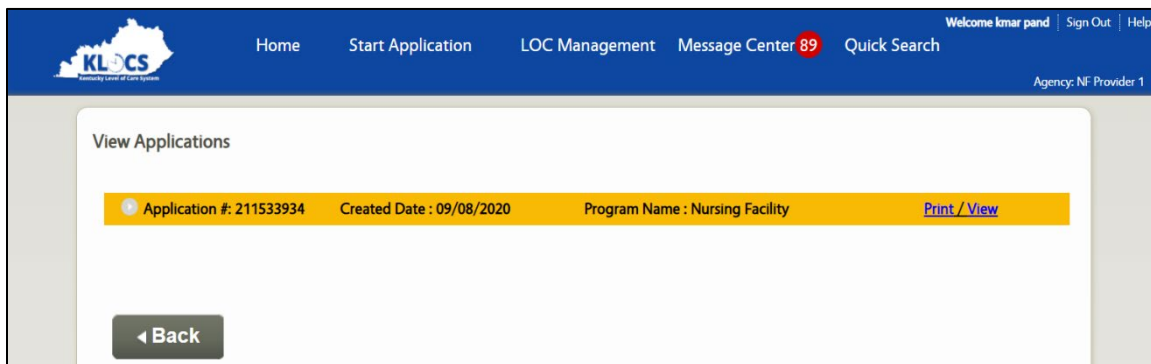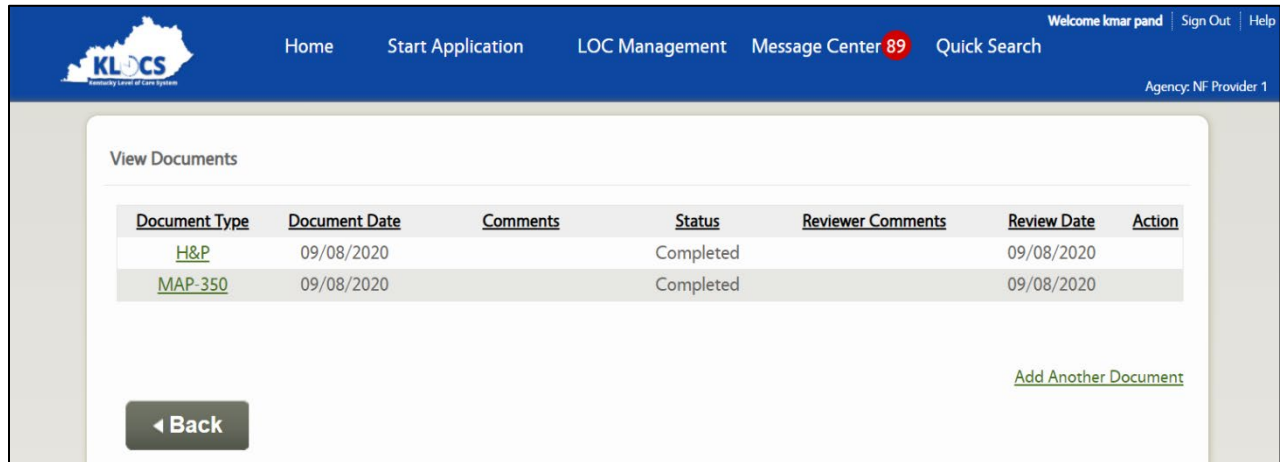
View Applications Screen - Functionality Guide

Element	Control Type	Action
Arrow	Icon/Button	Expand or close application details
Back	Button	Navigate to **Dashboard** screen
Print	Link	Open the complete application for printing
View	Link	View the full application in read only mode*

*Screen flow will only include screens if data is available for those screens based on User type.

2.7 View/Upload Documents

The **View Documents** screen is where Users may both <u>view</u> documents already uploaded to an application or <u>upload</u> documents that need to be included with an application. This screen is accessible by clicking **View/Upload Documents** on the **Individual Summary** screen.

Document Type	Document Date	Comments	Status	Reviewer Comments	Review Date	Action
H&P	09/08/2020		Completed		09/08/2020	
MAP-350	09/08/2020		Completed		09/08/2020	

Add Another Document

◀ Back

View Documents Screen - Functionality Guide

Element	Control Type	Action
Document Type	Link	Displays the uploaded document for review
Browse	Link	Allows User to browse and select document file from the computer (supported file types: PDF, TIFF and TIF)
Comment	Text Box	Allows User to add a comment/note for the uploaded document
Red "X" (Action Column)	Icon/Button	Deletes the document (not possible if document review is complete)
Attach another document	Link	Allows User to attach additional documents
Attach	Button	Finalizes document upload, navigate back to the **Dashboard** screen
Document Type	Drop-Down	• MAP-726A • MAP-374 • MAP-375 • MAP-376 • MAP-377 • MAP-378 • MAP-379 • MAP-4092 • MAP-4093 • H&P • MAP-403 • MAP-350 • PASRR Level II • PASRR Level II supporting documentation • Others
Back	Button	Navigate to the **Dashboard** screen

Refer To: Please refer to **Document Upload** if additional guidance is needed regarding what documents to upload and how to upload them.

2.8 View/Update Diagnosis

The **View/Update Diagnosis** screen is accessible by clicking **View/ Update Diagnosis** from the **Individual Summary** screen. This screen provides a detailed view and option to update current application related diagnosis information associated with the Individual. Users are not able to edit or delete the admitting type diagnosis.

> **Please Note:** The date entered in the *Date of Onset* field must be on or after 10/1/2015.

> **Refer To**: Please refer to the **Diagnosis** screen if additional guidance is needed regarding entering diagnosis or medication details.

View/Update Diagnosis Screen - Functionality Guide

Element	Control Type	Action
Add Diagnosis	Button	Add new diagnosis
Add Medication	Button	Add new medication
Edit	Button	Update diagnosis or medication details
Delete	Button	Delete diagnosis or medication details
Back	Button	Navigate to the **Individual Summary** screen
Submit	Button	Submit updates and navigate to the **Individual Summary** Screen

2.9 Message Center

The **Message Center** screen is accessible by clicking **Message Center** from the **Individual Summary** screen. This screen provides access to all messages and copies of the correspondences sent to an Individual.

> **Please Note:** The **Message Center** screen is also accessible from the **Dashboard** screen. If navigating to the **Message Center** screen using this method, it will show <u>all</u> notifications related to that Provider versus notifications specific to one Individual.

Message Center Screen - Functionality Guide
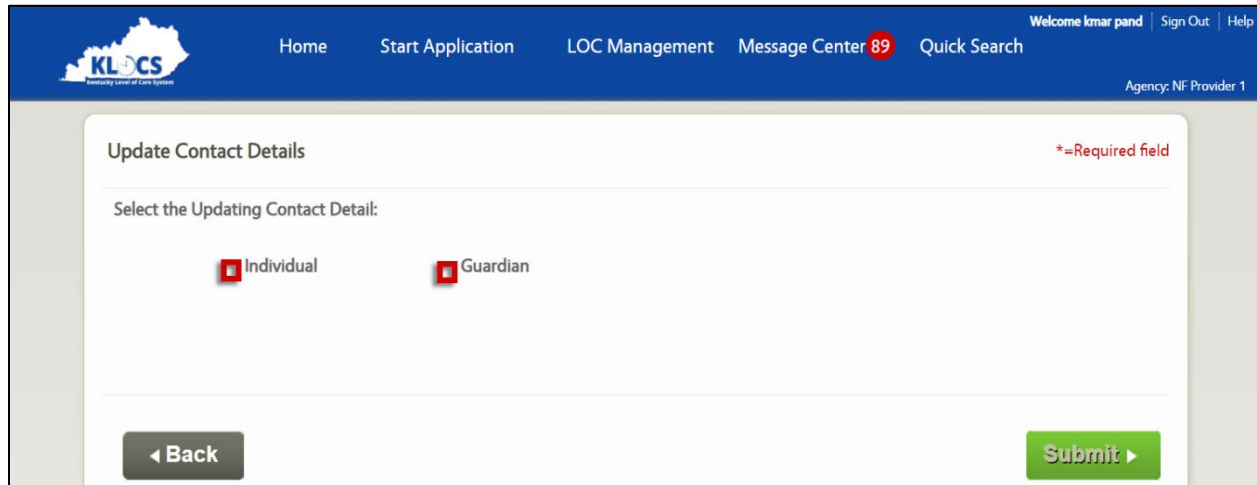
Element	Control Type	Action
Message Center	Label	Number of unread notifications shown next to the label
Filter	Drop-Down	Drop Down Options: 1. Last 1 month / 2. Last 3 months / 3. All Time
Notification Subject (Subject Column)	Link	Opens the notification* (remain on **Message Center** screen)
Back To Inbox	Button	Closes notification, navigate back to **Message Center** screen

*The link within the notification navigates to the correspondence (if applicable).

Please Note: Providers cannot view notifications or correspondence associated with other Providers.

2.10   Update Contact Details

The **Update Contact Details** screen is accessible by clicking **Update Contact Details** from the **Individual Summary** screen. This screen allows the User to update the mailing address within the LOC application. Users may also add/update the legal representative's details on this screen.

Update Contact Details Screen - Functionality Guide

Element	Control Type	Action
Individual	Check Box	Click to update contact details for the Individual
Guardian	Check Box	Click to add/update contact details for the legal representative
Back	Button	Navigate to the **Individual Summary** screen
Submit	Button	Submit updates and navigate to the **Individual Summary** Screen

Refer To: Please refer to the **Contact Details** screen if additional guidance is needed regarding entering contact details.

3. Application Intake

3.1 Master Client Index (MCI)

The Master Client Index (MCI) is a centralized database that uses data elements specific to an Individual to see if that Individual exists in the Commonwealth's Integrated Eligibility and Enrollment System (IEES). KLOCS and IEES also utilize the MCI to ensure individuals receiving benefits have only <u>one</u> record.

As part of the Nursing Facility (NF) LOC application intake process, Providers enter the Individual's name, date of birth, gender, and Social Security Number (SSN) on the **LOC Application - Basic Information** screen. KLOCS then checks the MCI for possible matches using the information entered. The MCI match may result in three possible outcomes for an Individual:

- **Full Match** – The MCI locates a perfect match with an already existing Individual in the system. Due to the Full Match, an existing Individual ID is returned by the MCI and the LOC application will be associated with the existing Individual ID.

- **No Match** – The MCI was unable to find a match with any existing Individual in the system. A <u>new</u> Individual ID is created for this Individual and their information is updated in IEES.

- **Partial Match** – The MCI locates multiple potential matches with existing Individuals in the system. A Partial Match Task is created for DMS. The system creates a temporary Individual ID for the Individual to associate with their application and this temporary Individual ID is updated after DMS resolves the Partial Match Task.

Please Note: The Provider proceeds normally through the application process regardless of the member match outcome.

Master Client Index (MCI)

As an Individual's information is entered by the Provider during the LOC application intake, KLOCS utilizes the Master Client Index (MCI).

The Master Client Index (MCI) is a centralized database that uses elements specific to an Individual to check if that Individual has an existing LOC record in the commonwealth's Integrated Eligibility and Enrollment System (IEES). KLOCS utilizes the MCI to make sure that Individuals receiving benefits have only **one** LOC record.

The MCI checks for possible matches using the following elements entered by the Provider during LOC application intake:

| FIRST NAME | LAST NAME | DATE OF BIRTH | GENDER | SOCIAL SECURITY NUMBER |

MCI Match Outcomes:

Full Match

The MCI locates a perfect match with an already existing Individual in IEES.

An **existing Individual ID** is returned by the MCI and the LOC application will be associated with that Individual ID.

No Match

The MCI was unable to find a match with any existing Individual in IEES.

A **new Individual ID** is created for this Individual and their information is updated in IEES.

Partial Match

The MCI locates multiple potential matches with existing Individuals in IEES. A Partial Match task is sent to DMS.

A **temporary Individual ID** is created. This temporary Individual ID is updated after DMS resolves the Partial Match.

3.2 System Interfaces: IEES

IEES (eligibility system) currently has an existing interface with the Medicaid Management Information System (MMIS) to receive and send Institutionalized Hospice Provider (IHP) LOC information. MMIS utilizes the LOC information in determining which Provider should pay for Long Term Care services. Upon KLOCS implementation, NF and ICF LOCs, in addition to IHP, will be transferred to MMIS from IEES.

3.3 PASRR Number Creation

Each PASRR screening in KLOCS is assigned a unique system-generated identification number, called the PASRR Number. PASRR Numbers are nine digits long, sequentially generated, and begin with the numeral 3.

A PASRR Number is generated after Section 1 of the PASRR Level I in KLOCS is completed, Users see that number in the yellow bar at the top of every screen. Users may also retrieve an incomplete PASRR by using the PASRR Number on the **Quick Search** screen.

PASRR evaluations have the following statuses:

1 **Complete:**
After the reviewer finalizes LOC determination.

2 **Incomplete:**
Any time before the reviewer finalizes LOC determination.

Once a PASRR Level I screening is complete, that PASRR Number will be associated with the Individual and may remain in use if the Individual moves to a different facility and there is no gap in their admission. A new PASRR Level I screening is required if the Individual is discharged and applies for readmission to a facility.

Please Note: If a LOC application that required completion of the PASRR Level I is submitted and the LOC determination is complete, that application is locked and cannot be updated by any User.

3.4 Application Number Creation

Each NF LOC application is identified by a unique system-generated Application Number. The Application Number is generated when a facility begins the MAP-726A in KLOCS. Users will be able to see the application number in the yellow bar at the top of every screen once generated.

If an Individual transfers to a new facility or the facility they reside in has a Change of Ownership, a new Application Number needs to be created.

KLOCS stores applications as one of the following five types:

01 **ICF-Private**
Application is created by a Private ICF

02 **ICF-State**
Application is created by a State ICF

03 **NF-Swing Bed**
Application is created for a Swing Bed

04 **NF-PASRR Level I**
Application is created by a facility for PASRR Level I screening

05 **NF-PASRR Level II**
Application is created by a facility for PASRR Level II evaluation

> **Please Note:** A yellow ribbon with the Individual's name, PASRR Number and Application Number is displayed on all application screens.

3.5 KLOCS Application Intake/Lifecycle

Upon KLOCS go-live, Providers will submit a LOC application online. They will be required to complete electronic versions of the PASRR Level I and MAP-726A forms.

> **Please Note:** PASRR Level I is not mandatory for a Swing Bed or an Intermediate Care Facility for Individuals with Intellectual Disability (ICD-IID) application.

Depending on the PASRR Level I screening responses, KLOCS will determine the need for a PASRR Level II evaluation:

PASRR Level II Not Required – A task is generated for the Peer Review Organization (PRO) to complete the initial application review if a PASRR Level II is not required. After completing the initial review, the PRO marks the application as Met, Not Met or Pended.

When marked as Met or Not Met, the application is considered complete, which means the Provider successfully submitted the MAP-726A, the PASRR Level I screening and uploaded all mandatory documents. However, if the application is missing information, includes incorrect information or is lacking mandatory documentation necessary to complete the review, the PRO marks the application as Pended-LOI and a task is generated for the Provider.

PASRR Level II Required – A task is generated for the CMHC serving the county where the Provider is located if a PASRR Level II evaluation is required. This means, based on PASRR Level I responses, the Individual potentially meets the criteria for Serious Mental Illness (SMI), Intellectual Disability/Related Condition (ID/RC) or Dual Diagnosis requiring further evaluation.

The CMHC then reviews the documentation, preforms an in-person evaluation and uploads a completed PASRR Level II form (paper) to KLOCS using the document upload function.

When Individuals are referred for a Level II evaluation for a SMI referral, the CMHC completes the evaluation and makes a LOC Determination; the LOC application is marked as complete (Met or Not Met). Should the CMHC require additional documentation or information, the application is marked as Pended – LOI, and a task is generated for the Provider.

If the Individual is referred for a Level II for an ID/RC or Dual Diagnosis, the CMHC completes the PASRR Level II evaluation and recommends LOC and Specialized Service (SS) needs. As with SMI, the CMHC marks the application as Pended-LOI and a task is generated for the Provider if additional documentation or information is required. After the CHMC completes the application review, a task is generated for DBHDID to make a determination for PASRR criteria, and if met, makes a LOC and SS determination.

For all potential SMI, ID/RC, and Dual Diagnosis situations, if the CMHC (or DBHDID) determines that a referral for PASRR Level II evaluation does not meet PASRR criteria, a Response to Referral occurs. The Response to Referral task generates for the PRO to review the application and complete the LOC determination.

3.5.1 Nursing Facility (No Swing Bed) Comprehensive Application Intake Screen Flow

To begin the Nursing Facility application intake, NF Providers must complete the following steps:

1. From the **Dashboard** screen, click **Start Application** on the *Quick Links* left navigation panel or the top navigation panel.

2. The **LOC Application – Basic Information** screen displays. Enter the **First Name** in the *First Name* field.

3. (Optional) Enter the **Middle Initial** in the *Middle Initial* field.

4. Enter the **Last Name** in the *Last Name* field.

5. (Optional) Select the appropriate "**Suffix**" from the *Suffix* field drop-down.

6. Enter the **Date of Birth** or select the **Date of Birth** from the calendar in the *Date of Birth* field.

7. Select the **Gender** in the *Gender* field.

8. Enter the **Social Security Number (SSN)** in the *Social Security Number (SSN)* field.

9. Re-enter the **Social Security Number (SSN)** in the *Confirm Social Security Number* field.

10. Click **Next**.

Please Note: This is the step during application intake when KLOCS checks with the MCI to determine if the Individual exists in the system.

11. On the **Member Details Confirmation** screen, review the information. If the information is correct, select **I reconfirm that the member details are correct as confirmed on this screen**. Then, click **Next**. If the information is incorrect, click **Back** to go to the previous screen.

Please Note: If an incomplete application exists for the Individual with the same Provider, the following message displays:

"There is already an in-progress application for this member. You should not create a new application, instead you can go to below link to continue the existing application – Click Here."

Clicking the link will take the User to the incomplete application.

12. On the **Contact Details** screen, enter the **Address** in *the Mailing Address 1* field.

13. Enter the **City of Residence** in the *City* field.

14. Select the "**State**" from the *State* field drop-down.

15. Enter the **Zip Code** in the *Zip Code* field.

16. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

17. On the **Contact Details** screen, use the drop-down in the *County* field to select the "**County"**.

18. (Optional) Enter the **Email Address** in the *Email Address* field.

19. Enter the **Primary Phone Number** in the *Primary Phone Number* field.

20. Choose **"Yes"** or **"No"** in the *Does the Individual have a legal representative?* field.

  a. If **Yes** is selected, enter the legal representative's name in the *Name* field and select the **"Appropriate Answer"** from the drop-down in the *Designation* field. Other fields display. Proceed to Step 21.

  b. If **No** is selected, proceed to Step 29.

21. Enter the **Name** of the person providing the application details in the *Name of the person or entity providing this information to the Nursing Facility* field.

22. Enter the **Relationship** of the legal representative with the Individual being admitted in the *What is the relationship to the person being admitted?* field.

23. Under the *Please enter the Contact Details of the Legal Representative* section, enter the **Street Number** and **Street Address** for the legal representative in the *Address Line 1* field.

24. Enter the **City of Residence** for the legal representative in the *City* field.

25. Enter the legal representative's **Zip Code** in the *Zip Code* field.

26. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

27. Select the **"Legal Representative's County"** from the drop-down in the *County* field.

28. Enter the legal representative's **Main Phone Number** in the *Primary Phone* field.

29. Click **Next**.

30. The **Swing Bed Check** screen displays. Select **"No"** under the *Is this an application for a Swing Bed?* field.

31. Click **Next**.

32. The **Map-409: PASRR Level I / Section 1: The Individual's Admission Information** screen displays. The *PASRR#* field will be pre-populated if a PASRR is already on file. Otherwise, this field is greyed-out and the PASRR Number is generated after clicking **Next**.

33. Using the drop-down, select the **"Applicable Location"** in the *Where is the individual currently located?* field.

34. In the *How long have they been at this location?* field, enter a number in the textbox and select the **"Appropriate Measurement of Time"** (days/months/years) using the drop-down in the second box.

35. In the *Address Line 1* field, enter the **Street Number** and **Street Name** for the Individual's current location.

36. Enter the **city** of the current location in the *City* field.

37. Select the **"State of Their Current Location"** from the drop-down in the *State* field.

38. Enter the **Zip Code** of the current location in the *Zip Code* field.

39. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

40. Select the **"County of Current Location"** from the drop-down in the *County* field.

41. Enter the **Phone Number** of the current location in the *Primary Phone Number* field.

42. Select the **"Appropriate Answer"** from the drop-down in the *Typical Living Situation over the past year* field.

43. Select the **"Appropriate Location"** from the drop-down in the *Will be admitted from* field.

44. Select the **"Appropriate Reason"** from the drop-down in the *Reason NF Admission Sought* field.

45. Using the calendar in the *Expected Date of Admission* field, select the **"Individual's Expected Date of Admission"**.

46. In the *Expected Length of Stay* field, enter a number in the textbox and select the **"Appropriate Measurement of Time"** (days/months/years) using the drop-down in the second box.

47. Choose **"Yes"** or **"No"** in the *Does the Individual have a legal representative?* field.

      a. If **Yes** is selected, enter the legal representative's name in the *Name* field and select the **"Appropriate Answer"** from the drop-down in the *Designation* field. Other fields display. Proceed to Step 48.

      b. If **No** is selected, proceed to Step 57.

48. Enter the **Name** of the person providing the application details in the *Name of the person or entity providing this information to the Nursing Facility* field.

49. Enter the **Relationship** of the legal representative with the Individual being admitted in the *What is the relationship to the person being admitted?* field.

50. Under the *Please enter the Contact Details of the Legal Representative* section, enter the **Street Number** and **Street Address** for the legal representative in the *Address Line 1* field.

51. Enter the **City of Residence** for the legal representative in the *City* field.

52. Enter the legal representative's **Zip Code** in the *Zip Code* field.

53. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

54. Select the legal representative's **County** from the drop-down in the *County* field.

55. (Optional) Enter the legal representative's **Email Address** in the *Email Address* field.

56. Enter the legal representative's **Main Phone Number** in the *Primary Phone* field.

57. Click **Next**.

Please Note: Clicking **Save & Exit** any point during a LOC application saves the information entered up to that point, and the application is considered incomplete.

58. The **Section 2: Mental Illness/2a. Diagnosis** screen displays. Enter the Individual's diagnosis (or diagnoses) in the text boxes under the *Name of Condition* column.

    a. If a diagnosis is entered under the *Name of Condition* column, then it is mandatory to enter the source of the diagnosis information in the corresponding text box under the *Source of Information* column.

Please Note: The fields on this screen are not mandatory and should <u>only</u> be completed if the Individual has a current diagnosis or is suspected to have a diagnosis of a major mental illness.

59. Click **Next**.

   a. If a diagnosis <u>was entered</u> on the **Section 2: Mental Illness/2a. Diagnosis** screen, proceed to Step 60.

   b. If a diagnosis <u>was not entered</u> on the **Section 2: Mental Illness/2a. Diagnosis** screen, proceed to Step 63.

60. The **2b. Level of Impairment** screen displays, use the dropdowns on the right side of the screen to answer **Yes** or **No** to the three questions under the *2b. Level of Impairment* section.

61. Upon answering any question in the *2b. Level of Impairment* section, the options under the *2c. Treatment* section are enabled. Use the dropdowns to answer the two questions in this section.

62. Click **Next**.

63. On the **Section 3: Intellectual Disability (ID)** screen, use the dropdowns on the right side of the screen to answer **"Yes"** or **"No"** to the two questions in sections *3a* and *3b*.

64. Click **Next**.

65. On the **Section 4: Related Condition (RC)** screen under the *4a. Diagnosis and relation to ID* section, enter a diagnosis (or diagnoses) of a condition(s) found to be closely related to an intellectual disability in the text boxes under the *Type of Diagnosis* column.

    a. If no diagnosis is entered, proceed to Step 71.

    b. If a diagnosis is entered under the *Type of Diagnosis* column, then it is mandatory to enter the source of the diagnosis information in the corresponding text box under the *Source of Information* column.

66. Click **Next**.

    a. If a diagnosis was entered on the **Section 4: Related Condition (RC)** screen, proceed to Step 67.

    b. If a diagnosis was not entered on the **Section 4: Related Condition** screen, proceed to Step 71.

    c. If information was not entered on the **Section 2: Mental Illness**, **Section 3: Intellectual Disability (ID)**, and **Section 4: Related Condition (RC)** screens, proceed to Step 67.

67. The **4b. Intellectual Functioning** screen displays, use the dropdowns on the right side of the screen to answer **"Yes"** or **"No"** to the one question under the *4b. Intellectual Functioning* section and the one question under the *4c. Adaptive Functioning* section.

68. Click **Next**.

69. On the **Section 5: Exempted or Delayed Level II Referrals** screen, use the dropdowns on the right side of the screen to answer **"Yes"** or **"No"** to the three questions displayed.

   ▪ If **Yes** is answered in section *5a,* the following message displays: "The nursing facility is responsible for obtaining the MAP-4092 Exempt Hospital Discharge form and ensuring it is signed by the attending physician. The Nursing facility must upload the MAP-4092 in the upload documents section."

   ▪ If **Yes** is answered in section *5b*, the following message displays: "The nursing facility is responsible for completing the MAP-4093 Provisional Admission Form for individuals meeting the Respite provisional admission and should be signed by Authorized NF Staff. The NF must upload the MAP-4093."

- If **Yes** is answered in section *5c*, the following message displays: "The nursing facility is responsible for completing the MAP-4093 provisional admission form for individuals meeting Delirium provisional admission. The nursing facility must upload the MAP-4093 in the upload documents section."

70. Click **Next**.

71. The **Section 6: Signatures** screen displays. The *E-Signature*, *Date*, *Facility Name*, and *Provider* fields are pre-populated.

72. Enter the **User's Title** in *Title* field.

73. Enter the **Facility's Phone Number** in the *Phone* field.

74. Click **Next**.

75. The **Level of Care Request for Admission** screen displays. Use the calendar in the *Admission Date* field to select the Individual's **"Admission Date"** or enter the **Date** manually in that field.

76. Select the **"Appropriate Option"** in the *Admitted From* field drop-down to indicate where the Individual was admitted from.

Please Note: If **SNF** is selected from the *Admitted From* field drop-down, the following message is displayed:

'SNF may only be selected when the individual is transferring from a facility where they were receiving high-intensity specialty nursing care.'

Users may continue with the application by exiting out of the pop-up message.

77. Select the **"Desired Level of Care"** from the *Requested Level of Care* field drop-down.

78. Select where the Individual **"Plans to Go"** upon discharge from the facility from the *Discharge Plan* field drop-down.

79. Under the *Facility Physician Information* section, enter the **Admitting Physician's Name** in the *Admitting Physician Name* field.

80. Enter the **Admitting Physician's Street Number** and **Street Name** in the *Physician Address* Line 1 field.

81. Enter the **Admitting Physician's City** in the *City* field.

82. Select the **"Admitting Physician's State"** using the drop-down in the *State* field.

83. Enter the **Admitting Physician's Zip Code** in the *Zip Code* field.

84. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

85. Select the **"Admitting Physician's County"** from the *County* field drop-down.

86. (Optional) Under the *Relative Information* section, enter the **Relative's Name** in the *Relative Name* field.

   a. If a relative was entered in the *Relative Name* field, seven new fields are triggered. Proceed to Step 87.

   b. If no relative was entered in the *Relative Name* field, proceed to Step 93.

87. Enter the **Relative's Street Number** and **Street Name** in the *Address Line 1* field.

88. Enter the **Relative's City** in the *City* field.

89. Select the **"Relative's State"** from the *State* field drop-down.

90. Enter the **Relative's Zip Code** in the *Zip Code* field.

91. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

92. Select the "**Relative's County**" from the *County* field drop-down.

93. Click **Next**.

94. The **Patient Information** screen displays. Under the *Vital Statistics* section, enter the Individual's **Height** (inches) and **Weight** (pounds) in the *Height* and *Weight* fields.

95. Click **Next**.

96. The **Diagnosis** screen displays. Click **Add Diagnosis**.

97. Additional fields are triggered. Select if the diagnosis is based on **ICD-10** or **DSM-5** codes.

98. Enter the **Diagnosis Code** in the *Diagnosis Code* field. Use numbers and letters only (the field does not accept special characters).

99. Select the **"Onset Date"** of the diagnosis from the calendar in the *Date of Onset* field or enter the **Onset Date** manually.

Please Note: The date entered in the *Date of Onset* field must be on or after 10/1/2015.

100. Indicate the type of diagnosis by selecting **Admitting**, **Primary**, or **Secondary** in the *Type* field.

Please Note: At least one of the entered diagnoses must be selected as an Admitting diagnosis to proceed with the application.

101. Click **Save**. The diagnosis details populate in the summary near the top of the screen.

102. Enter any Medications / X-ray findings & dates, if applicable.

103. Click **Next**.

104. On the **Documents Upload** screen, a list of the required documents is displayed. Documents that have not been uploaded have a Red X in the *Status* column. Under the *Document Upload Section*, select the **"Appropriate Document Type"** from the *Document Type* field drop-down.

Please Note: The MAP-350 and H&P are mandatory for all LOC applications. MAP-4092 is mandatory if **Yes** was answered in section *4a* and MAP-4093 is mandatory if **Yes** was answered to sections *5b* or *5c* or both.

105. Click **Browse** to the right of the **File** field.

106. The **Choose File to Upload** pop-up displays. Review the available files and select the **"Required Document"** by clicking it. Click **Open**.

107. (Optional) Add **Applicable Notes** to the *Comments* field.

108. Click **Attach**. The attached document's details populate the *Document Summary* section. In the *What is Needed* table near the top, there is now a Green ✓ in the *Status* column for the uploaded document(s).

      a. If additional documents need to be attached, click **Attach Another Document** and complete Steps 104-107.

Please Note: Upon landing on the **Documents Upload** screen, the following message displays:

"REMINDER: If the individual is being referred for a PASRR Level II, it is the NF's responsibility to ensure that the H&P is signed by a Physician."

109. Click **Submit**.

Please Note: There are two possible error messages that may appear at this point in the application:

- *"This Individual has another application that is under review. You may not submit the application at this time."*
- *"This Individual has an active LOC on KLOCS. Please work with the Individual/facility to ensure that they are discharged from the other facility, and then resubmit the LOC application."*

110. The **Application Confirmation** screen displays. The application is submitted and there are two options to click: **Print Application Summary** or **Return to Dashboard**.

Conditions for Triggering PASRR Level II SMI

A PASRR Level II SMI, which is reviewed by CMHC <u>only</u>, is triggered when the following conditions are met during the completion of the PASRR Level I:

- A diagnosis is entered on the **Section 2: Mental Illness/2a. Diagnosis** screen
- <u>AND</u> at least one question is answered **Yes** on the **2b. Level of Impairment** screen
- <u>AND</u> at least one question is answered **Yes** on the *2c. Treatment* section
- <u>AND</u> all the questions on the **Section 5: Exempted or Delayed Level II Referrals** screen are answered **No**

PASRR Level II Serious Mental Illness (SMI) is triggered for CMHC review when the following conditions are met during the completion of the PASRR Level I:

○ A diagnosis is entered on the **Section 2: Mental Illness/2a. Diagnosis screen**

○ At least one question is answered **Yes** on the **2b. Level of Impairment** screen

○ At least one question is answered **Yes** on the **2c. Treatment** section

○ All the questions on the **Section 5: Exempted or Delayed Level II Referrals** screen are answered **No**

Conditions for Triggering PASRR Level II ID-RC/Dual Diagnosis

A PASRR Level II ID-RC/Dual Diagnosis, which is reviewed by both CMHC and DBHDID, is triggered when the following conditions are met during the completion of the PASRR Level I:

- Any question on the **Section 3: Intellectual Disability (ID)** screen is answered **Yes**
- OR any question is answered **Yes** on the *4b. Intellectual Functioning* or *4c. Adaptive Functioning* sections
- AND all the questions on the **Section 5: Exempted or Delayed Level II Referrals** screen are answered **No**

PASRR Level II ID-RC/Dual Diagnosis is triggered for CMHC and DBHDID review when the following conditions are met during the completion of the PASRR Level I:

- Any question on the **Section 3: Intellectual Disability (ID)** screen is answered **Yes**
- **OR** Any question is answered **Yes** on the *4b. Intellectual Functioning* section or *4c. Adaptive Functioning* section
- AND all the questions on the **Section 5: Exempted or Delayed Level II Referrals** screen are answered **No**

3.5.2 Nursing Facility (Swing Bed) Application Intake Screen Flow

PASRR Level I is not required for Swing Bed LOC applications. This means that the PASRR part of the KLOCS intake screen flow will not display when the User selects **"Yes"** on the **Swing Bed Check** screen.

To submit a Swing Bed LOC application, complete the following steps:

Refer To: Please refer to **Nursing Facility (No Swing Bed) Comprehensive Application Intake Screen Flow** for detailed KLOCS application intake screen shots.

1. From the **Dashboard** screen, click **Start Application** under the **Quick Links** tab or from the Top Navigation Panel.

2. The **LOC Application – Basic Information** screen displays. Enter the **First Name** in the *First Name* field.

3. (Optional) Enter the **Middle Initial** in the *Middle Initial* field.

4. Enter the **Last Name** in the *Last Name* field.

5. (Optional) Select the appropriate "**Suffix**" from the *Suffix* field drop-down.

6. Enter the **Date of Birth** or select the **Date of Birth** from the calendar in the *Date of Birth* field.

7. Select the **Gender** in the *Gender* field.

8. Enter the **Social Security Number (SSN)** in the *Social Security Number (SSN)* field.

9. Re-enter the **Social Security Number (SSN)** in the *Confirm Social Security Number* field.

10. Click **Next**.

11. On the **Member Details Confirmation** screen, review the information. If the information is correct, select **I reconfirm that the member details are correct as confirmed on this screen**. Then, check **Next**. If the information is incorrect, click **Back** to go to the previous screen.

Please Note: This is the step during application intake when KLOCS checks with the MCI to determine if the Individual exists in the system.

12. On the **Contact Details** screen, enter the **Address** in the *Mailing Address 1* field.

13. Enter the **City of Residence** in the *City* field.

14. Select the "**State**" from the *State* field drop-down.

15. Enter the **Zip Code** in the *Zip Code* field.

16. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing

an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

17. On the **Contact Details** screen, use the drop-down in the *County* field to select the **"County".**

18. (Optional) Enter the **Email Address** in the *Email Address* field.

19. Enter the **Primary Phone Number** in the *Primary Phone Number* field.

20. Choose **"Yes"** or **"No"** in the *Does the Individual have a legal representative?* field.

    a. If **Yes** is selected, enter the legal representative's name in the *Name* field and select the **"Appropriate Answer"** from the drop-down in the *Designation* field. Other fields display. Proceed to Step 21.

    b. If **No** is selected, proceed to Step 30.

21. Enter the **Name** of the person providing the application details in the *Name of the person or entity providing this information to the Nursing Facility* field.

22. Enter the **Relationship** of the legal representative with the Individual being admitted in the *What is the relationship to the person being admitted?* field.

23. Under the *Please enter the Contact Details of the Legal Representative* section, enter the **Street Number** and **Street Address** for the legal representative in the *Address Line 1* field.

24. Enter the **City of Residence** for the legal representative in the *City* field.

25. Enter the legal representative's **Zip Code** in the *Zip Code* field.

26. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

27. Select the legal representative's **County** from the drop-down in the *County* field.

28. (Optional) Enter the legal representative's **Email Address** in the *Email Address* field.

29. Enter the legal representative's **Main Phone Number** in the *Primary Phone* field.

30. Click **Next**.

Please Note: If an incomplete application exists for the Individual with the same Provider, the following message displays:

"There is already an in-progress application for this member. You should not create a new application, instead you can go to below link to continue the existing application – Click Here."

Clicking the link will navigate the User to the incomplete application.

31. The **Swing Bed Check** screen displays. Select **"Yes"** under the *Is this an application for a Swing Bed?* field.

32. Click **Next**.

33. The **Level of Care Request for Admission** screen displays. Use the calendar in the *Admission Date* field to select the Individual's **"Admission Date"** or enter the date manually.

34. Select the **"Appropriate Location"** in the *Admitted From* field drop-down to indicate where the Individual was admitted from.

Please Note: If SNF is selected from the *Admitted From* field drop-down, the following message is displayed:

'SNF may only be selected when the individual is transferring from a facility where they were receiving high-intensity specialty nursing care.'

User may continue with the application by exiting out of the pop-up message.

35. Select the **"Desired Level of Care"** from the *Requested Level of Care* field drop-down.

36. Select where the Individual **"Plans to Go"** upon discharge from the facility from the *Discharge Plan* field drop-down.

37. Under the *Facility Physician Information* section, enter the **Admitting Physician's Name** in the *Admitting Physician Name* field.

38. Enter the **Admitting Physician's Street Number** and **Street Name** in the *Physician Address* Line 1 field.

39. Enter the **Admitting Physician's City** in the *City* field.

40. Select the **"Admitting Physician's State"** using the drop-down in the *State* field.

41. Enter the **Admitting Physician's Zip Code** in the *Zip Code* field.

42. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

43. Select the **"Admitting Physician's County"** from the *County* field drop-down.

44. (Optional) Under the *Relative Information* section, enter the **Relative's Name** in the *Relative Name* field.

a. If a relative was entered in the *Relative Name* field, seven new fields are triggered. Proceed to Step 45.

b. If no relative was entered in the *Relative Name* field, proceed to Step 51.

45. Enter the **Relative's Street Number** and **Street Name** in the *Address Line 1* field.

46. Enter the **Relative's City** in the *City* field.

47. Select the **"Relative's State"** from the *State* field drop-down.

48. Enter the **Relative's Zip Code** in the *Zip Code* field.

49. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

50. Select the "**Relative's County**" from the *County* field drop-down.

51. Click **Next**.

Please Note: There are two possible error messages that may appear at this point in the application:

- "*This Individual has another application that is under review. You may not submit the application at this time. Do you want to continue?*"
- "*This Individual has an active LOC on KLOCS. Please work with the Individual/Facility/Provider to ensure that they are discharged from the other facility, and then resubmit the LOC application. Do you want to continue?*"

52. The **Patient Information** screen displays. Under the *Vital Statistics* section enter the Individual's **Height** (inches) and **Weight** (pounds) in the *Height* and *Weight* fields.

> **Please Note:** The *Vital Statistics* section has only two mandatory fields on the **Patient Information** screen. All other sections/fields are optional; however, it may be beneficial to enter any available information and may help avoid the need to complete a Lack of Information Task.

53. Click **Next**.

54. The **Diagnosis** screen displays. Click **Add Diagnosis**.

55. Select if the diagnosis is based on **ICD-10** or **DSM-5**.

56. Enter the **Diagnosis Code** in the *Diagnosis Code* field.

57. Select the **"Onset Date"** of the diagnosis from the calendar in the *Date of Onset* field or enter the **Onset Date** manually.

> **Please Note:** The date entered in the Date of Onset field must be on or after 10/1/2015.

58. Indicate the type of diagnosis by selecting **Admitting**, **Primary**, or **Secondary** in the *Type* field.

> **Please Note:** At least one of the entered diagnoses must be selected as an Admitting diagnosis to proceed with the application.

59. Click **Save**. The diagnosis details populate in the summary near the top of the screen.

60. Enter any Medications / X-ray findings & dates, if applicable.

61. Click **Next**.

62. On the **Documents Upload** screen, a list of the required documents is displayed near the top of the screen. Documents that have not been uploaded have a Red X in the *Status* column. Under the *Document Upload* Section, select the **"Appropriate Document Type"** from the *Document Type* field drop-down.

> **Please Note:** The MAP-350 and H&P are mandatory for all LOC applications.

63. Click **Browse** to the right of the **File** field.

64. The **Choose File to Upload** pop-up displays. Review the available files and select the **"Required Document"** by clicking it. Click **Open**.

65. (Optional) Add any **Applicable Notes** to the *Comments* field.

66. Click **Attach**, the attached document's details populate in the *Document Summary* section. In the *What is Needed* table near the top, there is now a Green ✓ in the *Status* column for the uploaded document(s).

      a. If additional documents need to be attached, click **Attach Another Document** and repeat Steps 62-66.

> **Please Note:** Upon landing on the **Documents Upload** screen, the following message displays:
>
> *"REMINDER: If the individual is being referred for a PASRR Level II, it is the NF's responsibility to ensure that the H&P is signed by a Physician."*

67. Click **Submit**.

> **Please Note:** There are two possible error messages that may appear at this point in the application:
>
> - *"This Individual has another application that is under review. You may not submit the application at this time."*
> - *"This Individual has an active LOC on KLOCS. Please work with the Individual/facility to ensure that they are discharged from the other facility, and then resubmit the LOC application."*

68. The **Application Confirmation** screen displays. The application is submitted and there are two options to click: **Print Application Summary** or **Return to Dashboard**.

3.5.3 ICF-IID Application Intake Screen Flow

Within KLOCS, ICF-IIDs have a similar role and function as traditional NFs in that they complete LOC applications for Individuals and submit those applications for review. However, ICF-IID applications <u>do not</u> require PASRR Level I submission or evaluation. The login information entered by the ICF-IID will identify them as an ICF and bypass the PASRR Level I screening, navigating the User directly to the MAP-726A during LOC application intake.

To submit an ICF-IID LOC application, complete the following steps:

Refer To: Please refer to **Nursing Facility (No Swing Bed) Comprehensive Application Intake Screen Flow** for detailed KLOCS application intake screen shots.

1. From the **Dashboard** screen, click **Start Application** under the **Quick Links** tab or from the Top Navigation Panel.

2. The **LOC Application – Basic Information** screen displays. Enter the **First Name** in the *First Name* field.

3. (Optional) Enter the **Middle Initial** in the *Middle Initial* field.

4. Enter the **Last Name** in the *Last Name* field.

5. (Optional) Select the appropriate "**Suffix**" from the *Suffix* field drop-down.

6. Enter the **Date of Birth** or select the **"Date of Birth"** from the calendar in the *Date of Birth* field.

7. Select the **Gender** in the *Gender* field.

8. Enter the **Social Security Number (SSN)** in the *Social Security Number (SSN)* field.

9. Re-enter the **Social Security Number (SSN)** in the *Confirm Social Security Number* field.

10. Click **Next**.

Please Note: This is the step during application intake when KLOCS checks with the MCI to determine if the Individual exists in the system.

11. On the **Member Details Confirmation** screen, review the information. If the information is correct, select **I reconfirm that the member details are correct as confirmed on this screen**. Then, check **Next**. If the information is incorrect, click **Back** to go to the previous screen.

12. On the **Contact Details** screen, enter the **Address** in the *Mailing Address 1* field.

13. Enter the **City** in the *City* field.

14. Select the "**State**" from the *State* field drop-down.

15. Enter the **Zip Code** in the *Zip Code* field.

16. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

17. On the **Contact Details** screen, use the drop-down in the *County* field to select the **"County".**

18. (Optional) Enter the **Email Address** in the *Email Address* field.

19. Enter the **Primary Phone Number** in the *Primary Phone Number* field.

20. Choose **"Yes"** or **"No"** in the *Does the Individual have a legal representative?* field.

    a. If **Yes** is selected, enter the legal representative's name in the *Name* field and select the **"Appropriate Answer"** from the drop-down in the *Designation* field. Other fields display. Proceed to Step 21.

    b. If **No** is selected, proceed to Step 30.

21. Enter the **Name** of the person providing the application details in the *Name of the person or entity providing this information to the Nursing Facility* field.

22. Enter the **Relationship** of the legal representative with the Individual being admitted in the *What is the relationship to the person being admitted?* field.

23. Under the *Please enter the Contact Details of the Legal Representative* section, enter the **Street Number** and **Street Address** for the legal representative in the *Address Line 1* field.

24. Enter the **City of Residence** for the legal representative in the *City* field.

25. Enter the legal representative's **Zip Code** in the *Zip Code* field.

26. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

27. Select the legal representative's **County** from the drop-down in the *County* field.

28. (Optional) Enter the legal representative's **Email Address** in the *Email Address* field.

29. Enter the legal representative's **Main Phone Number** in the *Primary Phone* field.

30. Click **Next**.

Please Note: If an incomplete application exists for the Individual with the same Provider, the following message displays:

"There is already an in-progress application for this member. You should not create a new application, instead you can go to below link to continue the existing application – Click Here."

Clicking the link will navigate the User to the incomplete application.

31. The **Level of Care Request for Admission** screen displays. Use the calendar in the *Admission Date* field to select the Individual's **"Admission Date"** or enter the **Date** manually in that field.

32. Select the **"Appropriate Option"** in the *Admitted From* field drop-down to indicate where the Individual was admitted from.

Please Note: If SNF is selected from the *Admitted From* field drop-down, the following message is displayed:

'*SNF may only be selected when the individual is transferring from a facility where they were receiving high-intensity specialty nursing care.*'

User <u>may continue</u> with application by exiting out of the pop-up message.

33. Select the **"Desired Level of Care"** from the *Requested Level of Care* field drop-down.

34. Select where the Individual **"Plans to Go"** upon discharge from the facility from the *Discharge Plan* field drop-down.

35. Under the *Facility Physician Information* section, enter the **Admitting Physician's Name** in the *Admitting Physician Name* field.

36. Enter the **Admitting Physician's Street Number** and **Street Name** in the *Physician Address* Line 1 field.

37. Enter the **Admitting Physician's City** in the *City* field.

38. Select the **"Admitting Physician's State"** using the drop-down in the *State* field.

39. Enter the **Admitting Physician's Zip Code** in the *Zip Code* field.

40. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

41. Select the **"Admitting Physician's County"** from the *County* field drop-down.

42. (Optional) Under the *Relative Information* section, enter the **Relative's Name** in the *Relative Name* field.

    a. If a relative was entered in the *Relative Name* field, seven new fields are triggered. Proceed to Step 43.

    b. If no relative was entered in the *Relative Name* field, proceed to Step 49.

43. Enter the **Relative's Street Number** and **Street Name** in the *Address Line 1* field.

44. Enter the **Relative's City** in the *City* field.

45. Select the **"Relative's State"** from the *State* field drop-down.

46. Enter the **Relative's Zip Code** in the *Zip Code* field.

47. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

48. Select the "**Relative's County"** from the *County* field drop-down.

49. Click **Next**.

Please Note: There are two possible error messages that may appear at this point in the application:

- *"This Individual has another application that is under review. You may not submit the application at this time. Do you want to continue?"*
- *"This Individual has an active LOC on KLOCS. Please work with the Individual/Facility/Provider to ensure that they are discharged from the other facility, and then resubmit the LOC application. Do you want to continue?"*

50. The **Patient Information** screen displays. Under the *Vital Statistics* section enter the Individual's **Height** (inches) and **Weight** (pounds) in the *Height* and *Weight* fields.

Please Note: The *Vital Statistics* section has only two mandatory fields on the **Patient Information** screen. All other sections/fields are optional; however, it may be beneficial to enter any available information and may help avoid the need to complete a Lack of Information Task.

51. Click **Next**.

52. The **Diagnosis** screen displays. Click **Add Diagnosis**.

53. Select if the diagnosis is based on **ICD-10** or **DSM-5**.

54. Enter the **Diagnosis Code** in the *Diagnosis Code* field. Use numbers and letters only (the field does not accept special characters).

55. Select the **"Onset Date"** of the diagnosis from the calendar in the *Date of Onset* field or enter the **Onset Date** manually.

Please Note: The date entered in the Date of Onset field must be on or after 10/1/2015.

56. Indicate the type of diagnosis by selecting **Admitting**, **Primary**, or **Secondary** in the *Type* field.

Please Note: At least one of the entered diagnoses must be selected as an Admitting diagnosis to proceed with the application.

46. Click **Save**. The diagnosis details populate in the summary near the top of the screen.

47. Enter any Medications / X-ray findings & dates, if applicable.

48. Click **Next**.

49. On the **Documents Upload** screen, a list of the required documents is displayed near the top of the screen. Documents that have not been uploaded have a Red X in the *Status* column. Under the *Document Upload* Section, select the **"Appropriate Document Type"** from the *Document Type* field drop-down.

Please Note: The MAP-350 and H&P are mandatory for all LOC applications.

51. Click **Browse** to the right of the **File** field.

52. The **Choose File to Upload** pop-up displays. Review the available files and select the **"Required Document"** by clicking it. Click **Open**.

53. Add any **Applicable Notes** to the *Comments* field (optional).

54. Click **Attach**, the attached document's details populate the *Document Summary* section. In the *What is Needed* table near the top, there is now a Green ✓ in the *Status* column for the uploaded document(s).

   a. If additional documents need to be attached, click **Attach Another Document** and repeat Steps 51-54.

Please Note: Upon landing on the **Documents Upload** screen, the following message displays:

"REMINDER: If the individual is being referred for a PASRR Level II, it is the NF's responsibility to ensure that the H&P is signed by a Physician."

55. Click **Submit**.

Please Note: There are two possible error messages that may appear at this point in the application:

- "This Individual has another application that is under review. You may not submit the application at this time."
- "This Individual has an active LOC on KLOCS. Please work with the Individual/facility to ensure that they are discharged from the other facility, and then resubmit the LOC application."

56. The **Application Confirmation** screen displays. The application is submitted and there are two options to click: **Print Application Summary** or **Return to Dashboard**.

3.5.4 Hospice LOC Application Intake

Hospice LOC Application Lifecycle

There is currently no review process in place for Individuals choosing Hospice care/services. The implementation of KLOCS will allow Providers to submit Hospice LOC applications online (for Institutionalized Hospice only) while giving the Hospice PRO, who are part of DMS, the ability to review the applications and make LOC determinations. Providers may also use KLOCS to track existing applications, request reassessments or extensions, and discharge or transfer the Individuals from Hospice.

Per federal requirements, when the Hospice services are provided in a NF (Institutionalized), the Provider must complete a PASRR Level I screening for the Individual before being admitted.

PASRR Exists - If a PASRR Level I screening already exists for the Individual, the Provider admitting the Individual does not need to complete and submit a new PASRR Level I screening as long as there is no gap in the coverage. Under these circumstances, a review task is generated for the Hospice PRO, upon completion of the review the Hospice PRO updates the application status to Complete or Pended-LOI (generates a LOI Task for the Provider).

PASRR Does Not Exist – When a PASRR does not exist, KLOCS updates the application status to NF-Pending PASRR and generates a task for the Provider to complete and submit a PASRR Level I screening. Providers complete the PASRR Level I screens in KLOCS.

> **Refer To**: Please refer to **Nursing Facility (No Swing Bed) Comprehensive Application Intake Screen Flow** for detailed KLOCS application intake screen shots.

Based on the answers provided on the PASRR Level I screens, the system determines the need for a PASRR Level II evaluation. If a PASRR Level II is not required, a task is generated for the Hospice PRO to review the LOC application. The Hospice PRO updates the application status to Complete or Pended-LOI (generates a LOI Task for the Provider).

PASRR Level II Required - KLOCS determines, based on responses to the PASRR Level I screening, if the Individual possibly has a Serious Mental Illness or Intellectual Disability-Related Condition or Dual Diagnosis, requiring a Level II evaluation. The assigned CMHC (based on county) receives a task to review the documentation and complete an in-person evaluation.

For a diagnosis of Serious Mental Illness, the CMHC completes the assigned SMI LOC Determination Task, then the Hospice PRO reviews and determines LOC, marking the Hospice LOC application as complete. There are situations when the CMHC determines that the referral for PASRR Level II evaluation does not meet Level II criteria (Response to Referral). A task is then generated for the Hospice PRO to review. If the CMHC requires additional documentation or information, the application is marked as Pended-LOI and a task is generated for the NF or Hospice Provider. The LOI Task may be sent to the NF who filled out the PASRR Level I screening, the Hospice Provider, or both.

When the Individual is referred for an Intellectual Disability-Related Condition or Dual Diagnosis evaluation, a task is generated for DBHDID to review the application after the CMHC completes the in-person evaluation and uploads the completed PASRR Level II form to KLOCS. When the DBHDID finds the application is missing needed information, the application is marked Pended-LOI and a task is generated for CMHC. After the Hospice PRO reviews and determines LOC, the Hospice LOC application is marked as complete.

Please Note: For Individuals already residing in a NF/ICF and electing for Hospice care, only Hospice PRO approval is required for LOC determination.

Review and Reassessment

Hospice LOC is initially approved for 90 days, Individuals must be reassessed within that 90-day period. All Hospice LOC reassessments are completed by the Hospice PRO. Once the initial reassessment is done, LOC is approved for an additional 90 days. At the end of the second 90-day period, the Hospice PRO reviews the Individual's LOC every 60 days.

To submit a Hospice LOC application, complete the following steps:

Refer To: Please refer to **Nursing Facility (No Swing Bed) Comprehensive Application Intake Screen Flow** for detailed KLOCS application intake screen shots.

1. From the **Dashboard** screen, click **Start Application** under the **Quick Links** tab or from the Top Navigation Panel.

2. The **LOC Application – Basic Information** screen displays. Enter the **First Name** in the *First Name* field.

3. (Optional) Enter the **Middle Initial** in the *Middle Initial* field.

4. Enter **Last Name** in the *Last Name* field.

5. (Optional) Select the appropriate "**Suffix**" from the *Suffix* field drop-down.

6. Enter the **Date of Birth** or Select the **"Date of Birth"** from the calendar in the *Date of Birth* field.

7. Select the **Gender** in the *Gender* field.

8. Enter the **Social Security Number (SSN)** in the *Social Security Number (SSN)* field.

9. Re-enter the **Social Security Number (SSN)** in the *Confirm Social Security Number* field.

10. Click **Next**.

Please Note: This is the step during application intake when KLOCS checks with the MCI to determine if the Individual exists in the system.

11. On the **Member Details Confirmation** screen, review the information. If the information is correct, select **I reconfirm that the member details are correct as confirmed on this screen**. Then, check **Next**. If the information is incorrect, click **Back** to go to the previous screen.

12. On the **Contact Details** screen, enter the **Address** in the *Mailing Address 1* field.

13. Enter the **City of Residence** in the *City* field.

14. Select the "**State**" from the *State* field drop-down.

15. Enter the **Zip Code** in the *Zip Code* field.

16. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

17. On to the **Contact Details** screen, use the drop-down in the *County* field to select the "**County".**

18. (Optional) Enter the **Email Address** in the *Email Address* field.

19. Enter the **Primary Phone Number** in the *Primary Phone Number* field.

20. Choose "**Yes**" or "**No**" in the *Does the Individual have a legal representative?* field.

    a. If **Yes** is selected, enter the legal representative's name in the *Name* field and select the "**Appropriate Answer**" from

the drop-down in the *Designation* field. Other fields display. Proceed to Step 21.

    b. If **No** is selected, proceed to Step 30.

21. Enter the **Name** of the person providing the application details in the *Name of the person or entity providing this information to the Nursing Facility* field.

22. Enter the **Relationship** of the legal representative with the Individual being admitted in the *What is the relationship to the person being admitted?* field.

23. Under the *Please enter the Contact Details of the Legal Representative* section, enter the **Street Number** and **Street Address** for the legal representative in the *Address Line 1* field.

24. Enter the **City of Residence** for the legal representative in the *City* field.

25. Enter the legal representative's **Zip Code** in the *Zip Code* field.

26. The **Possible Address Match** pop-up triggers. This screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.

27. Select the legal representative's **County** from the drop-down in the *County* field.

28. (Optional) Enter the legal representative's **Email Address** in the *Email Address* field.

29. Enter the legal representative's **Main Phone Number** in the *Primary Phone* field.

30. Click **Next**.

31. The **Admission Information** screen displays. The *Application Date* field will be pre-populated with the current date.

32. Manually enter or use the calendar in the *Hospice Admission/Election Date* field to select the **"Individual's Admission Date"**.

Please Note: If the admit date selected overlaps with an existing Hospice LOC, the following message displays:

"This Individual has an active Hospice LOC in KLOCS. You will not be able to submit this application if the Individual is not discharged from the existing LOC."

33. Under the *Select Member residing Facility* section, click **Lookup**.

34. The **Nursing Facility Provider Search** pop-up displays. Enter the **Provider Number** in the *Provider Number* field <u>OR</u> select the **"County"** from the *County* field drop-down OR complete both fields.

35. Click **Search**.

36. A table containing the Provider search result(s) triggers at the bottom of the pop-up screen, click the correct Provider.

37. Click **Select**.

38. Returning to the **Admission Information** screen, the *Provider Name* and *Provider Number* fields are both pre-populated.

39. Click **Next**.

Please Note: If the Provider selected is a NF who has an existing ongoing LOC for Provisional admission, the following message displays to prevent the User from completing the application:

'Member has an overlapping LOC segment for Provisional admission. This type of members cannot elect Hospice until Request Level II review is completed by appropriate reviewer.'

If the Provider selected is a NF who has an existing ongoing LOC for Swing Bed, the following message displays to prevent the User from completing the application:

'Member has an overlapping LOC segment for NF with Swing Bed. Swing bed members cannot elect Hospice.'

40. On the **Diagnosis** screen, click **Add Diagnosis**.

41. Select if the diagnosis is based on **ICD-10** or **DSM-5**.

42. Enter the **Diagnosis Code** in the *Diagnosis Code* field. Use numbers and letters only (the field does not accept special characters).

43. Manually enter or select the **"Onset Date"** of the diagnosis from the calendar in the *Date of Onset* field.

Please Note: The date entered in the Date of Onset field must be on or after 10/1/2015.

44. Indicate the type of diagnosis by selecting **Admitting**, **Primary**, or **Secondary** in the *Type* field.

Please Note: At least one of the entered diagnoses must be selected as an <u>Admitting</u> diagnosis to proceed with the application.

45. Click **Save**. The diagnosis details populate in the summary near the top of the screen.

46. Enter any Medications / X-ray findings & dates, if applicable.

47. Click **Next**.

48. On the **Documents Upload** screen, a list of the required documents is displayed near the top of the screen. Documents that have not been uploaded have a Red X in the *Status* column. Under the *Document Upload* Section, select the **"Appropriate Document Type"** from the *Document Type* field drop-down.

Please Note: The mandatory form for a Hospice LOC application is Election of Hospice (MAP-374).

49. Click **Browse** to the right of the **File** field.

50. The **Choose File to Upload** pop-up displays. Review the available files and select the **"Required Document"** by clicking it. Click **Open**.

51. Enter any applicable notes to the *Comments* field (Optional).

52. Click **Attach**. The attached document's details populate in the *Document Summary* section. In the *What is Needed* table near the top, there is now a Green ✓ in the *Status* column for the uploaded document(s).

    a. If additional documents need to be attached, click the **Attach Another Document** hyperlink and repeat Steps 49-52.

53. Click **Submit**.

Please Note: Upon clicking **Submit**, the following message displays if the Individual has another <u>active LOC</u> with the <u>same</u> provider type:

'This member has an active LOC on Benefind. Please work with the member to ensure they are discharged from the other Nursing Facility or Hospice Provider and then resubmit the LOC Application.'

The Provider cannot submit the application until the Individual is discharged from the other LOC.

If the Individual has an application that is already <u>under review</u>, the following message displays:

'This Individual has an active LOC on KLOS. Please work with the Individual/Facility/Provider to ensure that they are discharged from the other facility, and then resubmit the LOC application. Please contact the HS PRO if you need more information.'

54. Navigating to the **Application Confirmation** screen, there are five possible outcomes depending on what type of Provider submitted the application and whether the Individual had a PASRR in the system:

- Application submitted successfully (sent to appropriate reviewer) – A message confirming submission and Application Number displays and there are two options to click: **Print Application Summary** and **Return to Dashboard**.

- Application submitted successfully (PASRR Level I required) – Application submitted for Individual who did not have a PASRR Level I in the system. The application is forwarded to the appropriate NF to complete the PASRR Level I.

- ICF-IID Hospice Application submitted successfully for Admission or Election (PASRR in system)

- Application submitted successfully (State ICF to State ICF) – Application submitted for Individual moving from one State ICF to a different State ICF. A task is created for the new Provider to complete the MAP-726A. Once complete, it is then sent for review.

- Partial Match - System identifies a Partial Match. DMS must resolve this issue before the application can be submitted. A message detailing this outcome displays.

3.6 Admission/LOC Start Date Scenarios

The LOC Start Date for Individuals will vary based on their circumstances and when certain tasks related to the LOC application are finalized.

Providers are required to submit LOC applications on or prior to an Individual's admission date. However, the LOC Start Date calculation is not impacted if the Provider applies within three days after the admit date and if the application does not trigger a PASRR Level II. If the LOC application triggers a PASRR Level II evaluation and this determines that LOC is met, the LOC Start Date calculation will start when the determination is complete.

Scenarios when applications are reviewed by the PRO:

When the application date is after the admit date, the LOC Start Date will vary based on when the application was submitted:

Steve needs care in a Nursing Facility and only meets the criteria for PASRR Level I. He was admitted to his chosen NF on August 3, 2020. The NF submits Steve's LOC application on August 4 and the PRO reviews and approves the application on August 7. Since the application was submitted within three days of Steve's admit date, the LOC Start Date is the same as his admit date, August 3, 2020. (This scenario also applies to Provisional, Swing Bed, and Private ICF applications.)

Beth was admitted to a Nursing Facility on August 3, 2020. The NF submits Beth's LOC application (PASRR Level I only/non PASRR Level II Referrals) on August 6, five days after her admission. The application is approved on August 9. Since the application was submitted more than three days after the admit date, Beth's LOC Start Date is the same as the application date, August 6, 2020. (This scenario also applies to Provisional, Swing Bed, and Private ICF applications.)

Scenario	Admit Date	Application Date	LOC Review Completed	LOC Start Date
Admitting to NF-PASRR Level I only or Provisional, Swing Bed, Private ICF	08/01/20	08/04/20	08/07/20	08/01/20
Admitting to NF-PASRR Level I only or Provisional, Swing Bed, Private ICF	08/01/20	08/06/20	08/09/20	08/06/20

Table 1-Applications Review by PRO

Admit Date is Different than Application Date

LOC Start Date = Admit Date

When the LOC application date is within three calendar days past the admission date.

≤3

LOC Start Date = Application Date

When the LOC application date is more than three days past the admit date.

3+

When the application date is before or the same as the admit date, the LOC Start Date will be the same as the date of admission:

On May 1, 2020, Gillian was admitted to a Nursing Facility. Her NF submitted the LOC application (PASRR Level I screening that did not require Level II evaluation) on April 21 and the LOC review was completed on April 29. Since the application date was prior to Gillian's admit date, the LOC Start Date is the same as her admit date, May 1, 2020. (This scenario also applies to Provisional, Swing Bed, and Private ICF applications.)

Alejandro needs care in a Nursing Facility and has a PASRR Level I screening that did not require Level II evaluation. On May 1, 2020, Alejandro was admitted, and his NF submitted the LOC application on that same day. The LOC application was approved one week later. As a result, the LOC Start Date is the same day as Alejandro's admit date, May 1, 2020. (This scenario also applies to Provisional, Swing Bed, and Private ICF applications.)

Scenario	Admit Date	Application Date	LOC Review Completed	LOC Start Date
Admitting to NF-PASRR Level I only or Provisional, Swing Bed, Private ICF	05/01/20	04/21/20	04/29/20	05/01/20
Admitting to NF-PASRR Level I only or Provisional, Swing Bed, Private ICF	05/01/20	05/01/20	05/08/20	05/01/20

Table 2-Applications Reviewed by PRO: App Date Before or Same as Admit Date

Scenarios when applications are reviewed by CMHC or DBHDID:

LOC Start Dates for CHMC/DHBDID-reviewed applications depend on when the LOC determination is made relative to the date of admission.

When LOC determination is finalized <u>after</u> the admit date, the LOC Start Date will be the date the LOC determination was completed:

Emily requires PASRR Level II care in a Nursing Facility. She was admitted on June 1, 2020. On June 4, the NF submits the LOC application and the review and approval of that application occurs on June 12. Since the LOC determination date is after the admit date the LOC Start Date is the same as the LOC determination date, June 12, 2020. (This scenario applies to PASRR Level II – SMI, ID/RC, Dual Diagnosis.)

Scenario	Admit Date	Application Date	LOC Review Completed	LOC Start Date
Admitting to NF- PASRR Level II- SMI, ID/RC and DUAL/ State ICF	6/1/2020	6/4/2020	6/12/2020	6/12/2020

Table 3-Determination After Admit Date

When the admit date is in the future and the LOC determination is finalized <u>prior</u> to the admit date, the LOC Start Date will be same as the admit date:

Maxine entered a Nursing Facility on November 15, 2020 and likely meets PASRR Level II referral criteria. Her NF submits her LOC application on November 4, prior to her admission to the NF. The application is approved on November 12. Maxine's LOC determination was prior to her entering the NF, so the LOC Start Date is the same as her admit date, November 15, 2020. (This scenario applies to PASRR Level II – SMI, ID/RC, Dual Diagnosis.)

Scenario	Admit Date	Application Date	LOC Review Completed	LOC Start Date
Admitting to NF- PASRR Level II- SMI, ID/RC and DUAL/ State ICF	11/15/2020	11/4/2020	11/12/2020	11/15/2020

Table 4-Future Admit Date, Determination Prior to Admit Date

When the admit date is in the future and the LOC determination is completed <u>after</u> the admit date, the LOC start date will be LOC determination date:

On July 15, 2020, Edward was admitted to a State ICF. Anticipating his arrival, the State ICF submitted Edward's LOC application on July 6. After a

slight delay in processing, the application review is completed on July 20. Since the LOC approval date was after Edward's date of admission, the LOC Start Date is the same as the LOC determination date, July 20, 2020. (This scenario applies to PASRR Level II – SMI, ID/RC, Dual Diagnosis applications.)

Scenario	Admit Date	Application Date	LOC Review Completed	LOC Start Date
Admitting to NF- PASRR Level II- SMI, ID/RC and DUAL/ State ICF	7/15/2020	7/6/2020	7/20/2020	7/20/2020

Table 5-Future Admit Date, Determination Date After Admit Date

Please Note: Individuals who trigger a PASRR Level II must have a PASRR and LOC determination prior to admission and before LOC may begin. When Individuals meet PASRR Level II referral criteria, the LOC Start Date will be the day the CMHC/DBHDID approved the application and cannot be backdated if admitted prior to LOC determination.

Nursing Facility Admission Scenarios:

Admission Scenario	LOC Approver	Field Review Task	Initial Assessment Period
NF- PASRR Level I (not referred for Level II evaluation)	PRO	Yes	30 days
NF- Provisional	PRO	No	30 days
NF- PASRR Level II- SMI	CMHC	No	N/A
NF- PASRR Level II- ID/RC	DBHDID	No	N/A
NF- PASRR Level II- Dual Diagnosis	DBHDID	No	N/A
Swing Bed	PRO	Yes	30 days
Private ICF	PRO	Yes	30 Days
State owned ICF	DBHDID	No	12 months

Please Note: Submitting applications in a timely manner is extremely important since that will directly impact the time period for which a Provider is approved for payment.

Hospice Admission/LOC Start Date Scenarios

As with NFs, Hospice Providers are required to submit Hospice LOC applications on or prior to an Individual's admission date. Just like NFs, there is no impact on LOC Start Date calculation if the Hospice Provider applies within three calendar days or less of the admit date.

The LOC Start Date will match the admit date if the application date is within three calendar days or less after the admit date. If the application date is more than three calendar days past the admit date, then the LOC Start Date will be the same as application date. When the admit date is the current date or in the future, LOC Start Date will be the same as admit date.

Scenario	Admit/Elect Date	Application Date	LOC Review Completed	LOC Start Date
Hospice Admission/Election	6/1/2020	6/3/2020	6/7/2020	6/1/2020
Hospice Admission/Election	6/1/2020	6/7/2020	6/11/2020	6/7/2020

Table 6-Admitting/Electing to Hospice

Please Note: In Hospice election scenarios, the existing Provider's discharge date will be one day prior to IHP LOC Start Date.

When working with Hospice applications and tasks, it is important to understand the difference between Hospice admissions versus elections. Individuals seeking Hospice admission are not currently residing in a NF, they are requesting Hospice LOC and NF/ICF admission on the same day. These applications must be reviewed by multiple reviewing organizations for LOC determination. Individuals electing Hospice services are currently residing in a NF/ICF and choosing to change their LOC to Hospice. Electing Individual's LOC applications only require Hospice PRO review for LOC determination.

Hospice <u>Admission</u> Scenarios Table:

Action	Admission Scenario	LOC Approval Flow	Field Review Task	Hospice Assessment Period
Admission	Admitting to IHP (NF) - PASRR Level I	NF>HPRO	No	90 days
Admission	Admitting to IHP (NF) - Provisional	Invalid	N/A	N/A
Admission	Admitting to IHP (NF) - PASRR Level II (SMI)	NF>CMHC>HPRO	No	90 days
Admission	Admitting to IHP (NF) - PASRR Level II (ID/RC-Dual)	NF>CHHC>DBHDID>HPRO	No	90 days
Admission	Admitting to IHP with Swing Bed	Invalid	N/A	N/A
Admission	Admitting to IHP with Private ICF	IC>HPRO	No	90 days
Admission	Admitting to IHP with State ICF	Invalid	N/A	N/A

Hospice <u>Election</u> Scenarios Table:

Action	Admission Scenario	LOC Approval Flow	Field Review Task	Initial Assessment Period
Election	Admitting to IHP (NF) - PASRR Level I	HPRO	No	90 days
Election	Admitting to IHP (NF) - Provisional	Invalid	N/A	N/A
Election	Admitting to IHP (NF) - PASRR Level II (SMI)	HPRO	No	90 days
Election	Admitting to IHP (NF) - PASRR Level II (ID/RC-Dual)	HPRO	No	90 days
Election	Admitting to IHP with Swing Bed	Invalid	N/A	N/A
Election	Admitting to IHP with Private ICF	HPRO	No	90 days
Election	Admitting to IHP with State ICF	HPRO	No	90 days

3.7 Application Status

Depending on the specifics of the case, applications can be in one of twelve different statuses. The following table provides all known application statuses and their description:

Application Status	Description
Saved	Nursing Facility saved the application.
Complete	The PRO, CMHC, or DBHDID committee completed an application review/evaluation and determined that LOC is either Met or Not Met.
PRO/Hospice PRO Review	Application has been submitted and sent to the PRO or Hospice PRO for review.
CMHC Review	Application was submitted and triggered a PASRR Level II.
DMS Partial Match	The system cannot identify the Individual and a task was sent to DMS to resolve the Partial Match.
DBHDID Review	The PASRR Level II and all other documents were sent to the DBHDID committee for LOC Determination (ID-RC/Dual Diagnosis).
Pended—LOI	Nursing Facility completed the application, but the evaluator needs additional information to complete their review.
Closed	Application was closed by the batch since the missing information (LOI) was not returned within 14 business days.
Discharged	Individual was discharged from and by the Facility.
Systematically Discharged	The system discharged the Individual since they were admitted to or elected a different Provider.
Withdrawn	The in-progress application was withdrawn.
Transferred	Individual was transferred by one Provider to another Provider.
Cancelled	The Provider cancelled an approved LOC since the associated Individual was never admitted to the facility.

Please Note: After 30 calendar days, any saved LOC applications that have not been submitted will be removed from KLOCS.

3.8 Withdraw an In-Progress Application

A User may withdraw an in-progress application. An in-progress application is an application pending initial review.

1. From the **Dashboard** screen, click **Withdraw** under the *Action* column in the *Applications* section.

2. The **Application Withdrawal Confirmation** pop-up displays.

3. Click **Submit**. (Action is complete, and the application is marked as Withdrawn).

4. Nursing Facility (NF)

4.1 Nursing Facility Role

Nursing Facilities' main role in KLOCS is to complete LOC applications on behalf of Individuals and submit those applications for review. There are also follow-up and administrative tasks that NFs must complete using KLOCS.

Access to the various functionalities of the KLOCS **Dashboard** screen, the **Individual Summary** screen, and the **Program Summary** screen will depend on an organization's role in the KLOCS system. For example, the functions available to a NF will be different than those available to DBHDID staff.

The chart below details the available functionalities for <u>NF staff</u> by screen:

Dashboard

Primary Classification	Function	NF Staff
Summaries	My Tasks	✓
	Members	✓
Quick Search	Individual	✓
Quick Links	Message Center	✓
	Start New Application	✓
	Manage Discharges	✓
	Manage discharges>Submit Discharge	✓
	Approve Transfer	✓
	View Reports	
	Change Facility	✓
Lists	My Tasks	✓
	Task History	✓
	Applications	✓
	Search Tasks	✓

Summaries

Primary Classification	Actions	NF Staff
Individual Summary	View Applications	✓
	View Documents	✓
	Assessment History	✓
	Message Center	✓
	View Tasks	✓
	Request Level II	✓
	Continue Application	✓
	Update Contact Details	✓
	Request LOC Correction	✓
Program Summary	Record LOC Reassessment	
	Update LOC Determination	

Please Note: NF Users have access to all functionality on the three screens (Dashboard, Individual Summary, Program Summary) except for View Reports and the **Program Summary** screen actions. NFs may only view information for Individuals associated with their facility.

4.2 Nursing Facility Tasks

In addition to submitting LOC applications on behalf of Individuals, there are six possible NF tasks generated in KLOCS after application submission:

- Lack of Information

- Existing LOC Overlap

- Approve Transfer

- HS PASRR Level I

- Request Level II – Lack of Information

- Report Significant Change

> **Please Note:** Users either click **Start** or **Continue** to initiate tasks. **Start** is the option when a task is new. Clicking **Start** navigates Users to the beginning screen of the task. **Continue** is the option when a task was started but not finished, Clicking **Continue** navigates Users to the next task screen that requires attention.

4.2.1   Lack of Information (LOI) Task

A Lack of Information (LOI) Task is created when the PRO or CMHC is unable to finalize a LOC determination because there is not enough information or there is incorrect information on the application. If the reviewer determines that more information is needed from the Provider to complete the review process, they will update the application status to Pended-LOI. Doing so will generate a LOI Task and it will appear on the initiating Provider's **Dashboard** screen under the *Tasks* section.

Providers must then correct the application and resubmit for review. The correction and resubmission must be done within 14 business days of the LOI Task generation date. The 14-day due date does not reset if multiple LOI Tasks are generated for the same LOC application, the issue(s) must be resolved within the original 14 business days deadline. Task dates DO NOT change PASRR time frame requirements.

Within 14 Days

If the updated application is resubmitted within 14 business days, then a new Application Review task is generated for the PRO/CMHC so that the initial review is performed again with the updated application information.

After 14 Days

If a Provider does not complete the LOI Task and submit within 14 business days, the system will close that application and mark the LOC as Not Met. The Provider will need to complete and submit a new application.

Please Note: Providers attempting to complete the LOI Task after the 14th day receive the following message:

"You cannot submit this task because it is past the due date. Please create another application for the Individual."

NF Lack of Information Task

LOI: Lack of Information Task

A LACK OF INFORMATION (LOI) TASK IS CREATED WHEN THE REVIEWER IS UNABLE TO FINALIZE THE LOC DETERMINATION BECAUSE THERE IS NOT ENOUGH INFORMATION OR INFORMATION PROVIDED IS INACCURATE. PROVIDERS MUST CORRECT THE APPLICATION AND RESUBMIT FOR REVIEW WITHIN 14 BUSINESS DAYS OF THE LOI TASK GENERATION DATE.

NF Provider submits LOC application which triggers an application review task for the appropriate review organization	
Non PASRR Referral triggers an Initial Review Task for PRO	PASRR Level II referral triggers LOC Determination Task for CMHC

A "Pended-LOI" application status triggers the Lack of Information (LOI) Task for NF Provider

- Reviewer (PRO or CMHC) marks the application status as "Pended – LOI" which triggers the LOI Task for the NF Provider
- In the LOI Task, the Reviewer requests more information from the NF Provider in order to complete the LOC determination

NF Provider must complete LOI Task within 14 business days of receiving LOI Task	
LOI Task is completed within 14 days:	**LOI Task is NOT completed within 14 days:**
- System triggers new review task for appropriate Reviewer (PRO or CMHC) to review the application again with the updated information	- System closes the application and marks the LOC Determination as "Not Met" - Provider must complete and submit a new application

To close the Lack of Information task, NFs complete the following steps:

1. From the **Dashboard** screen, click **Start** <u>or</u> **Continue** under the *Actions* column in the *Tasks* section.

2. On the **Level of Care Assessment Summary** screen, review the assessment information paying special attention to the *Comments about the assessment:* field. This field displays the PRO's comments about what information or documentation is missing or incorrect.

3. Click **Next**.

4. Based on the review from Step 2, add or edit information as needed while proceeding through <u>all</u> LOC application screens.

5. On the **Verify Complete Information** screen choose **"Yes"** or **"No"** in the *Has all required information been provided?* field.

   a. If **Yes** is selected, enter a response to the Reviewer's comments in the *Comments provided by Facility in response to Lack of Information* field. Proceed to Step 9.

   b. If **No** is selected, the User cannot proceed to the next screen until all required information may be provided.

| Name: | ROGERS, BLAKE | PASRR #: | 300000026 | Application #: | 400141130 |

93% Complete

- Assessment Summary
- PASRR Level I
- MAP 726 A
- Diagnosis Information
- **Verify Complete Information**
- Document Upload

*=Required field

Verify Complete Information

*Has all required information been provided?

- ● YES
- ○ NO

Comments Provided by the Reviewer with this request for the Lack of information

H&P is missing signature

*Comments provided by Facility in response to Lack of Information

H&P updated

View Comment History

◄ Back   Next ►

6. Click **Next**.

7. On the **Document Upload** screen, upload any required documents.

8. Click **Submit**.

> **Refer To:** Please refer to **Document Upload** for additional guidance on what documents to upload and how to upload them.

4.2.1.1   LOI Comment History

During LOC determination, the Reviewer may determine all required information has not been provided to determine LOC. On the **Verify Complete Information** screen, the Reviewer may leave comments for the Provider if **No** is selected for *Has all required information been provided?* field. Once the LOI Task generates in KLOCS, the Reviewers and Providers have the capability to leave comments for one another to resolve the LOI Task.

Within KLOCS, the User may view LOI comments on three different screens:

1. **Level of Care Assessment Summary** screen

2. **Program Summary** screen

Program Summary

Program Details

LTC Program :	Nursing Facility	PASSR #:	300000027
Provider :	NF Provider 2	Provider #:	7100531340
Application Status:	CMHC Review	Application #:	400141131
Application Date:	06/11/2020	Last Action Date:	06/22/2020
LOC Start Date:	06/12/2020	LOC Reassessment Date:	Not Available

Authorization History

Admit Date	Submission Date	LOC Start Date	Assessment Start Date	Assessment End Date	Date of Determination	Action
06/12/2020	06/11/2020	06/12/2020	06/12/2020	Not Available	Not Available	Initial

LOI Comment History

Created By	User Role	Date	Comment
kmar pand	Provider Staff-NF	06/22/2020	Uploaded new form.
Megan Jones	CMHC Staff	06/11/2020	Missing the appropriate H&P form. Please review and upload the correct H&P form

3. **Verify Complete Information** screen

4.2.2 Existing LOC Overlap Task

An Existing LOC Overlap Task is created when DMS resolves a Partial Match Task and the system identifies that the Individual has an active LOC. The Existing LOC Overlap Task will notify the submitting Provider to contact the Individual or other Provider to resolve the overlap/other application.

Upon creation of this task, the Application status changes from DMS Partial Match to Saved.

NF Existing LOC Overlap Task

Existing LOC Overlap Task

AN EXISTING LOC OVERLAP TASK IS CREATED WHEN DMS RESOLVES A PARTIAL MATCH TASK AND THE SYSTEM DETERMINES THAT THE INDIVIDUAL ALREADY HAS AN ACTIVE LOC WITH ANOTHER PROVIDER OR THAT THEY HAVE AN APPLICATION THAT IS UNDER REVIEW. THIS TASK IS ASSIGNED TO THE PROVIDER WHO SUBMITTED THE NEW APPLICATION.

Provider "A" submits a LOC application for an Individual which creates a Partial Match Task for DMS

- Provider "A" submits a LOC application for an Individual and the system cannot determine if this Individual already exists in the system or is a new Individual. This triggers a Partial Match Task for DMS.
- DMS resolves the Partial Match Task and the system determines the Individual has an active LOC or there is already an application in review with Provider "B"

System triggers the Existing LOC Overlap Task for Provider "A" to resolve the LOC Overlap

- Provider "A" must contact the Provider "B" regarding the existing LOC application, then update the application accordingly
- If Provider "B" cannot be reached, Provider "A" should contact the PRO regarding the LOC Overlap
- Provider A must resolve the Existing LOC Overlap Task within **3 business days** of the Admission date

Please Note: This task is not triggered when an Institutionalized Hospice Provider submits an LOC application for an Individual with an active LOC.

To Close the Existing LOC Overlap Task, NFs complete the following steps:

1. From the **Dashboard** screen, click **Start** or **Continue** under the *Actions* column in the *Tasks* section.

2. The **Contact Details** screen displays, proceed with the application intake screen flow.
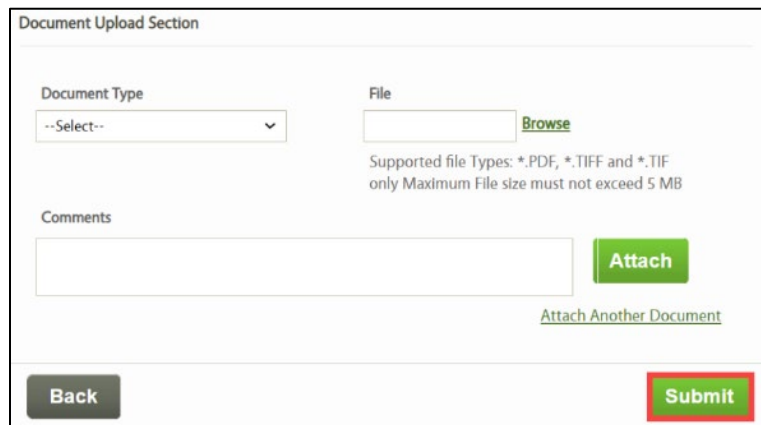
> **Refer To**: Detailed LOC application guidance is found in the **KLOCS Application Intake/Lifecycle** section. This includes step-by-step instructions and screen shots for all sections of the application.

3. On the **Document Upload** screen, upload any required documents.
4. Click **Submit.**

> **Refer To**: Please refer to **Document Upload** for additional guidance on what documents to upload and how to upload them.

4.2.3 Approve Transfer Task

An Approve Transfer Task is created when an Individual's current Provider submits a transfer request on their behalf. The task will be assigned to the Provider where the Individual is transferring to.

NF Approve Transfer Task

Approve Transfer Task

AN APPROVE TRANSFER TASK IS CREATED WHEN AN INDIVIDUAL'S CURRENT PROVIDER SUBMITS A TRANSFER REQUEST ON THE INDIVIDUAL'S BEHALF. THE APPROVE TRANSFER TASK IS ASSIGNED TO THE PROVIDER WHERE THE INDIVIDUAL IS TRANSFERRING TO.

Current Provider submits a Transfer Request and triggers Approve Transfer Task for New Provider

- Once the Provider submits the transfer request, the new Provider (Provider that the the Individual is transferring to) receives the Approve Transfer Task for the Individual

New Provider must approve or reject the transfer request to complete the Approve Transfer Task

New Provider *Approves* Transfer Request:	New Provider Rejects Transfer:
• LOC Start Date for new Provider is one day after the Discharge Date for the previous Provider	• An electronic notification is sent to notify the requesting Provider that the transfer request has been denied
• System creates a new application number for the transferred PASRR data	• The LOC Start Date, PASRR number, and application number stays the same for the requesting Provider
• Existing PASRR number is linked to the new Provider	

Please Note: The Admit Date is system-calculated to prevent a gap in coverage between the previous Provider's Discharge Date and the new Provider's Admission Date.

To close the Approve Transfer Task, NFs complete the following steps:

1. From the **Dashboard** screen, click **Start** or **Continue** under the *Actions* column in the *Tasks* section.

2. On the **Approve Member Transfer** screen, review the transfer details.

    a. If declining the transfer request, click **Reject**.
        i. The **Rejecting Reason** pop-up displays. Enter the **Reason** for rejecting the request in the *Comments* field.
        ii. Click **Submit**. (Task is complete and marked as Closed.)

    b. If approving the transfer request, review the pre-populated fields on the **Approve Member Transfer** screen.

        i. Enter the **Admitting Time** in the *Admitting Time* field and select **"AM"** or **"PM"** from the drop-down.

ii. Select **"CT"** or **"ET"** from the *Admitting Time Zone* field drop-down, click **Next**. Proceed to Step 3.

3. The **Level of Care Request for Admission** screen displays. The *Admission Date*, *Admitted From*, *Requested Level of Care*, and *Discharge Plan* fields are pre-populated. The *Admission Date* field is <u>not</u> editable.

4. The *Facility Physician Information* section is blank. Update the name and address details using the new attending physician's information.

5. Click **Next**.

6. On the **Patient Information** screen, verify, modify or update the details as needed.

7. Click **Next**.

8. The **Dashboard** screen displays. (Task is complete and marked as Closed.)

Transfer Task – Things to Know

Admit date is system-calculated so there is no gap between previous Provider's discharge date and new Provider's admission date

LOC start date for new Provider is one day after discharge date for previous Provider

If a transfer request is rejected, an electronic notification is sent to the requesting Provider

A new PASRR Number is not required since the existing PASRR is linked to the new Provider

A new Application Number is created and associated with the transferring PASRR data

4.2.4   HS PASRR Level I Task

The HS PASRR Level I Task is created when <u>one</u> of the following conditions are met:

- Individual applies for Institutionalized Hospice on the <u>same day</u> they are being admitted to a NF

- Individual applies for Institutionalized Hospice <u>and</u> their NF LOC has already ended

This task will be assigned to the NF where the Individual is residing to complete and submit the PASRR Level I on the Individual's behalf.

Please Note: The Hospice PASRR Level I Task will not be generated if the Individual <u>elects</u> Hospice while having an approved NF LOC.

NF Hospice (HS) PASRR Level I Task

Hospice (HS) PASRR Level I Task

THE HS PASRR LEVEL I TASK IS CREATED WHEN AN INDIVIDUAL APPLIES FOR INSTITUTIONALIZED HOSPICE AS LONG AS THE INDIVIDUAL DOES NOT HAVE AN APPROVED NF LOC. THIS TASK IS ASSIGNED TO THE NF WHERE THE INDIVIDUAL IS RESIDING TO COMPLETE AND SUBMIT THE PASRR LEVEL I ON THE INDIVIDUAL'S BEHALF.

Individual applies for Institutionalized Hospice which triggers HS PASRR Level I Task for the Residing NF Provider
- Individual applies for Institutionalized Hospice on the **same day** that they are being **admitted to a Nursing Facility (NF)**
- Once Hospice selects the NF and submits the application, the NF has **3 business days** to complete the PASRR Level I Task

Residing Nursing Facility Provider completes HS PASRR Level I Task and triggers a review task for Hospice PRO
- Upon HS PASRR Level I Task closure, an electronic notification is sent to both the NF and Hospice Providers confirming the PASRR Level I Submission
- Hospice LOC Review Task is triggered for the Hospice PRO once HS PASRR Level I Task is completed by the NF

Hospice PRO must complete the Hospice LOC Review Task for the Individual
Based on the PASRR Level I information entered, the Hospice PRO determines the Hospice LOC for the Individual

Please Note: The Hospice (HS) PASRR Level I Task will not be triggered if the Individual elects Institutionalized Hospice Services while having an active LOC with a Nursing Facility.

To close the HS PASRR Level I Task, NFs complete the following steps:

1. From the **Dashboard** screen, click the **Start** or **Continue** link under the *Actions* column in the *Tasks* section.

2. Navigating to the **MAP-409: PASRR Level I** screen, proceed and complete all applicable screens of the PASRR Level I.

Refer To: Detailed LOC application guidance is found in the **KLOCS Application Intake/Lifecycle** section. This includes step-by-step instructions and screen shots for all sections of the application.

3. On the **Documents Upload** screen, upload the required MAP-350 and History and Physical Examination (H&P) forms, click **Submit**.

> **Refer To**: Please refer to **Document Upload** for additional guidance on what documents to upload and how to upload them.

> **Please Note:** Upon task closure, a notification is sent to both the NF and Hospice Providers confirming the PASRR Level I submission. Also, upon task closure, a Hospice LOC Review Task is generated for Hospice PRO.

4.2.5   Request Level II – Lack of Information Task

The Request Level II – Lack of Information (LOI) Task is generated when the CMHC determines there is additional information needed for them to make a LOC determination for the PASRR Level II request. The CMHC reviewer will specify what is missing or incorrect on the **Verify Complete Information** screen and indicate that the request's information is not complete.

The Request Level II – LOI Task notifies the requesting Provider to review the application and update or edit the information as needed. Providers must then correct the previous submission and resubmit for review. The correction and resubmission must be done within 14 business days of the task

generation date or the application will close, and the process will need to be restarted.

Please Note: Providers attempting to complete the Request Level II - LOI Task after the 14th day receive the following message:

"You cannot submit this task because it is past the due date. Please create another application for the Individual."

NF Request Level II – LOI Task

Request Level II – LOI Task

A LACK OF INFORMATION (LOI) TASK IS CREATED WHEN THE CMHC IS UNABLE TO FINALIZE THE LOC DETERMINATION BECAUSE THERE IS NOT ENOUGH INFORMATION OR THERE IS INACCURATE INFORMATION ON THE PASRR LEVEL II REQUEST (SIGNIFICANT CHANGE). PROVIDERS MUST CORRECT THE APPLICATION AND RESUBMIT FOR CMHC REVIEW WITHIN THE 9 BUSINESS DAYS OF THE PASRR LEVEL II EVALUATION TIMELINE.

NF Provider submits PASRR Level II Request which triggers a review task for the CMHC

The Provider's PASRR Level II Request triggers the LOC Determination Task for CMHC

CMHC creates Request Level II-Lack of Information (LOI) Task for NF Provider
- CMHC marks the application status as "Pended – LOI" which triggers the LOI Task for the Provider
- In the LOI Task, CMHC requests more information from the Provider to complete the PASRR Level II LOC determination

NF Provider must complete Request Level II-LOI Task within the 9-business day PASRR Level II Timeline

Request Level II - LOI Task is completed:	**Request Level II - LOI Task is NOT completed :**
• System triggers new review task for CMHC to review the application again with the updated information	• The system closes the application and marks the LOC as "Not Met" • Provider must complete and submit a new application

To close the Request Level II - Lack of Information Task, NFs complete the following steps:

1. From the **Dashboard** screen, click **Start** or **Continue** under the *Actions* column in the *Tasks* section.

2. The **Request Level II** screen displays, click **Next**.

Name: NEJ, JORJ	PASRR #: 300000010	Application #: 400141078

0% Complete

- **Request Level II**
- Significant Change
- Diagnosis Review
- Verify Complete Information
- Document Upload

Request Level II

Below is the reason for requesting level II

Significant Change

◄ Back   Next ►

3. Proceed through all **Request Level II screens**, updating and adding
   information as needed.

> **Refer To**: Detailed LOC application guidance is found in the **KLOCS Application Intake/Lifecycle** section. This includes step-by-step instructions and screen shots for all sections of the application.

4. On the **Verify Complete Information** screen choose **"Yes"** or **"No"** in the *Has all required information been provided?* field.

   a. If **Yes** is selected, enter a response to the Reviewer's comments in the *Comments provided by Facility in response to Lack of Information* field. Proceed to Step 5.

   b. If **No** is selected, the User cannot proceed to the next screen until all required information may be provided.

5. Click **Next**.

6. The **Documents Upload** screen displays. Upload any required documents which are listed on the screen.

7. Click **Submit**.

Refer To: Additional information regarding document uploads, how to perform uploads and what documents are needed are found in the **Application Intake** and **Document Upload** Chapters.

Please Note: If the Request Level II is for 'Significant Change' then the H&P is mandatory. When H&P is uploaded, the following banner message is displayed:

"REMINDER: If the individual is being referred for a PASRR Level II, it is the NF's responsibility to ensure that the H&P is signed by a Physician."

4.2.6 Report Significant Change Task

The Report Significant Change Task is generated when the PRO determines during reassessment that the Provider needs to Request Level II for the Individual because of a Significant Change.

The Report Significant Change Task notifies the Provider to initiate a Request Level II for the Individual. The request must be done within 14 business days of the task generation date or KLOCS will automatically discharge the Individual one day after the task due date.

Please Note: If the task is not completed within 14 business days, KLOCS will automatically discharge the Individual one day after the task due date.

To close the Report Significant Change Task, complete the following steps:

1. From the **Dashboard** screen, click **Start** <u>or</u> **Continue** under the *Actions* column in the *Tasks* section.

2. The **Request Level II** screen displays.

3. Click **Next**.

4. Proceed through all **Request Level II screens**, updating and adding information as needed.

> **Refer To**: Detailed LOC application guidance is found in the **KLOCS Application Intake/Lifecycle** section. This includes step-by-step instructions and screen shots for all sections of the application.

5. Click **Next**.

6. The **Documents Upload** screen displays. Upload any required documents which are listed on the screen.

Please Note: If the Request Level II is for 'Significant Change' then the H&P is <u>mandatory</u>. When H&P is uploaded, the following banner message is displayed:

"REMINDER: If the individual is being referred for a PASRR Level II, it is the NF's responsibility to ensure that the H&P is signed by a Physician."

7. Click **Submit**.

8. The **Request Level II Confirmation** screen displays. The task is complete.

4.3 Ongoing NF LOC Management

Ongoing management of NF LOC cases within KLOCS will mostly involve discharges, LOC correction requests, or requesting PASRR Level II for an Individual. There are various reasons why Individuals may need to be discharged but all Hospice LOC discharges will follow a similar workflow within KLOCS.

4.3.1 Request Discharge

Providers have the capability to discharge an Individual from their ongoing LOC admission. In addition to voluntary and involuntary discharges, the request discharge function may be used for transfers and cancellations.

Only Individuals who have a status of LOC Met or LOC Not Met may be searched and discharged. (For LOC Not Met, Providers may only search for an Individual who is at least in Field Review.) Providers may only submit a discharge for an Individual who is in their facility.

Request Discharge/Transfer
Providers may utilize the request discharge function in order to discharge or transfer an Individual, or cancel an Individual's LOC.

Providers have the capability to discharge an Individual from their ongoing LOC admission via Request Discharge.

The Request Discharge functionality may be used to transfer Individuals

The Request Discharge functionality may be used for cancellations

Providers may only submit a discharge for an Individual in their facility

Individuals with a status of "LOC Met" or "LOC Not Met" may be searched and discharged

Discharge Types	
Voluntary Discharge	Involuntary Discharge
Transfer	(LOC) Admission Cancellation

Refer To: The Systematic Discharges Chapter for detailed information and scenarios outlining the systematic discharges that occur in KLOCS.

To request a discharge, NFs complete the following steps:

1. From the **Dashboard** screen, click **LOC Management** from the Top Navigation Panel or click **Manage Discharge** under the *Quick Links* section.

2. The **Manage Discharge** screen displays. Search the Individual by their name or an identifier.

   a. If using the name, enter the Individual's **First** and **Last** names in the *First Name* and *Last Name* fields.

   b. If searching by identifier, use the drop-down in the *Identifier Type* field to select from the four options (Individual #, App #, PASRR #, or SSN)

      i. If making a selection in the *Identifier Type* field, enter the corresponding number in the *Identifier Value* field.

3. Click **Search**.

4. A table with the search result(s) displays at the bottom of the **Manage Discharge** screen.

5. Click **Request Discharge** under the *Action* column.

6. On the **Submit Discharge** screen, verify the correct information is pre-populated in the *Individual Information* section.

7. Under the *Discharge Information* section, the *Discharging Facility Name* and *Discharging Provider ID* fields are pre-populated.

8. Select the **"Discharge Type"** from the *Discharge Type* field drop-down options: Voluntary Discharge, Involuntary Discharge, Transfer or Admission Cancellation.

9. Select the **"Discharge Reason"** from the *Discharge Reason* field drop-down.

> **Please Note:** The *Discharge Reason* field options will vary based on the discharge type selected in Step 8.

10. Select the **"Discharge Date"** from the *Discharge Date* field calendar or enter the date manually.

11. Enter the **Discharge Time** in the *Discharge Time* field and select **"AM"** or **"PM"** from the drop-down.

12. Select the **"Time Zone"** from the *Discharge Time Zone* field drop-down.

13. The effective discharge date is system-generated and pre-populates the *Effective Discharge Date* field.

14. If **Transfer** was selected as the discharge type in Step 8, the *Transfer To* section is enabled. Follow the Step 14 sub-steps below. Otherwise proceed to Step 15.

    a. Click **Lookup**. The **Nursing Facility Provider Search** pop-up displays.

b. Enter the **Provider Number** in the *Provider Number* field OR select the Provider's **"County"** from the *County* field drop-down.

c. Click **Search**. A table with the search result(s) triggers at the bottom of the **Nursing Facility Provider Search** pop-up screen.

d. Click in the left-hand column next to the correct Provider to select.

e. Click **Select**.

f. Returning to the **Submit Discharge** screen, the *Provider Name* and *Provider Location* fields are pre-populated.

15. On the **Submit Discharge** screen, enter **Comments/Notes** in the *Discharge Comments* field.

16. The *Document Upload* section is optional.

Refer To: Additional information regarding document uploads, how to perform uploads and what documents are needed are found in the **Application Intake** and **Document Upload** Chapters.

17. Click **Submit Request**.

18. A **Confirm Discharge Request** pop-up displays. Click **Yes** to complete the request.

Please Note: With LOC cancellations (Admission Cancellation selected in Step 8 above), any pending tasks related to the LOC application also need to be closed.

4.3.2 Request LOC Correction

The **Request LOC Correction** screen allows for Nursing Facilities to request corrections of the LOC Start and LOC Discharge Dates as applicable to an Individual. Once the Nursing Facility submits the request, the Reviewer has 5 business days to either approve or reject the request. The Facility will receive a notification in the **Message Center** that the LOC correction request was either approved or rejected.

> **Please Note:** Transitioned LOCs (LOCs active prior to August 3, 2020) cannot be corrected through this functionality.

Complete the following steps to request a LOC correction:

1. On the **Individual Summary** screen, click **Request LOC Correction**.

2. KLOCS navigates to the **Request LOC Correction** screen.
3. Click the **Pencil Icon** under the *Action* column. The *LTC Information* section expands with additional fields.

Request LOC Correction

Individual Information

Individual Name	MORRIS, LULU	Last Action Date	09/16/2020
Date Of Birth	11/18/1944	SSN	
Gender	Female	Age	75
Primary Phone#	(606) 231-1900	Mailing Address	100 CATNIP LANE LEXINGTON KENTUCKY FAYETTE 40502

LTC Information

Action	LTC Program	LOC ID	LOC Start Date	LOC End Date/ Discharge Date	Provider Number
✏	Nursing Facility	436372	09/16/2020	N/A	7100531340

Request LOC Correction for LOC ID 436372

* Request Type [--Select-- ⌄]   * LOC Start Date [ ]   * LOC Discharge Date [ ]

* Request Comments [ ]

Document Summary

Document Type	Date	Comments	Action

Document Upload Section

Document Type
[--Select-- ⌄]

File
[ ] **Browse**

Supported file Types: *.PDF, *.TIFF and *.TIF only Maximum
File size must not exceed 5 MB

Comments
[ ]   **Attach**

Attach Another Document

Close   **Add Request ▸**

LTC Correction Request Summary

No LOC correction requested

◂ Back   **Submit Request ▸**

4. Select the **Request Type**.
5. If applicable, select the **LOC Start Date** from the Calendar or enter it manually.
6. If applicable, select the **LOC Discharge Date** from the Calendar or enter it manually.
7. Enter **Request Comments**. Comments are required once users select a **Request Type**.
8. (Optional) Under the Document Upload section, select **LOC Correction** for the **Document Type**.
9. (Optional) Select **Browse** under **File.**
10. (Optional) Enter **Comments.**
11. (Optional) Click **Attach.** The document will display under the *Document Summary* section.

12. Click **Add Request**. The LOC correction request will display under the *LTC Correction Request Summary* section if an error does not occur.

> **Please Note:** Another LOC correction request cannot exist for the same LOC ID nor can the LOC correction request overlap with another LOC record for the Individual. If either hold true, KLOCS triggers an error and a Banner Message will display.

LTC Information

Action	LTC Program	LOC ID	LOC Start Date	LOC End Date/ Discharge Date	Provider Number
✏	Nursing Facility	436372	09/16/2020	N/A	7100531340

LTC Correction Request Summary

Action	LTC Program	LOC ID	LOC Start Date	LOC End Date/ Discharge Date	Provider Number	Request Type	Requested LOC Start Date	Requested LOC End Date/ Discharge Date	Request Date	Approved Date	Request Status
✏ ⊗	Nursing Facility	436372	09/16/2020	N/A	7100531340	LOC Start Date	09/01/2020	N/A	09/16/2020	N/A	Initiated

◄ Back   Submit Request ►

13. Click **Submit Request**.
14. KLOCS navigates the User back to the **Individual Summary** screen.

4.3.2.1   Edit LOC Correction Request

Complete the following steps to edit an LTC correction request:

1. Click the **Pencil Icon** under the *Actions* column. The *LTC Correction Request Summary* section expands with additional fields.
2. Select the **Request Type**.
3. If applicable, select the **LOC Start Date** from the Calendar or enter it manually.
4. If applicable, select the **LOC Discharge Date** from the Calendar or enter it manually.
5. Enter **Request Comments**. Comments are required once the User selects a **Request Type**.
6. Under the *Document Summary*, click the **X icon** to delete the existing uploaded document or click the **Pencil icon** to edit the existing uploaded document.

7. Under the Document Upload section, select **Attach Another Document** to upload a new document.
8. Once all edits have been made, select **Update Request**.
9. Click **Submit Request**.

4.3.2.2   Delete LOC Correction Request

There are two ways Users may delete the LTC Correction Request:

Option 1

1. Click the **X Icon** under the *Actions* column.

LTC Correction Request Summary

Action	LTC Program	LOC ID	LOC Start Date	LOC End Date/ Discharge Date	Provider Number	Request Type	Requested LOC Start Date	Requested LOC End Date/ Discharge Date	Request Date	Approved Date	Request Status
⊗	Nursing Facility	436372	09/16/2020	N/A	7100531340	LOC Start Date	09/01/2020	N/A	09/16/2020	N/A	Initiated

◄ Back   Submit Request ►

2. A Confirm Deletion of LOC Correction Record pop-up displays. Click **Continue** to delete the request.

Confirm Deletion of Loc Correction Record   ⊗

Are you sure you want to delete?

Cancel   **Continue**

Option 2

1. Click the **Pencil Icon** under the *Actions* column. The *LTC Correction Request Summary* section expands with additional fields.

2. Scroll to the bottom, click **Delete Request**.

3. A Confirm Deletion of LOC Correction Record pop-up displays. Click **Continue** to delete the request.

4.3.3 Request Level II

NFs can request PASRR Level II evaluations for Individuals with a NF LOC and those with an Institutionalized Hospice LOC residing in their facility. Request Level II functionality is for Individuals admitted on a provisional basis and who requested an exemption on admission time.

Request Level II is also initiated under the following circumstances:

- An Individual previously not identified as a PASRR Level II Individual has a new SMI, ID, or RC diagnosis.

- PASRR Level II-approved Individual has a 'Significant Change' in their mental or physical condition that impacts their LOC, specialized services, or service of lesser intensity

The PRO, Hospice PRO, CMHC or DBHDID <u>cannot</u> use KLOCS to request a PASRR Level II evaluation, nor can a User who is logged in as a Hospice Provider.

> **Please Note:** Any Individual who is Provisionally admitted to a facility cannot Request Level II within five days of their LOC Start Date.

Nursing Facilities may request PASRR Level II evaluations for:
- Individuals with a Nursing Facility (NF) LOC residing in their facility
- Individuals with an Institutionalized Hospice LOC residing in their facility

Request Level II is initiated under the following circumstances:

Individual previously did not meet PASRR criteria but now meets due to a **new SMI/ID/RC diagnosis or validation**	Individual previously met PASRR criteria but now has a **significant change** to their mental or physical condition	Individual was admitted on a **provisional basis** and **requested an exemption at the time of admission**

> **Please Note:** Any Individual who is Provisionally admitted to a facility **cannot** Request Level II within five days of their LOC Start Date.

To Request Level II, NFs complete the following steps:

1. From the **Dashboard** screen, click **Quick Search** or **Member View**. Navigate to the **Individual Summary** screen.

2. On the **Individual Summary** screen, click **Request Level II**.

Please Note: The Request Level II button does not display on the **Individual Summary** screen for Individuals in ICF-IIDs or Swing Beds. These Individuals <u>do not</u> complete the PASRR process.

Please Note: For provisional applications beyond 30 days of their LOC Start Date, the Request Level II button is disabled on the **Individual Summary** screen.

3. On the **Request Level II** screen, one of four reasons for the Level II request displays automatically:

- "Individual will exceed the approved number of 30 days to enter a Nursing Facility as an Exempted Hospital Discharge"

- "Individual will exceed the approved number of 14 days to enter a Nursing Facility with Respite Care"

- "Individual will exceed the approved number of 14 days to enter a Nursing Facility with a Diagnosis of Delirium"

- "Significant Change"

4. Click **Next**.

   a. If the "Significant Change" message displayed in Step 3, proceed to Step 5.

   b. If one of the other three messages displayed, then proceed to Step 13.

5. On the **Significant Change** screen, review the seven statements under the *Section 1: Change in Diagnosis/Condition* section and check the checkboxes that apply.

6. Enter the requested information in the *If there is a box in Section 1 checked, then describe the Significant Change and its effect on the Nursing Facility Resident:* field. This field is only enabled when at least one box is checked above.

7. In the *Section 2: Diagnosis* section, under the *Was any box in section 1 checked?* sub-section, there are two options to proceed. Verify the correct option is selected:

- "Yes, the NF must submit this form to their local CMHC for a PASRR Level II evaluation." is checked by default if any boxes were selected in the *Section 1: Change in Diagnosis/Condition* section.

- "No, there was a change to the individual's condition (as described below), however, this change did not meet the criteria to require a referral for a PASRR Level II evaluation." is the default selection if no boxes were checked in the *Section 1: Change in Diagnosis/Condition* section. Enter the **Details Regarding the Diagnosis Change** in the associated text box.

8. Under the *Section 3: Signature* section, the *E-Signature* field is pre-populated with the User's login.

9. The **Date** field is pre-populated with the current date.

10. Enter the **Provider's Phone Number** in the *Phone* field.

11. The *Facility Name* and *Provider Number* fields are pre-populated with the current Provider's applicable information.

12. Click **Next**.

13. The **Diagnosis** screen displays. Update the Individual's diagnosis information if necessary.

14. Click **Next**.

> **Refer To**: Detailed LOC application guidance is found in the **KLOCS Application Intake/Lifecycle** section. This includes step-by-step instructions and screen shots for all sections of the application.

15. On the **Documents Upload** screen, upload any required documents which are listed on the screen.

> **Refer To**: Additional information regarding document uploads, how to perform uploads and what documents are needed are found in the **Application Intake** and **Document Upload** Chapters.

16. Click **Submit**.

17. On the **Request Level II Confirmation** screen, the following message displays, "The Request for a Level II evaluation is successfully submitted. The request has been sent to the appropriate reviewer based on the information you have provided."

| Name: ESPOSITO, MARIE | PASRR #:   N/A | Application #:   400141107 |

Request Level II Confirmation

The request for a Level II evaluation is successfully submitted. However, you have mentioned that this change did not meet the criteria to require a referral for a PASRR Level II evaluation.

The request has been saved in the system and no review is required based on the information you have provided.

Return to Dashboard ▶

4.4   Nursing Facility Correspondences & Notifications

Correspondence regarding LOC will be delivered in two ways, one through the **Message Center** screen in KLOCS for Providers, and another through paper correspondence delivered via mail to Individuals.

When correspondences trigger during PASRR Level I screening review:

- Paper correspondence sent to guardian if the guardian's details are available in KLOCS, otherwise sent to Individual
- Portal notification sent to nursing facility

When correspondences trigger during PASRR Level II evaluation review:

- Paper correspondence sent to guardian if the guardian's details are available in KLOCS, otherwise send to Individual
- Portal notification sent to Provider <u>and</u> attending physician

- Paper correspondence sent to hospital if Individual is moving to NF from hospital

4.4.1 LOC Application

A PDF of the LOC Application may be <u>manually</u> printed from the **Application Confirmation** screen or by clicking **View/Print Applications** on the **Individual Summary** screen.

Nursing Facility Application

Basic Information

First Name	EVAN	Date of Birth	04/07/1987
Middle Initial	A	Gender	M
Last Name	UATTEST	SSN	407719872
Suffix		Individual ID	12345692

Contact Details

Mailing Address Line 1	123 W MAIN ST
Mailing Address Line 2	
City	LEXINGTON
State	Kentucky
Zip Code	40507
Zip +4	3524
County	Fayette
Email Address	evan@gmail.com
Primary Phone	(312) 999 - 9999
Secondary Phone	

Facility Application

Application Number	12344556677

Swing Bed

Is this an application for a Swing Bed?

No

PASRR Level I (30000008)

Section 1: The Individual's Admission Information

PASRR#

4.4.2 Pending LOI – Request for Additional Information

The Pending LOI – Request for Additional Information correspondence is sent to the Individual (or Guardian) to inform them the LOC application the Provider submitted on their behalf needs additional information before it can be reviewed. The notice encourages the Individual to contact their Provider and have them submit the needed information via KLOCS.

LOC-002   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

<letdate>
<respnam>   <Provider Name>
<adr1>
<adr2>
<citystatezip>

Lack of Information for Level of Care

Dear <Responsible party or patient name>:

This is to tell you <patnam>, that the request from <facnam> may be denied because they did not give the right information necessary to complete a review of this request.

The following information is needed:

Comments from the reviewer

<WAV_asmnts>

If we do not get this in 14 business days the request will be denied for lack of information because of regulation number 907 KAR 1:022, 907 KAR 3:130

Please have your provider upload this information on KLOCS.

<Evaluator>

Please Note: This correspondence is triggered automatically when the PRO/CMHC pends the application for LOI, creating a task for the Provider. It will not be generated or sent if DHBDID creates a LOI task for the CMHC.

4.4.3 LOC Not Met for Pending LOI Expiration

The LOC Not Met for Pending LOI Expiration notice is sent to Level of Care Individuals to notify them that Level of Care was denied due to lack of information on their LOC application.

LOC-001   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

<letdate>
<respnam>   <Provider Name>
<adr1>
<adr2>
<citystatezip>

You Did Not Meet The Level of Care Needed

Dear <Responsible party or patient>:

A request for Nursing Facility Level of Care was received for <patnam>. We notified you on <needdate> that additional information was needed. Your provider did not submit the requested information and we are unable to review this request. This is to notify you that this request is denied due to lack of information in accordance with 907 KAR 1:022, 907 KAR 3:130.

Please Note: This correspondence is triggered automatically when Providers fail to complete the LOI Task within 14 business days.

4.4.4 LOC Not Met

The LOC Not Met correspondence is sent to the Individual (via Certified Mail) to inform them their LOC application is denied and discusses how to appeal the decision. An electronic version of the correspondence is sent to the Provider.

LOC-003   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

<letdate>
<respnam>   <Provider Name>
<adr1>
<adr2>
<citystatezip>

You Did Not Meet The Level of Care Needed

Dear <Responsible party or Individual>:

This is to notify you, <patnam>, that your request for the Level of Care has been denied in accordance with regulation number 907 KAR 1:022, 907 KAR 3:130

The specific reason for the denial is <VAR_notetext>

If you, the recipient, your authorized representative, your legal guardian, or provider acting on behalf of the recipient, are dissatisfied with this decision, you may exercise your right to dispute these findings by following the procedure listed on the last page of this letter.

<Evaluator>

LOC-003   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

You have the right to appeal as it says in <907 KAR 1:560>. Only you, your guardian or your authorized representative may request an appeal. The request must be in writing with the reason. Send the request within thirty (30) calendar days of the date of this letter to:

Division of Program Quality & Outcomes

Department for Medicaid Services

Cabinet for Health and Family Services

275 East Main Street 6C-C

Frankfort, Kentucky 40621

If you are currently accessing services and your appeal request is postmarked or received within ten (10) calendar days of the date of this letter, you may be able to keep getting services while your appeal is reviewed.

Please Note: When LOC Not Met is determined <u>during</u> initial review, this correspondence is automatically generated once the reviewer (PRO, CMHC or DBHDID) selects LOC Not Met on the on the **LOC Determination** screen.

4.4.5 LOC Met

The LOC Met correspondence is sent to the Individual when they meet Nursing Facility Level of Care, and their LOC application is approved. An electronic version of the correspondence is sent to the Provider.

> **Please Note:** The *Specialized Services* section will display the outcome of the CMHC's evaluation for specialized services.
>
> Additionally, if the Individual has not applied for Medicaid, they should do so as soon as possible.

LOC-004   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

<Letter Date>
<Individual Name>
<Address>
<City/State/Zip>
<Provider Name>

You Have Met the Level of Care Needed

Dear <Responsible Party or Individual>:

This is to notify you that the requested Level of Care for <Individual Name>, was processed by <Provider Name>. <Individual Name> has met Level of Care effective <date>.

We may not pay for your long-term care coverage from <LOC004_IneligibleProviderStartDate1> to <LOC004_IneligibleProviderEnddate1> at this time because the facility you live in/ admitting to is not an active Medicaid provider. In order for us to pay for your long-term care services, the facility must call Medicaid Provider Enrollment to become active again or you may choose a new provider.

<SS Met>

<Evaluator>

"If you have not already done so, apply for Medicaid through kynect.ky.gov as soon as possible. For eligible applicants, Medicaid may cover unpaid medical expense incurred during the prior 3 months from the date of one's Medicaid application."

Please Note: When the LOC reviewer (PRO, CMHC or DBHDID) approves the application and selects LOC Met on the **LOC Determination** screen, this correspondence is automatically generated and sent.

4.4.6 Electronic Notifications

Providers may view electronic notifications via the **Message Center** on KLOCS. Additionally, Providers may view PDF versions of paper correspondences sent to an Individual and a PDF version of the application intake by navigating to the **Message Center** within the **Individual Summary** screen.

The following table provides an overview of the notifications KLOCS Users may receive:

Electronic Notifications Overview

Electronic Notification	Event	Receiver(s)
LOC marked as MET for <Individual>	This notification is sent to the NF Provider after the LOC Reviewer has completed their review and concluded LOC 'Met'	Providers CMHC
LOC marked as NOT MET for <Individual>	This notification is sent to the NF Provider after the LOC Reviewer has completed their review and concluded LOC 'Not Met'	Providers CMHC
LOC marked as Pended LOI for <Individual>	This notification is sent to the NF Provider after the LOC Reviewer has completed their review and concluded LOC 'Pending – LOI.' If DBHDID creates a LOI task for CMHC the CMHC will also receive this notification.	Providers CMHC
Institutionalized Hospice Application Submitted for <Individual> with Existing PASRR	This notification is sent to both the NF and Hospice Provider if a PASRR Level I form already exists for an Individual who is applying for Institutionalized Hospice care	Providers
PASRR Level II Referral for <Individual>	This notification is sent if the PASRR Level I form triggers a PASRR II evaluation; a task is sent to CMHC to conduct the evaluation	Providers
PASRR Level II Completed for <Individual>	This notification is sent to the NF Provider once the CMHC has completed the PASRR Level II evaluation	Providers
Partial Match Resolved for <Individual>	This notification is sent to the NF Provider once DMS has resolved a partial match and the application is submitted	Providers
Discharge <Individual> - LOC Not Met	The NF Provider is notified that the Individual needs to be discharged if the LOC Reviewer marks the LOC as 'Not Met'	Providers

LOC Correction request is approved for <Individual Name>	Notification will be sent to the Provider after the PRO Super user/Super user approves the LOC correction	Providers
LOC Correction request is rejected for <Individual Name>	Notification will be sent to the Provider after the PRO Super user/Super user Rejects the LOC correction	Providers

Electronic Notifications Overview – Continued

Electronic Notification Continued	Event	Receiver(s)
Reassessment Overview for <Individual>	The NF and Hospice Provider will be notified that an Individual has been automatically discharged because they were not reassessed before 15 days after their reassessment date	Providers
Reassessment Due for <Individual>	This notification will be sent to the NF Provider on the Individual's reassessment date that the reassessment has not been completed yet	Providers
CHOW processed Successfully for <Old Provider>	This notification will be sent once CHOW batch completes processing of all the records	Providers CMHCs DMS OATS
Change of Ownership status for <Old Provider>	When a CHOW is reported to KLOCS and the initial batch is run, this notification summarizes the number of applications successfully transitioned to the new Provider Number, applications with pending tasks that need to be completed by the Provider, and the number of saved applications withdrawn.	Providers CMHCs OATS
Change of Ownership Status for Pended Applications of <Old Provider>	This notification summarizes the applications with outstanding/pending tasks that need to be completed.	Providers CMHCs OATS
<Individual> Transferred Successfully	This notification will be sent to the old and new facility upon completion of the transfer request	Providers CMHC
Transfer Request Pending for <Individual>	This notification will be sent to the new Provider once the existing Provider submits a transfer request	Providers
Transfer Request Reject for <Individual>	This notification will be sent to the existing Provider if the transfer request was rejected by the new Provider	Providers
<Individual> discharged from your facility – Hospice Election	This notification will be sent to the Provider if the Individual elects and is approved for institutionalized hospice	Providers
Align Assessment Dates for <Individual>	This notification will be sent to PRO if a new assessment period is assigned	PRO
<Individual> Discharged from <Facility>	If an Individual is automatically discharged by a KLOCS system process this notification will be sent to the Facility and to CMHC (if the Individual is Level II)	Providers CMHC

\<Individual\> Discharged from \<Facility\>	If a Level II member is discharged by the facility, this notification will be sent to CMHC	CMHC
Provisional Admission Period is Ending for \<Individual\>	This notification is sent to the Facility when a provisional admission period is ending, and a Level II evaluation needs to be requested	Providers
\<Individual\> is reported as Level II	This notification is sent when the PRO reports an Individual with an existing LOC as a Level II prior to KLOCS. The PRO's reassessment task for that Individual will be automatically closed.	Providers CMHC
Specialized Services Requirement for \<Individual\>	This notification is sent if the Individual is reviewed for Specialized Services.	Providers CMHC DBHDID

To view electronic notifications and PDF versions of paper correspondences sent to Individuals, complete the following steps:

1. On the **Dashboard** screen, click **Message Center** on the top navigation panel.

2. The **Message Center** screen displays. Click the **appropriate subject** hyperlink to view the electronic notification.

3. The electronic notification displays. To view PDF versions of paper correspondences sent to an Individual, click **Quick Search** in top navigation panel.

4. The **Search Individual** screen displays. Search for the Individual in one of the following ways:
   - Select the appropriate "**Identifier Type**" from the *Identifier Type* field drop-down. Enter the appropriate **Identifier Number** for the Individual in the *Identifier Number* field.

        i. Identifier Type Options: Individual Number, Application Number, PASRR Number, SSN

- Enter the **individual's first name** in the *First Name* field.
- Enter the **individual's last name** in the *Last Name* field.

5. Click **Search**.

6. The individual search results display. Click the appropriate **Individual Name** hyperlink.

7. The **Individual Summary** screen displays. Click **Message Center** on the right navigation panel.

8. The Individual's **Message Center** screen displays. Click **the appropriate subject** hyperlink.

9. The electronic notification displays. To view the PDF version of the application or the paper correspondence sent to the Individual, click the **Please click here to view your message** hyperlink.

10. A PDF version of the application or paper correspondence displays in a pop-up window. After reviewing the PDF version of the document, close the pop-up window.

11. (Optional) To view or print an Individual's application, click **View/Print Applications** on the **Individual Summary** screen.

12.   (Optional) The **View Applications** screen displays. Click **Print/View**.

13.   (Optional) The application displays in separate tab. Click the **tab** to view the PDF version of the application. Click the **Print Icon** in the top right corner to print the application.

5. Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID)

5.1 ICF-IID Role

Intermediate Care Facilities for Individuals with Intellectual Disability (ICF-IID) provide comprehensive and individualized health care and rehabilitation services to Individuals in need of, and receiving, active treatment services.

Within KLOCS, ICF-IIDs have a similar role and function as traditional NFs in that they complete LOC applications for Individuals and submit those applications for review. However, ICF-IID applications will not require PASRR Level I submission or evaluation. The login information entered by the ICF-IID will identify them as an ICF and bypass the PASRR Level I, navigating the User directly to the MAP-726A during LOC application intake.

Another similarity to NFs is that ICF-IIDs also have ongoing specific tasks and responsibilities that must be addressed using KLOCS. Reassessments are conducted every 12 months for Individuals residing in an ICF-IID.

5.2 ICF-IID Tasks

In addition to submitting LOC applications on behalf of Individuals with intellectual disabilities, there are three possible ICF-IID tasks generated in KLOCS after application submission:

- Lack of Information Task
- Existing LOC Overlap Task

- HS MAP-726 Task

5.2.1 Lack of Information (LOI) Task

A Lack of Information (LOI) Task is created when the PRO or DBHDID is unable to finalize a LOC determination because there is not enough information or there is incorrect information on the application. If the reviewer determines that more information is needed from the ICF-IID to complete the review process, they will update the application status to Pended-LOI. Doing so will generate a LOI Task and it will appear on the initiating ICF-IID's **Dashboard** screen under the *Tasks* section.

ICF-IIDs must then correct the application and resubmit for review. The correction and resubmission must be done within 14 business days of the LOI Task generation date. The 14-day due date does not reset if multiple LOI Tasks are generated for the same LOC application, the issue(s) must be resolved within the original 14 business days deadline. Task dates DO NOT change PASRR time frame requirements.

Within 14 Days

If the updated application is resubmitted within 14 business days, then a new Application Review task is generated for the PRO/CMHC so that the initial review is performed again with the updated application information.

After 14 Days

If a Provider does not complete the LOI Task and submit within 14 business days, the system will close that application and mark the LOC as Not Met. The Provider will need to complete and submit a new application.

Please Note: ICF-IIDs attempting to complete the LOI Task after the 14th day receive the following message:

"You cannot submit this task because it is past the due date. Please create another application for the Individual."

ICF-IID Lack of Information Task

LOI: Lack of Information Task

A LACK OF INFORMATION (LOI) TASK IS CREATED WHEN THE REVIEWER IS UNABLE TO FINALIZE THE LOC DETERMINATION BECAUSE THERE IS NOT ENOUGH INFORMATION OR THERE IS INACCURATE INFORMATION ON THE APPLICATION. PROVIDERS MUST CORRECT THE APPLICATION AND RESUBMIT FOR REVIEW WITHIN 14 BUSINESS DAYS OF THE LOI TASK GENERATION DATE.

ICF Provider submits LOC application which triggers an application review task for the appropriate review organization

Private ICF LOCs trigger Initial Review Task for PRO	State ICF LOCs trigger LOC Determination Task for DBHDID

Reviewer creates Lack of Information (LOI) Task for ICF Provider

- Reviewer (PRO or DBHDID) marks the application status as "Pended – LOI" which triggers the LOI Task for the ICF Provider
- In the LOI Task, the Reviewer requests more information from the ICF Provider in order to complete the LOC determination

ICF Provider must complete LOI Task within 14 business days of receiving LOI Task
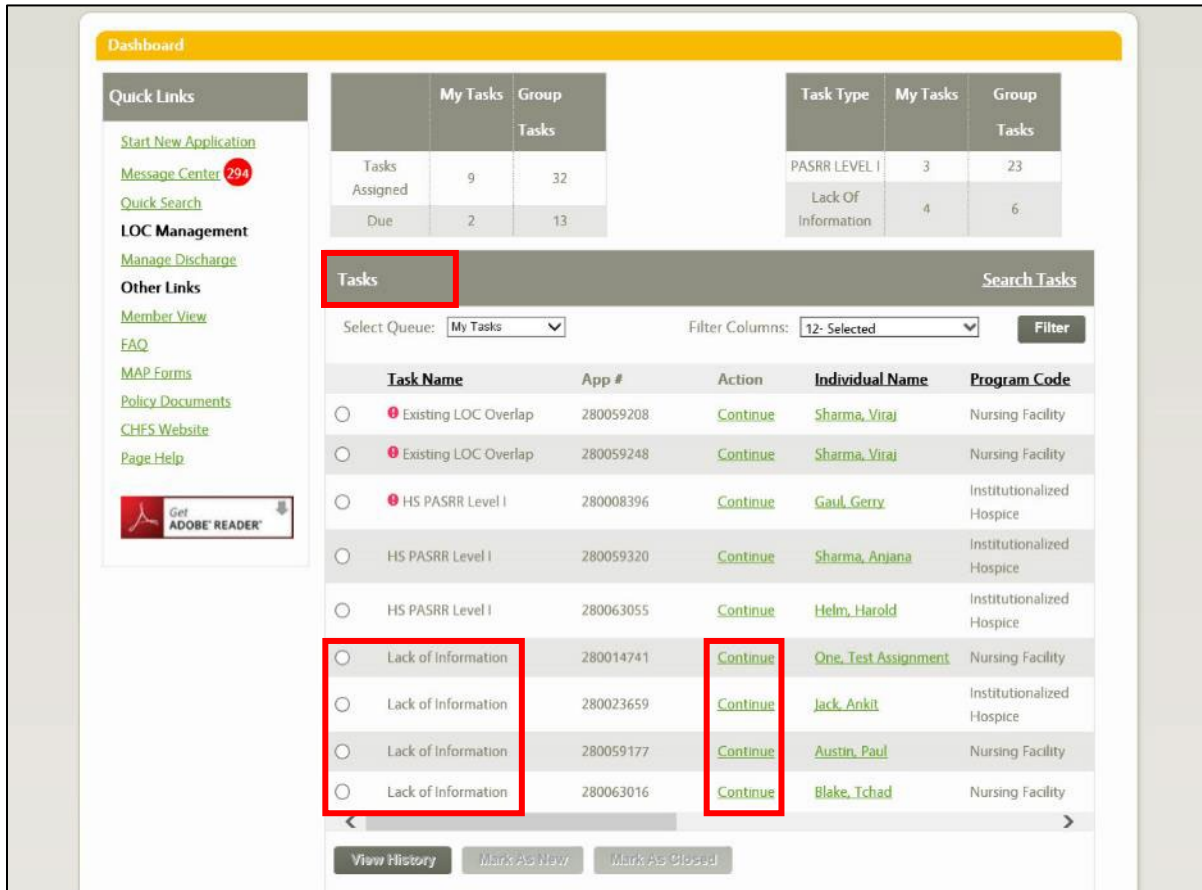
LOI Task is completed within 14 days:	LOI Task is NOT completed within 14 days:
• System triggers new review task for appropriate Reviewer (PRO or DBHDID) to review the application again with the updated information	• System closes the application and marks the LOC Determination as "Not Met" • Provider must complete and submit a new application

To close the LOI Task, ICFs complete the following steps:

1. From the **Dashboard** screen, click the **Start** or **Continue** link under the *Actions* column in the *Tasks* section.

2. Add or edit information as needed while proceeding through all application screens.

> **Refer To**: Detailed LOC application guidance is found in the **KLOCS Application Intake/Lifecycle** section. This includes step-by-step instructions and screen shots for all sections of the application.
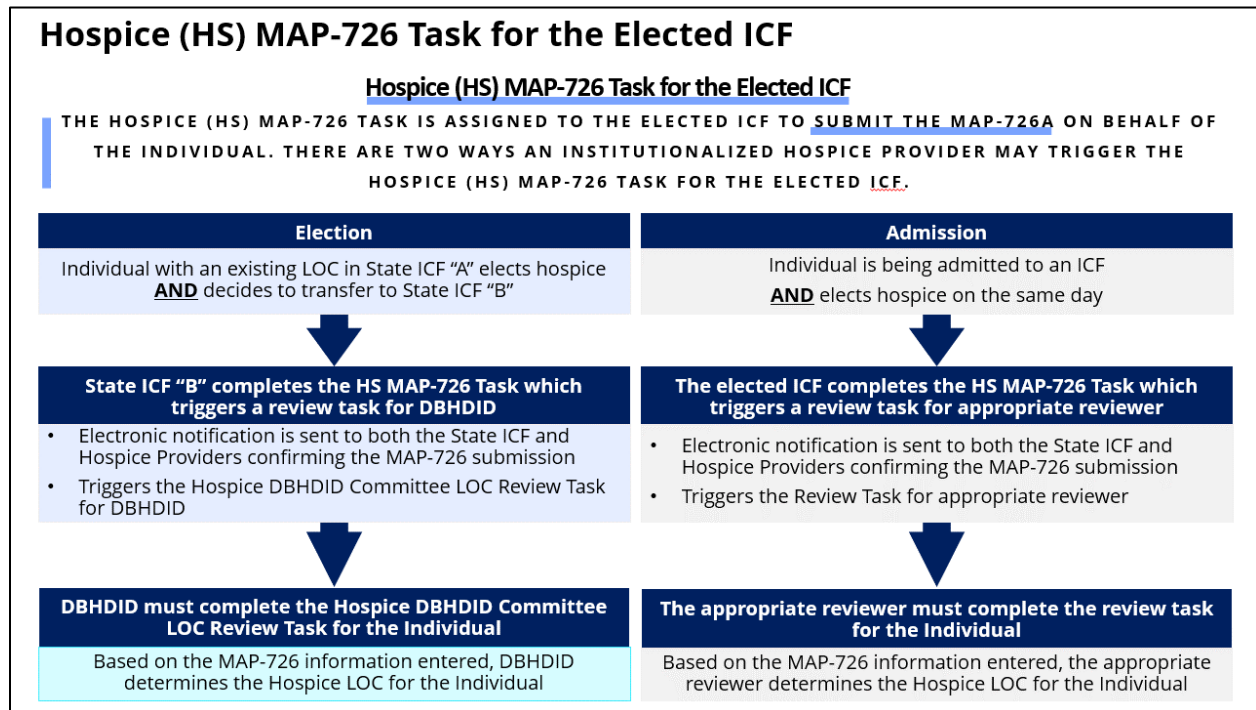
3. On the **Verify Complete Information** screen choose **"Yes"** or **"No"** in the *Has all required information been provided?* field.
   a. If **Yes** is selected, enter a response to the Reviewer's comments in the *Comments provided by Facility in response to Lack of Information* field. Proceed to Step 4.

b. If **No** is selected, the User cannot proceed to the next screen until all required information may be provided.

4. Click **Next**.

5. On the **Document Upload** screen, upload any required documents.

6. Click **Submit**.

5.2.1.1   LOI Comment History

During LOC determination, the Reviewer may determine all required information has not been provided to determine LOC. On the **Verify Complete Information** screen, the Reviewer may leave comments for the Provider if **No** is selected for *Has all required information been provided?* field. Once the LOI Task generates in KLOCS, the Reviewers and Providers have the capability to leave comments for one another to resolve the LOI Task.

Within KLOCS, the User may view LOI comments on three different screens:

4. **Level of Care Assessment Summary** screen

5. **Program Summary** screen

Program Summary

Program Details

LTC Program :	**Nursing Facility**	PASSR #:	**300000027**
Provider :	**NF Provider 2**	Provider #:	**7100531340**
Application Status:	**CMHC Review**	Application #:	**400141131**
Application Date:	**06/11/2020**	Last Action Date:	**06/22/2020**
LOC Start Date:	**06/12/2020**	LOC Reassessment Date:	**Not Available**

Authorization History

Admit Date	Submission Date	LOC Start Date	Assessment Start Date	Assessment End Date	Date of Determination	Action
06/12/2020	06/11/2020	06/12/2020	06/12/2020	Not Available	Not Available	Initial

LOI Comment History

Created By	User Role	Date	Comment
kmar pand	Provider Staff-NF	06/22/2020	Uploaded new form.
Megan Jones	CMHC Staff	06/11/2020	Missing the appropriate H&P form. Please review and upload the correct H&P form

6. **Verify Complete Information** screen

5.2.2 Existing LOC Overlap Task

An Existing LOC Overlap Task is created when DMS resolves a Partial Match Task and the system identifies that the Individual has an active LOC <u>or</u> that they have another LOC application currently under review. The Existing LOC Task will notify the submitting Provider to contact the Individual or other Provider to <u>resolve</u> the overlap/other application. This issue must be resolved prior to the Provider completing and closing the Existing LOC Task. Upon creation of this task, the Application status changes from DMS Partial Match to Saved.

ICF-IID Existing LOC Overlap Task

Existing LOC Overlap Task

AN EXISTING LOC OVERLAP TASK IS CREATED WHEN DMS RESOLVES A PARTIAL MATCH TASK AND THE SYSTEM DETERMINES THAT THE INDIVIDUAL ALREADY HAS AN <u>ACTIVE LOC WITH ANOTHER PROVIDER</u> OR THAT THEY HAVE AN <u>APPLICATION THAT IS UNDER REVIEW</u>. THIS TASK IS ASSIGNED TO THE PROVIDER WHO SUBMITTED THE NEW APPLICATION.

Provider "A" submits a LOC application for an Individual which creates a Partial Match Task for DMS

- Provider "A" submits a LOC application for an Individual and the system cannot determine if this Individual already exists in the system or is a new Individual. This triggers a Partial Match Task for DMS.
- DMS resolves the Partial Match Task and the system determines the Individual has an active LOC or there is already an application in review with Provider "B"

System triggers the Existing LOC Overlap Task for Provider "A" to resolve the LOC Overlap

- Provider "A" must contact the Provider "B" regarding the existing LOC application, then update the application accordingly
- If Provider "B" cannot be reached, Provider "A" should contact the PRO regarding the LOC Overlap
- Provider A must resolve the Existing LOC Overlap Task within **3 business days** of the Admission date

Please Note: This task is not triggered when an Institutionalized Hospice Provider submits an LOC application for an Individual with an active LOC.

To close the Existing LOC Overlap Task, ICFs complete the following steps:

1. From the **Dashboard** screen, click the **Start** or **Continue** link under the *Actions* column in the *Tasks* section.

2. The **Contact Details** screen displays, proceed with the application intake screen flow

> **Refer To**: Detailed LOC application guidance is found in the **KLOCS Application Intake/Lifecycle** section. This includes step-by-step instructions and screen shots for all sections of the application.

3. On the **Document Upload** screen, upload any required documents.

4. Click **Submit**.

> **Refer To**: Additional information regarding document uploads, how to perform uploads and what documents are needed are found in the **Application Intake** and **Document Upload** Chapters.

5.2.3 Hospice (HS) MAP-726 Task for the Elected ICF

A Hospice (HS) MAP-726 Task is created for the elected ICF when an Individual residing in State ICF "A" elects Hospice <u>and</u> decides to transfer to State ICF "B" simultaneously OR when and Individual is being admitted to an ICF <u>and</u> elects Hospice LOC.

Hospice (HS) MAP-726 Task for the Elected ICF

<u>Hospice (HS) MAP-726 Task for the Elected ICF</u>

THE HOSPICE (HS) MAP-726 TASK IS ASSIGNED TO THE ELECTED ICF TO <u>SUBMIT THE MAP-726A</u> ON BEHALF OF THE INDIVIDUAL. THERE ARE TWO WAYS AN INSTITUTIONALIZED HOSPICE PROVIDER MAY TRIGGER THE HOSPICE (HS) MAP-726 TASK FOR THE ELECTED ICF.

Election	Admission
Individual with an existing LOC in State ICF "A" elects hospice **AND** decides to transfer to State ICF "B"	Individual is being admitted to an ICF **AND** elects hospice on the same day

State ICF "B" completes the HS MAP-726 Task which triggers a review task for DBHDID	The elected ICF completes the HS MAP-726 Task which triggers a review task for appropriate reviewer
• Electronic notification is sent to both the State ICF and Hospice Providers confirming the MAP-726 submission • Triggers the Hospice DBHDID Committee LOC Review Task for DBHDID	• Electronic notification is sent to both the State ICF and Hospice Providers confirming the MAP-726 submission • Triggers the Review Task for appropriate reviewer

DBHDID must complete the Hospice DBHDID Committee LOC Review Task for the Individual	The appropriate reviewer must complete the review task for the Individual
Based on the MAP-726 information entered, DBHDID determines the Hospice LOC for the Individual	Based on the MAP-726 information entered, the appropriate reviewer determines the Hospice LOC for the Individual

To close the HS MAP-726 Task, ICFs complete the following steps:

1. From the **Dashboard** screen, click the **Start** or **Continue** link under the *Actions* column in the *Tasks* section.
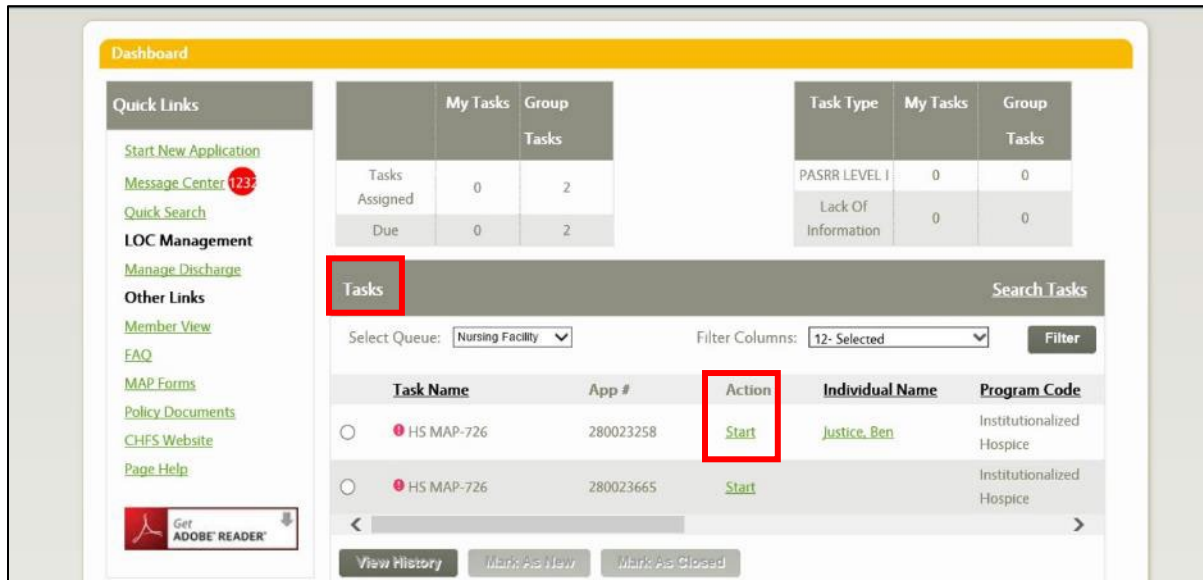
2. The **Level of Care Request for Admission** screen displays. Complete all the MAP-726A and Diagnosis details on the screens that follow.

Refer To: Detailed LOC application guidance is found in the **KLOCS Application Intake/Lifecycle** section. This includes step-by-step instructions and screen shots for all sections of the application.

3. On the **Document Upload** screen, upload any required documents.

4. Click **Submit**.

> **Refer To**: Additional information regarding document uploads, how to perform uploads and what documents are needed are found in the **Application Intake** and **Document Upload** Chapters.

> **Please Note:** Upon task completion, a notification is sent to both the NF and Hospice Provider confirming the Individual now has a completed MAP-726A. Also, upon task completion, the DBHDID Committee LOC Review for Institutionalized Hospice for ICF task is generated for DBHDID.

5.3 Ongoing ICF–IID LOC Management

Ongoing management of ICF-IID LOC cases within KLOCS will involve discharges or transfers. There are various reasons why Individuals may need to be discharged but all ICF-IID LOC discharges will follow a similar workflow within KLOCS.

5.3.1 Request Discharge

ICF-IIDs have the capability to discharge an Individual from their ongoing LOC admission. In addition to voluntary and involuntary discharges, the request discharge function may be used for transfers and cancellations.
Only Individuals who have a status of LOC Met or LOC Not Met may be searched and discharged. (For LOC Not Met, Providers can only search for an Individual who is at least in Field Review.) Providers may only submit a discharge for an Individual who is in their facility.

Providers have the capability to discharge an Individual from their ongoing LOC admission via Request Discharge.	Discharge Types	
The Request Discharge functionality may be used to transfer Individuals	**Voluntary Discharge**	**Involuntary Discharge**
The Request Discharge functionality may be used for cancellations		
Providers may only submit a discharge for an Individual in their facility	**Transfer**	**(LOC) Admission Cancellation**
Individuals with a status of "LOC Met" or "LOC Not Met" may be searched and discharged	*Transfer functionality is **NOT** available for **Swing Bed** Individuals*	

To request a discharge, ICFs complete the following steps:

Refer To: For additional detailed guidance and screen shots and detailed guidance regarding discharge requests in KLOCS, please refer to the **Discharge/Transfer** Chapter.

1. From the **Dashboard** screen, click **LOC Management** from the Top Navigation Panel or click **Manage Discharge** under the *Quick Links* section.

2. Navigating to the **Manage Discharge** screen, search the Individual by using their name or an identifier.

   a. If using the name, enter the Individual's **First** and **Last** names in the *First Name* and *Last Name* fields.

   b. If searching by identifier, use the drop-down in the *Identifier Type* field to select from the four options: Individual #, App #, PASRR #, or SSN.

      i. If making a selection in the *Identifier Type* field, enter the corresponding number in the *Identifier Value* field.

3. Click **Search**.

4. A table with the search result(s) displays at the bottom of the **Manage Discharge** screen.

5. Click the **Request Discharge** link under the *Action* column.

6. The **Submit Discharge** screen displays. Verify the correct information is pre-populated in the *Individual Information* section.

7. Under the *Discharge Information* section, the *Discharging Facility Name* and *Discharging Provider ID* fields are pre-populated.

8. Select the **"Discharge Type"** from the *Discharge Type* field drop-down options: Voluntary Discharge, Involuntary Discharge, Transfer or Admission Cancellation.

9. Select the **"Discharge Reason"** from the *Discharge Reason* field drop-down.

Please Note: The *Discharge Reason* field options will vary based on the discharge type selected in Step 8.

10. Select the **"Discharge Date"** from the *Discharge Date* field calendar or enter the date manually.

11. Enter the discharge time in the *Discharge Time* field and select **"AM"** or **"PM"** from the drop-down.

12. Select the **"Time Zone"** from the *Discharge Time Zone* field drop-down.

13. The effective discharge date is system-generated and pre-populates the *Effective Discharge Date* field.

14. If **Transfer** selected in Step 8, the *Transfer To* section is enabled. Follow the Step 14 sub-steps below, otherwise proceed to Step 15.

   a. Click **Lookup**. The **Nursing Facility Provider Search** pop-up displays.

   b. Enter the provider number in the *Provider Number* field or select the Provider's **"County"** from the *County* field drop-down.

   c. Click **Search**. A table with the search result(s) appears at the bottom of the **Nursing Facility Provider Search** pop-up screen.

   d. Click in the left-hand column next to the correct Provider.

   e. Click **Select**.

   f. Navigating back to the **Submit Discharge** screen, the *Provider Name* and *Provider Location* fields are pre-populated.

15. On the **Submit Discharge** screen, enter **Comments/Notes** in the *Discharge Comments* field.

16. The *Document Upload* section is optional.

Refer To: Additional information regarding document uploads, how to perform uploads and what documents are needed are found in the **Application Intake** and **Document Upload** Chapters.

17. Click **Submit Request**.

18. A **Confirm Discharge Request** screen pop-up displays. Click **Yes** to close the pop-up and finish the request.

Please Note: With LOC cancellations (Admission Cancellation in Step 8 above), any pending task related to the LOC application also needs to be closed.

5.4 ICF-IID Correspondences

Correspondence regarding LOC will be delivered in two ways, one through the **Message Center** screen in KLOCS for Providers, and another through paper correspondence delivered via mail to Individuals.

5.4.1 LOC Application

A PDF of the LOC Application may be <u>manually</u> printed from the **Application Confirmation** screen or by clicking **View/Print Applications** on the **Individual Summary** screen.

Nursing Facility Application

Basic Information

First Name	EVAN	Date of Birth	04/07/1987
Middle Initial	A	Gender	M
Last Name	UATTEST	SSN	407719872
Suffix		Individual ID	12345692

Contact Details

Mailing Address Line 1	123 W MAIN ST
Mailing Address Line 2	
City	LEXINGTON
State	Kentucky
Zip Code	40507
Zip +4	3524
County	Fayette
Email Address	evan@gmail.com
Primary Phone	(312) 999 - 9999
Secondary Phone	

Facility Application

Application Number	12344556677

Swing Bed

Is this an application for a Swing Bed?

No

PASRR Level I (30000008)

Section 1: The Individual's Admission Information

PASRR#

378653481

Where is the individual currently located?

Home

How long have they been at this location?
25 Days

Address Line 1
121 Mill Creek Park

5.4.2 Pending LOI – Request for Additional Information

The Pending LOI – Request for Additional Information correspondence is sent to the Individual (or Guardian) to inform them the LOC application the Provider submitted on their behalf needs additional information before it can be reviewed. The notice encourages the Individual to contact their Provider and have them submit the needed information via KLOCS.

LOC-002   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

<letdate>
<respnam>   <Provider Name>
<adr1>
<adr2>
<citystatezip>

Lack of Information for Level of Care

Dear <Responsible party or patient name>:

This is to tell you <patnam>, that the request from <facnam> may be denied because they did not give the right information necessary to complete a review of this request.

The following information is needed:

Comments from the reviewer

Please Note: This correspondence is triggered automatically when the PRO/CMHC pends the application for LOI, creating a task for the Provider. It will <u>not</u> be generated or sent if DHBDID creates a LOI Task for the CMHC.

5.4.3 LOC Not Met

The LOC Not Met correspondence is sent to the Individual (via Certified Mail) to inform them their LOC application is denied and discusses how to appeal the decision. An electronic version of the correspondence is sent to the Provider.

LOC-003   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

<letdate>
<respnam>   <Provider Name>
<adr1>
<adr2>
<citystatezip>

You Did Not Meet The Level of Care Needed

Dear <Responsible party or Individual>:

This is to notify you, <patnam>, that your request for the Level of Care has been denied in accordance with regulation number 907 KAR 1:022, 907 KAR 3:130

The specific reason for the denial is <VAR_notetext>

If you, the recipient, your authorized representative, your legal guardian, or provider acting on behalf of the recipient, are dissatisfied with this decision, you may exercise your right to dispute these findings by following the procedure listed on the last page of this letter.

<Evaluator>

LOC-003   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

You have the right to appeal as it says in <907 KAR 1:560>. Only you, your guardian or
your authorized representative may request an appeal. The request must be in writing
with the reason. Send the request within thirty (30) calendar days of the date of this letter
to:

Division of Program Quality & Outcomes

Department for Medicaid Services

Cabinet for Health and Family Services

275 East Main Street 6C-C

Frankfort, Kentucky 40621

If you are currently accessing services and your appeal request is postmarked or received
within ten (10) calendar days of the date of this letter, you may be able to keep getting
services while your appeal is reviewed.

Please Note: When LOC Not Met is determined <u>during</u> initial review, this correspondence is automatically generated once the reviewer (PRO or DBHDID) selects LOC Not Met on the on the **LOC Determination** screen.

5.4.4 LOC Met

The LOC Met correspondence is sent to the Individual when they meet Nursing Facility Level of Care and their LOC application is approved. An electronic version of the correspondence is sent to the Provider.

Please Note: The *Specialized Services* section will display the outcome of the CMHC's evaluation for specialized services.

Additionally, if the Individual has not applied for Medicaid, they should do so as soon as possible.

LOC-004   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

<Letter Date>
<Individual Name>
<Address>
<City/State/Zip>
<Provider Name>

You Have Met the Level of Care Needed

Dear <Responsible Party or Individual>:

This is to notify you that the requested Level of Care for <Individual Name>, was processed by <Provider Name>. <Individual Name> has met Level of Care effective <date>.

We may not pay for your long-term care coverage from <LOC004_IneligibleProviderStartDate1> to <LOC004_IneligibleProviderEnddate1> at this time because the facility you live in/ admitting to is not an active Medicaid provider. In order for us to pay for your long-term care services, the facility must call Medicaid Provider Enrollment to become active again or you may choose a new provider.

<SS Met>

<Evaluator>

"If you have not already done so, apply for Medicaid through kynect.ky.gov as soon as possible. For eligible applicants, Medicaid may cover unpaid medical expense incurred during the prior 3 months from the date of one's Medicaid application."

> **Please Note:** When the LOC reviewer (PRO or DBHDID) approves the application and selects LOC Met on the **LOC Determination** screen, this correspondence is automatically generated and sent.

5.4.5 Electronic Notifications

Providers may view electronic notifications via the **Message Center** on KLOCS. Additionally, Providers may view PDF versions of paper correspondences sent to an Individual and a PDF version of the application intake by navigating to the **Message Center** within the **Individual Summary** screen.

The following table provides an overview of the notifications KLOCS Users may receive:

Electronic Notifications Overview

Electronic Notification	Event	Receiver(s)
LOC marked as MET for <Individual>	This notification is sent to the NF Provider after the LOC Reviewer has completed their review and concluded LOC 'Met'	Providers CMHC
LOC marked as NOT MET for <Individual>	This notification is sent to the NF Provider after the LOC Reviewer has completed their review and concluded LOC 'Not Met'	Providers CMHC
LOC marked as Pended LOI for <Individual>	This notification is sent to the NF Provider after the LOC Reviewer has completed their review and concluded LOC 'Pending – LOI.' If DBHDID creates a LOI task for CMHC the CMHC will also receive this notification.	Providers CMHC
Institutionalized Hospice Application Submitted for <Individual> with Existing PASRR	This notification is sent to both the NF and Hospice Provider if a PASRR Level I form already exists for an Individual who is applying for Institutionalized Hospice care	Providers
PASRR Level II Referral for <Individual>	This notification is sent if the PASRR Level I form triggers a PASRR II evaluation; a task is sent to CMHC to conduct the evaluation	Providers
PASRR Level II Completed for <Individual>	This notification is sent to the NF Provider once the CMHC has completed the PASRR Level II evaluation	Providers
Partial Match Resolved for <Individual>	This notification is sent to the NF Provider once DMS has resolved a partial match and the application is submitted	Providers
Discharge <Individual> - LOC Not Met	The NF Provider is notified that the Individual needs to be discharged if the LOC Reviewer marks the LOC as 'Not Met'	Providers

LOC Correction request is approved for <Individual Name>	Notification will be sent to the Provider after the PRO Super user/Super user approves the LOC correction	Providers
LOC Correction request is rejected for <Individual Name>	Notification will be sent to the Provider after the PRO Super user/Super user Rejects the LOC correction	Providers

Electronic Notifications Overview – Continued

Electronic Notification Continued	Event	Receiver(s)
Reassessment Overview for <Individual>	The NF and Hospice Provider will be notified that an Individual has been automatically discharged because they were not reassessed before 15 days after their reassessment date	Providers
Reassessment Due for <Individual>	This notification will be sent to the NF Provider on the Individual's reassessment date that the reassessment has not been completed yet	Providers
CHOW processed Successfully for <Old Provider>	This notification will be sent once CHOW batch completes processing of all the records	Providers CMHCs DMS OATS
Change of Ownership status for <Old Provider>	When a CHOW is reported to KLOCS and the initial batch is run, this notification summarizes the number of applications successfully transitioned to the new Provider Number, applications with pending tasks that need to be completed by the Provider, and the number of saved applications withdrawn.	Providers CMHCs OATS
Change of Ownership Status for Pended Applications of <Old Provider>	This notification summarizes the applications with outstanding/pending tasks that need to be completed.	Providers CMHCs OATS
<Individual> Transferred Successfully	This notification will be sent to the old and new facility upon completion of the transfer request	Providers CMHCs
Transfer Request Pending for <Individual>	This notification will be sent to the new Provider once the existing Provider submits a transfer request	Providers
Transfer Request Reject for <Individual>	This notification will be sent to the existing Provider if the transfer request was rejected by the new Provider	Providers
<Individual> discharged from your facility – Hospice Election	This notification will be sent to the Provider if the Individual elects and is approved for institutionalized hospice	Providers
Align Assessment Dates for <Individual>	This notification will be sent to PRO if a new assessment period is assigned	PRO

<Individual> Discharged from <Facility>	If an Individual is automatically discharged by a KLOCS system process this notification will be sent to the Facility and to CMHC (if the Individual is Level II)	Providers CMHC
<Individual> Discharged from <Facility>	If a Level II member is discharged by the facility, this notification will be sent to CMHC	CMHC
Provisional Admission Period is Ending for <Individual>	This notification is sent to the Facility when a provisional admission period is ending, and a Level II evaluation needs to be requested	Providers
<Individual> is reported as Level II	This notification is sent when the PRO reports an Individual with an existing LOC as a Level II prior to KLOCS. The PRO's reassessment task for that Individual will be automatically closed.	Providers CMHC
Specialized Services Requirement for <Individual>	This notification is sent if the Individual is reviewed for Specialized Services.	Providers CMHC DBHDID

To view electronic notifications and PDF versions of paper correspondences sent to Individuals, complete the following steps:

1. On the **Dashboard** screen, click **Message Center** on the top navigation panel.

2. The **Message Center** screen displays. Click the **appropriate subject** hyperlink to view the electronic notification.

3. The electronic notification displays. To view PDF versions of paper correspondences sent to an Individual, click **Quick Search** in top navigation panel.

4. The **Search Individual** screen displays. Search for the Individual in one of the following ways:
   - Select the appropriate "**Identifier Type**" from the *Identifier Type* field drop-down. Enter the appropriate **Identifier Number** for the Individual in the *Identifier Number* field.
     i. Identifier Type Options: Individual Number, Application Number, PASRR Number, SSN
   - Enter the **individual's first name** in the *First Name* field.
   - Enter the **individual's last name** in the *Last Name* field.
5. Click **Search**.

6. The individual search results display. Click the appropriate **Individual Name** hyperlink.

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7. The **Individual Summary** screen displays. Click **Message Center** on the right navigation panel.

8. The Individual's **Message Center** screen displays. Click **the appropriate subject** hyperlink.

9. The electronic notification displays. To view the PDF version of the application or the paper correspondence sent to the Individual, click the **Please click here to view your message** hyperlink.

10. A PDF version of the application or paper correspondence displays in a pop-up window. After reviewing the PDF version of the document, close the pop-up window.

11. (Optional) To view or print an Individual's application, click **View/Print Applications** on the **Individual Summary** screen.

12. (Optional) The **View Applications** screen displays. Click **Print/View**.

13. (Optional) The application displays in separate tab. Click the **tab** to view the PDF version of the application. Click the **Print Icon** in the top right corner to print the application.

6. Hospice

6.1 Hospice Role

Under Medicaid, the Hospice benefit is an optional state plan benefit that provides a variety of services to terminally ill Individuals. These Individuals must elect the Hospice benefit by completing an election statement with a specific Hospice Provider.

KLOCS enables Hospice Providers to submit Hospice LOC applications online (this only includes applications for Institutionalized Hospice services). Institutionalized Hospice services are provided by a skilled NF or an ICF, while non-institutionalized Hospice services are provided in-home or at a Hospice facility. Hospice Providers may also use KLOCS to track existing Hospice LOC applications, manage discharges and transfers as well as perform other mandatory tasks.

6.2 Hospice Tasks

In addition to submitting Hospice LOC applications on behalf of Individuals seeking Hospice benefits, there are three possible tasks generated for Hospice Providers in KLOCS:

- HS Lack of Information (LOI) Task

- HS Reassessment Task

- HS Existing LOC Overlap

Please Note: Users either click **Start** or **Continue** to initiate tasks. **Start** is the option when a task is new. Clicking **Start** navigates Users to the beginning screen of the task. **Continue** is the option when a task was started but not finished. Clicking **Continue** navigates Users to the next task screen that requires attention.

6.2.1 HS Lack of Information (LOI) Task

A HS Lack of Information (LOI) Task is created when the Hospice PRO is unable to finalize a LOC determination because there is not enough information or there is incorrect information on the application. If the

Hospice PRO determines that more information is needed from the Hospice Provider to complete the review process, they will update the application status to Pended-LOI. Doing so will generate a LOI Task and it will appear on the initiating Hospice Provider's **Dashboard** screen under the *Tasks* section.

IHP Lack of Information Task

Hospice (HS) Lack of Information Task

A HOSPICE LACK OF INFORMATION (LOI) TASK IS CREATED WHEN THE HOSPICE PRO IS UNABLE TO FINALIZE A LOC DETERMINATION BECAUSE THERE IS NOT ENOUGH INFORMATION OR THERE IS INACCURATE INFORMATION ON THE APPLICATION. INSTITUTIONALIZED HOSPICE PROVIDERS MUST CORRECT THE LOC APPLICATION AND RESUBMIT FOR REVIEW.

Hospice Provider submits LOC application which triggers an application review task for the Hospice PRO

Institutionalized Hospice LOC applications trigger review task for the Hospice PRO

Hospice PRO creates the Hospice (HS) Lack of Information (LOI) Task for Hospice Provider

- Hospice PRO marks the application status as "Pended – LOI" which triggers the LOI Task for the Hospice Provider
- In the LOI Task, the Hospice PRO requests more information from the Provider in order to complete the LOC determination

Hospice Provider must complete the Hospice (HS) Lack of Information (LOI) Task within 14 business days

- Once the Hospice Provider updates the LOC application and complete the LOI task, the system triggers new review task for Hospice PRO to review the application again with the updated information

To close a HS LOI Task, Hospice Providers complete the following steps:

1. From the **Dashboard** screen, click **Start** <u>or</u> **Continue** under the *Actions* column in the *Tasks* section.

2. On the **Level of Care Assessment Summary** screen, review the information paying special attention to the *Comments about the assessment:* field. This field displays the Hospice PRO's comments about what information or documentation is missing or incorrect.

3. Click **Next.**

4. Based on the review from Step 2, add or edit information as needed while proceeding through <u>all</u> application screens.

> **Refer To**: Detailed LOC application guidance is found in the **KLOCS Application Intake/Lifecycle** section. This includes step-by-step instructions and screen shots for all sections of the application.

5. On the **Verify Complete Information** screen choose **"Yes"** or **"No"** in the *Has all required information been provided?* field.

    a. If **Yes** is selected, enter a response to the Reviewer's comments in the *Comments provided by Facility in response to Lack of Information* field. Proceed to Step 6.

    b. If **No** is selected, the User cannot proceed to the next screen until all required information may be provided.

6. Click **Next**.
7. On the **Document Upload** screen, upload any required documents.
8. Click **Submit**.

Refer To: Additional information regarding document uploads, how to perform uploads and what documents are needed are found in the **Application Intake** and **Document Upload** Chapters.

> **Please Note:** Upon closing of the HS LOI Task, a Hospice LOC Review Task is generated for the Hospice PRO.

6.2.1.1 LOI Comment History

During LOC determination, the Reviewer may determine all required information has not been provided to determine LOC. On the **Verify Complete Information** screen, the Reviewer may leave comments for the Provider if **No** is selected for *Has all required information been provided?* field. Once the LOI Task generates in KLOCS, the Reviewers and Providers have the capability to leave comments for one another to resolve the LOI Task.

Within KLOCS, the User may view LOI comments on three different screens:

1. **Level of Care Assessment Summary** screen

| Name: | RICE, LAUREN | | PASRR #: | 300000027 | | Application #: | 400141131 |

0% Complete

- **Assessment Summary**
- PASRR Level I
- MAP 726 A
- Diagnosis Information
- Verify Complete Information
- Document Upload

Level of Care Assessment Summary

*=Required field

Member Details

First Name	: LAUREN	Middle Initial	: N/A	Last Name	: RICE
Date Of Birth	: 05/19/1950	Gender	: F		
SSN	: 400-30-8211	Individual ID	: 919199114		

Assessment Details

Assessment Type	:	Level of Care
LTC Program	:	Nursing Facility
Assessment Tool	:	PASRR Level I & MAP 726A
Assessment Reason	:	Initial
Determination Date	:	N/A
Comments about the assessment	:	Missing the appropriate H&P form. Please review and upload the correct H&P form
LOI Comment by the NF/ICF	:	N/A
Submitted By	:	pand, kmar
Provider Number	:	7100531340
Provider Name	:	NF Provider 2
Provider Address	:	001 BYPASS ROAD, PIKEVILLE, PIKE, KY, 415010000
Initial Submission Date	:	06/11/2020
Name of Location	:	Home

Next ▶

2. **Program Summary** screen

Program Summary

Program Details

LTC Program :	Nursing Facility	PASSR #:	300000027
Provider :	NF Provider 2	Provider #:	7100531340
Application Status:	CMHC Review	Application #:	400141131
Application Date:	06/11/2020	Last Action Date:	06/22/2020
LOC Start Date:	06/12/2020	LOC Reassessment Date:	Not Available

Authorization History

Admit Date	Submission Date	LOC Start Date	Assessment Start Date	Assessment End Date	Date of Determination	Action
06/12/2020	06/11/2020	06/12/2020	06/12/2020	Not Available	Not Available	Initial

LOI Comment History

Created By	User Role	Date	Comment
kmar pand	Provider Staff-NF	06/22/2020	Uploaded new form.
Megan Jones	CMHC Staff	06/11/2020	Missing the appropriate H&P form. Please review and upload the correct H&P form

3. **Verify Complete Information** screen

6.2.2 HS Reassessment Task

During initial review, the Hospice PRO approves a Hospice LOC for a period of 90 days. Individuals must be reviewed at the end of this 90-day period and if they continue to meet the medical criteria, the LOC is extended for another 90-day period. The second 90-day period is called the Reassessment period. After the Reassessment period, the Individual is reviewed every 60 days. These 60-day periods are called the Extension period.

The HS Reassessment Task is generated 15 business days prior to the assessment end date. Hospice Providers are notified to add any updated diagnosis codes, upload additional documents, and resubmit the application for reassessment.

IHP Reassessment Task

Hospice (HS) Reassessment Task

DURING INITIAL REVIEW, THE HOSPICE PRO (DMS) APPROVES A HOSPICE LOC FOR A PERIOD OF 90 DAYS. INDIVIDUALS MUST BE REVIEWED AT THE END OF THE 90-DAYS. THE HS REASSESSMENT TASK IS GENERATED 15 BUSINESS DAYS BEFORE THE ASSESSMENT END DATE. THE HOSPICE PROVIDER MUST UPDATE ANY DIAGNOSIS CODES AND DOCUMENTS AND RESUBMIT THE APPLICATION FOR REASSESSMENT.

Hospice PRO approves Hospice LOC for 90-days during initial review task

- If the Individual still meets medical criteria during the review at the end of 90 days, the LOC is extended for another 90-day period (called the Reassessment period)
- After the Reassessment period, the Individual is reviewed every 60-day period (called the Extension period)

Hospice Provider receives HS Reassessment Task 15 business days before the Assessment End Date

- Hospice Provider must add any updated diagnosis codes, upload additional documents, and resubmit the application for reassessment by the Hospice PRO

To close a HS Reassessment Task, Hospice Providers complete the following steps:

1. From the **Dashboard** screen, click **Start** <u>or</u> **Continue** under the *Actions* column in the *Tasks* section.

2. The **Diagnosis** screen displays. Add or edit the diagnosis (or diagnoses) as needed.

3. Click **Next**.

> **Refer To**: Detailed LOC application guidance is found in the **KLOCS Application Intake/Lifecycle** section. This includes step-by-step instructions and screen shots for all sections of the application.

4. On the **Document Upload** screen, upload any required documents.

> **Refer To**: Additional information regarding document uploads, how to perform uploads and what documents are needed are found in the **Application Intake** and **Document Upload** Chapters.

5. Click **Submit** once all required documents are uploaded.

6. The **Application Confirmation** screen displays. The HS Reassessment Task is complete.

6.2.3 HS Existing LOC Overlap

A HS Existing LOC Overlap Task is created when DMS resolves a Partial Match Task and the system identifies that the Individual has an active LOC. The HS Existing LOC Overlap Task will notify the submitting Hospice Provider to contact the Individual or other Provider to resolve the overlap/other application issue. The HS Existing LOC Overlap Task cannot be completed/closed until this issue is addressed.

Upon creation of this task, the Application status changes from DMS Partial Match to Saved.

IHP Existing LOC Overlap Task

Existing LOC Overlap Task

AN EXISTING LOC OVERLAP TASK IS CREATED WHEN DMS RESOLVES A PARTIAL MATCH TASK AND THE SYSTEM DETERMINES THAT THE INDIVIDUAL ALREADY HAS AN ACTIVE HOSPICE LOC WITH ANOTHER PROVIDER OR THAT THEY HAVE AN APPLICATION THAT IS UNDER REVIEW. THIS TASK IS ASSIGNED TO THE PROVIDER WHO SUBMITTED THE NEW APPLICATION.

Hospice Provider "A" submits a LOC application for an Individual which creates a Partial Match Task for DMS

- Hospice Provider "A" submits a LOC application for an Individual and the system cannot determine if this Individual already exists in the system or is a new Individual. This triggers a Partial Match Task for DMS.
- DMS resolves the Partial Match Task and the system determines the Individual has an active LOC or there is already an application in review with Hospice Provider "B"

System triggers the Existing LOC Overlap Task for Hospice Provider "A" to resolve the LOC Overlap

- Hospice Provider "A" must contact Hospice Provider "B" regarding the existing LOC application, then update the application accordingly
- If Hospice Provider "B" cannot be reached, Hospice Provider "A" should contact the PRO regarding the LOC Overlap
- Hospice Provider A must resolve the Existing LOC Overlap Task within **3 business days** of the Admission date

Please Note: This task is not triggered when an Institutionalized Hospice Provider submits an LOC application for an Individual with an active LOC.

To close a HS Existing LOC Overlap Task, Hospice Providers complete the following steps:

1. From the **Dashboard** screen, click the **Start** <u>or</u> **Continue** link under the *Actions* column in the *Tasks* section.

2. The **Contact Details** screen displays, proceed with the application intake screen flow.

> **Refer To**: Detailed LOC application guidance is found in the **KLOCS Application Intake/Lifecycle** section. This includes step-by-step instructions and screen shots for all sections of the application.

3. On the **Document Upload** screen, upload any required documents.

4. Click **Submit**.

> **Refer To**: Additional information regarding document uploads, how to perform uploads and what documents are needed are found in the **Application Intake** and **Document Upload** Chapters.

6.3   Ongoing Hospice LOC Management

Ongoing management of Hospice LOC cases within KLOCS will mostly involve discharges or transfers. There are various reasons why Individuals may need to be discharged but all Hospice LOC discharges will follow a similar workflow within KLOCS.

6.3.1 Request LOC Correction

The **Request LOC Correction** screen allows for Hospice Providers to request corrections of the LOC Start and LOC Discharge Dates as applicable to an Individual. Once the Hospice Provider submits the request, the Reviewer has 5 business days to either approve or reject the request. The Hospice Provider will receive a notification in the **Message Center** that the LOC correction request was either approved or rejected.

> **Please Note:** Transitioned LOCs (LOCs active prior to August 3, 2020) cannot be corrected through this functionality.

Complete the following steps to request a LOC correction:

1. On the **Individual Summary** screen, click **Request LOC Correction**.

2. KLOCS navigates to the **Request LOC Correction** screen.

3. Click the **Pencil Icon** under the *Action* column. The *LTC Information* section expands with additional fields.

Welcome Howard James · Sign Out · Help

Home · Start Application · LOC Management · Message Center 75 · Quick Search

Agency: HS Provider One

Request LOC Correction

Individual Information

Individual Name	DISH, DANIEL	Last Action Date	11/18/2020
Date Of Birth	03/11/1955	SSN	401-88-1629
Gender	Male	Age	65
Primary Phone#	(859) 299-8872	Mailing Address	2948 DISH DRIVE LEXINGTON KENTUCKY FAYETTE 40505

LTC Information

Action	LTC Program	LOC ID	LOC Start Date	LOC End Date/ Discharge Date	Provider Number
✏	Institutionalized Hospice	444844	11/15/2020	N/A	7100648800

Request LOC Correction for LOC ID 444844

* Request Type --Select--   * LOC Start Date [   ]   * LOC Discharge Date [   ]

* Request Comments [   ]

Document Summary

Document Type	Date	Comments	Action

Document Upload Section

Document Type
--Select--

File
[   ] Browse
Supported file Types: *.PDF, *.TIFF and *.TIF only Maximum File size must not exceed 5 MB

Comments
[   ]   **Attach**

Attach Another Document

Close   **Add Request ▶**

LTC Correction Request Summary

No LOC correction requested

◀ Back   **Submit Request ▶**

4. Select the **Request Type**.
5. If applicable, select the **LOC Start Date** from the Calendar or enter it manually.
6. If applicable, select the **LOC Discharge Date** from the Calendar or enter it manually.
7. Enter **Request Comments**. Comments are required once users select a **Request Type**.
8. (Optional) Under the Document Upload section, select **LOC Correction** for the **Document Type**.
9. (Optional) Select **Browse** under **File.**
10. (Optional) Enter **Comments.**
11. (Optional) Click **Attach.** The document will display under the *Document Summary* section.

12. Click **Add Request**. The LOC correction request will display under the *LTC Correction Request Summary* section if an error does not occur.

Please Note: Another LOC correction request cannot exist for the same LOC ID nor can the LOC correction request overlap with another LOC record for the Individual. If either hold true, KLOCS triggers an error and a Banner Message will display.

13. Click **Submit Request**.
14. KLOCS navigates the User back to the **Individual Summary** screen.

6.3.1.1   Edit LOC Correction Request

Complete the following steps to edit an LTC correction request:

10. Click the **Pencil Icon** under the *Actions* column. The *LTC Correction Request Summary* section expands with additional fields.
11. Select the **Request Type**.
12. If applicable, select the **LOC Start Date** from the Calendar or enter it manually.
13. If applicable, select the **LOC Discharge Date** from the Calendar or enter it manually.
14. Enter **Request Comments**. Comments are required once the User selects a **Request Type**.
15. Under the *Document Summary*, click the **X icon** to delete the existing uploaded document or click the **Pencil icon** to edit the existing uploaded document.
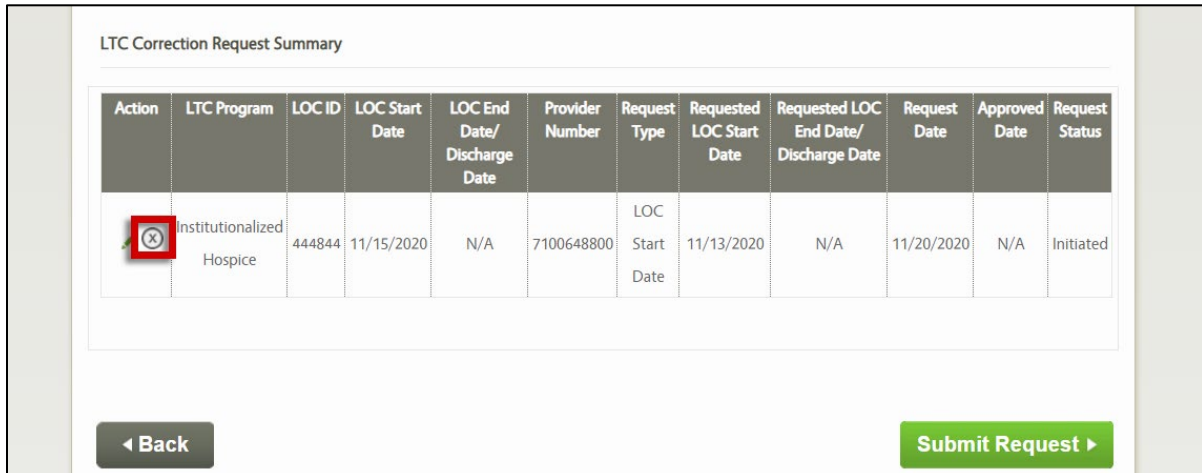
16. Under the Document Upload section, select **Attach Another Document** to upload a new document.
17. Once all edits have been made, select **Update Request**.
18. Click **Submit Request**.

6.3.1.2   Delete LOC Correction Request

There are two ways Users may delete the LTC Correction Request:

Option 1

3. Click the **X Icon** under the *Actions* column.

4. A Confirm Deletion of LOC Correction Record pop-up displays. Click **Continue** to delete the request.

Option 2

4. Click the **Pencil Icon** under the *Actions* column. The *LTC Correction Request Summary* section expands with additional fields.

5. Scroll to the bottom, click **Delete Request**.

6. A Confirm Deletion of LOC Correction Record pop-up displays. Click **Continue** to delete the request.

6.3.2 Request Discharge or Transfer

Hospice Providers have the capability to discharge an Individual from their ongoing LOC admission. In addition to voluntary and involuntary discharges, the request discharge function may be used for transfers and cancellations.

Only Individuals who have a status of LOC Met or LOC Not Met may be searched and discharged. (For LOC Not Met, Hospice Providers may only search for an Individual who is at least in Field Review.) Hospice Providers may only submit a discharge for an Individual who is in their facility.

The following chart outlines the Hospice workflows:

KLOCS Hospice Workflows

To request a Transfer (Voluntary/Involuntary) for a Member but the Member is still keeping their current Hospice, Hospice Providers complete the following steps:

Please Note: Only follow this process if the Member is keeping their current Hospice but is changing facility location.

1. From the **Dashboard** screen, click **Quick Search** from the Top Navigation Panel or click **Quick Search** under the *Quick Links* section.

2. The **Quick Search** screen displays. Search the Individual by their name <u>or</u> an identifier.

    a. If using the name, enter the Individual's **First** <u>and</u> **Last** names in the *First Name* and *Last Name* fields.

    b. If searching by identifier, use the drop-down in the *Identifier Type* field to select from the four options: Individual #, App #, PASRR #, or SSN.

        i. If making a selection in the *Identifier Type* field, enter the **Corresponding Number** in the *Identifier Value* field.

3. Click **Search**.

4. A table with the search result(s) displays at the bottom of the **Quick Search** screen.

5. Click **Name hyperlink** under the *Individual Name* column next to the appropriate Individual.

6. KLOCS navigates to the **Individual Summary** screen.

7. Click the **Institutionalized Hospice hyperlink** under the *LTC column* in the LTC Information section.

8. KLOCS navigates to the **Program Summary** screen.

9. Click **Update Facility**.

10. On the **Update Facility** screen click **Lookup**. The **Nursing Facility Provider Search** pop-up screen displays.

a. Enter the **Provider Number** in the *Provider Number* field OR select the Provider's **"County"** from the *County* field drop-down.

b. Click **Search**. A table with the search result(s) triggers at the bottom of the **Nursing Facility Provider Search** pop-up screen.

c. Select the **Correct Provider** by clicking in the left-hand column next to the Provider's name.

d. Click **Select**.

	Provider Number	Provider Name	Address	County
○	7100531340	NF Provider 1	930 BYPASS ROAD930 BYPASS ROAD,PIKEVILLE	MASON
●	7100574700	NF Provider 2	930 BYPASS ROAD930 BYPASS ROAD,PIKEVILLE	POWELL
○	7100648760	Private ICF	930 BYPASS ROAD930 BYPASS ROAD,PIKEVILLE	MONTGOMERY
○	11914025	State ICF	930 BYPASS ROAD930 BYPASS ROAD,PIKEVILLE	MORGAN
○	1245194915	Test Provider	ADD LINEADD LINE,FRANKFORT	BRACKEN

Nursing Facility Provider Search

Provider Number   County   --Select--

Search

1 2

Select

e. Returning to the **Update Facility** screen, the *Provider Name* and *Provider Number* fields are pre-populated.

Update Facility   *=Required field

Welcome Howard James   Sign Out   Help

Agency: HS Provider One

Select Member residing Facility

* Provider Name   NF Provider 2   LOOK UP

* Provider #   7100574700

◄ Back   Next ►

11. Click **Next**.

12. KLOCS navigates back to the **Program Summary** screen. The process is complete.

To request a Discharge/Transfer (Voluntary/Involuntary) for a Member revoking Hospice or Admission Cancellation, Hospice Providers complete the following steps:

1. From the **Dashboard** screen, click **LOC Management** from the Top Navigation Panel or click **Manage Discharge** under the *Quick Links* section.

2. The **Manage Discharge** screen displays. Search the Individual by their name <u>or</u> an identifier.

   a. If using the name, enter the Individual's **First** <u>and</u> **Last** names in the *First Name* and *Last Name* fields.

   b. If searching by identifier, use the drop-down in the *Identifier Type* field to select from the four options: Individual #, App #, PASRR #, or SSN.

      i. If making a selection in the *Identifier Type* field, enter the **Corresponding Number** in the *Identifier Value* field.

3. Click **Search**.

4. A table with the search result(s) displays at the bottom of the **Manage Discharge** screen.

5. Click **Request Discharge** under the *Action* column next to the appropriate Individual.

6. On the **Submit Discharge** screen, verify the correct information is pre-populated in the *Individual Information* section.

7. Under the *Discharge Information* section, the *Discharging Facility Name* and *Discharging Provider ID* fields are pre-populated.

8. Select the **"Discharge Type"** from the *Discharge Type* field drop-down options: Voluntary Discharge, Involuntary Discharge, Transfer or Admission Cancellation.

9. Select the **"Discharge Reason"** from the *Discharge Reason* field drop-down.

Please Note: The *Discharge Reason* field options will vary based on the discharge type selected in Step 8.

10. Select the **"Discharge Date"** from the *Discharge Date* field calendar or enter the date manually.
11. Enter the **Discharge Time** in the *Discharge Time* field and select **"AM"** or **"PM"** from the corresponding drop-down.
12. Select the **"Time Zone"** from the *Discharge Time Zone* field drop-down.
13. The effective discharge date is system-generated and pre-populates the *Effective Discharge Date* field.

14. If **Transfer** selected in Step 8, the *Transfer To* section is enabled, follow the Step 14 sub-steps below. Otherwise, proceed to Step 15.

Please Note: Hospice to Hospice transfers are not part of the transfer functionality since DMS needs to review these situations.

a. Click **Lookup**. The **Nursing Facility Provider Search** pop-up screen displays.

b. Enter the **Provider Number** in the *Provider Number* field OR select the Provider's **"County"** from the *County* field drop-down.

c. Click **Search**. A table with the search result(s) triggers at the bottom of the **Nursing Facility Provider Search** pop-up screen.

d. Select the **Correct Provider** by clicking in the left-hand column next to the Provider's name.

e. Click **Select**.

f. Returning to the **Submit Discharge** screen, the *Provider Name* and *Provider Location* fields are pre-populated.

15. Remaining on the **Submit Discharge** screen, enter **Comments/Notes** in the *Discharge Comments* field.

16. The *Document Upload* section is optional.

> **Refer To**: Please refer to **Document Upload** for additional guidance on what documents to upload and how to upload them.

17. Click **Submit Request**.

18. A **Confirm Discharge Request** pop-up screen displays. Click **Yes** to finish the discharge request.

> **Please Note:** With LOC cancellations (Admission Cancellation selected in Step 8 above), any pending tasks related to the LOC application also need to be closed.

6.4 Hospice Correspondences

No paper correspondences will be sent for Hospice LOC applications. Hospice Providers may view and print Hospice LOC applications. In addition, PDFs of the Pending LOI, LOC Not Met, and LOC Met notices are available in the KLOCS **Message Center**.

6.4.1 LOC Application

A PDF of the Hospice LOC Application may be manually printed from the **Application Confirmation** screen or by clicking **View/Print Applications** on the **Individual Summary** screen.

Institutionalized Hospice Application			
Basic Information			
First Name	EVAN	Date of Birth	04/07/1987
Middle Initial	A	Gender	M
Last Name	UATTEST	SSN	407719872
Suffix		Individual ID	123456789
Contact Details			
Mailing Address Line 1		123 W MAIN ST	
Mailing Address Line 2			
City		LEXINGTON	
State		Kentucky	
Zip Code		40507	
Zip +4		3524	
County		Fayette	
Email Address		evan@gmail.com	
Primary Phone		(312) 999 - 9999	
Secondary Phone			
Hospice Application			
Application Number			
123456789			
Admission Date		**Application Date**	
05/02/2020		05/02/2020	
Facility Name			
ABC Nursing Facility			
Facility Provider ID			
123123123			
Section 1: The Individual's Admission Information			
PASRR#			
378653481			
Where is the individual currently located?			
Home			

6.4.2 Pending LOI – Request for Additional Information

The Pending LOI – Request for Additional Information notice is generated when the LOC application the Provider submitted needs additional

information before it can be reviewed. (No paper correspondence is sent for Hospice LOC applications.)

LOC-002 COMMONWEALTH OF KENTUCKY Application #: <Application #>

<letdate>
<respnam>   <Provider Name>
<adr1>
<adr2>
<citystatezip>

Lack of Information for Level of Care

Dear <Responsible party or patient name>:

This is to tell you <patnam>, that the request from <facnam> may be denied because they did not give the right information necessary to complete a review of this request.

The following information is needed:

Comments from the reviewer

Please Note: This correspondence is triggered automatically when the Hospice PRO pends the application for LOI, creating a task for the Hospice Provider.

6.4.3 LOC Not Met

The LOC Not Met notice is to inform the Individual their LOC application is denied and discusses how to appeal the decision. (No paper correspondence is sent for Hospice LOC applications.)

LOC-003   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

<letdate>
<respnam>   <Provider Name>
<adr1>
<adr2>
<citystatezip>

You Did Not Meet The Level of Care Needed

Dear <Responsible party or Individual>:

This is to notify you, <patnam>, that your request for the Level of Care has been denied in accordance with regulation number 907 KAR 1:022, 907 KAR 3:130

The specific reason for the denial is <VAR_notetext>

If you, the recipient, your authorized representative, your legal guardian, or provider acting on behalf of the recipient, are dissatisfied with this decision, you may exercise your right to dispute these findings by following the procedure listed on the last page of this letter.

<Evaluator>

COMMONWEALTH OF KENTUCKY

You have the right to appeal as it says in <907 KAR 1:560>. Only you, your guardian or your authorized representative may request an appeal. The request must be in writing with the reason. Send the request within thirty (30) calendar days of the date of this letter to:

Division of Program Quality & Outcomes

Department for Medicaid Services

Cabinet for Health and Family Services

275 East Main Street 6C-C

Frankfort, Kentucky 40621

If you are currently accessing services and your appeal request is postmarked or received within ten (10) calendar days of the date of this letter, you may be able to keep getting services while your appeal is reviewed.

6.4.4 LOC Met

The LOC Met correspondence is to inform the Individual they meet Nursing Facility Level of Care, and their LOC application is approved. (No paper correspondence is sent for Hospice LOC applications.)

IHP-004   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

<Letter Date>
<Individual Name>
<Address>
<City/State/Zip>
<Provider Name>

You Have Met the Level of Care Needed

Dear <Responsible Party or Individual>:

This is to notify you, that the requested Level of Care for <Individual Name>, was processed by <Provider Name>. <Individual Name> has met Level of Care effective <date>.

We may not pay for your long-term care coverage from <IHP004_IneligibleProviderStartDate1> to <IHP004_IneligibleProviderEnddate1> at this time because the facility you live in/ admitting to is not an active Medicaid provider. In order for us to pay for your long-term care services, the facility must call Medicaid Provider Enrollment to become active again or you may choose a new provider.

Division of Policy and Operations

"If you have not already done so, apply for Medicaid through kynect.ky.gov as soon as possible. For eligible applicants, Medicaid may cover unpaid medical expense incurred during the prior 3 months from the date of one's Medicaid application."

> **Please Note:** When the LOC reviewer approves the application and selects LOC Met on the **LOC Determination** screen, this notice is automatically generated.

6.4.5 Electronic Notifications

Providers may view electronic notifications via the **Message Center** on KLOCS. Additionally, Providers may view PDF versions of paper correspondences sent to an Individual and a PDF version of the application

intake by navigating to the **Message Center** within the **Individual Summary** screen.

The following table provides an overview of the notifications KLOCS Users may receive:

Electronic Notifications Overview

Electronic Notification	Event	Receiver(s)
LOC marked as MET for <Individual>	This notification is sent to the NF Provider after the LOC Reviewer has completed their review and concluded LOC 'Met'	Providers CMHC
LOC marked as NOT MET for <Individual>	This notification is sent to the NF Provider after the LOC Reviewer has completed their review and concluded LOC 'Not Met'	Providers CMHC
LOC marked as Pended LOI for <Individual>	This notification is sent to the NF Provider after the LOC Reviewer has completed their review and concluded LOC 'Pending – LOI.' If DBHDID creates a LOI task for CMHC the CMHC will also receive this notification.	Providers CMHC
Institutionalized Hospice Application Submitted for <Individual> with Existing PASRR	This notification is sent to both the NF and Hospice Provider if a PASRR Level I form already exists for an Individual who is applying for Institutionalized Hospice care	Providers
PASRR Level II Referral for <Individual>	This notification is sent if the PASRR Level I form triggers a PASRR II evaluation; a task is sent to CMHC to conduct the evaluation	Providers
PASRR Level II Completed for <Individual>	This notification is sent to the NF Provider once the CMHC has completed the PASRR Level II evaluation	Providers
Partial Match Resolved for <Individual>	This notification is sent to the NF Provider once DMS has resolved a partial match and the application is submitted	Providers
Discharge <Individual> - LOC Not Met	The NF Provider is notified that the Individual needs to be discharged if the LOC Reviewer marks the LOC as 'Not Met'	Providers
LOC Correction request is approved for <Individual Name>	Notification will be sent to the Provider after the PRO Super user/Super user approves the LOC correction	Providers
LOC Correction request is rejected for <Individual Name>	Notification will be sent to the Provider after the PRO Super user/Super user Rejects the LOC correction	Providers
Reassessment Overview for <Individual>	The NF and Hospice Provider will be notified that an Individual has been automatically discharged because they were not reassessed before 15 days after their reassessment date	Providers

Electronic Notifications Overview – Continued

Electronic Notification Continued	Event	Receiver(s)
Reassessment Due for <Individual>	This notification will be sent to the NF Provider on the Individual's reassessment date that the reassessment has not been completed yet	Providers
CHOW processed Successfully for <Old Provider>	This notification will be sent once CHOW batch completes processing of all the records	Providers CMHCs DMS OATS
Change of Ownership status for <Old Provider>	When a CHOW is reported to KLOCS and the initial batch is run, this notification summarizes the number of applications successfully transitioned to the new Provider Number, applications with pending tasks that need to be completed by the Provider, and the number of saved applications withdrawn.	Providers CMHCs OATS
Change of Ownership Status for Pended Applications of <Old Provider>	This notification summarizes the applications with outstanding/pending tasks that need to be completed.	Providers CMHCs OATS
<Individual> Transferred Successfully	This notification will be sent to the old and new facility upon completion of the transfer request	Providers CMHC
Transfer Request Pending for <Individual>	This notification will be sent to the new Provider once the existing Provider submits a transfer request	Providers
Transfer Request Reject for <Individual>	This notification will be sent to the existing Provider if the transfer request was rejected by the new Provider	Providers
<Individual> discharged from your facility – Hospice Election	This notification will be sent to the Provider if the Individual elects and is approved for institutionalized hospice	Providers
Align Assessment Dates for <Individual>	This notification will be sent to PRO if a new assessment period is assigned	PRO
<Individual> Discharged from <Facility>	If an Individual is automatically discharged by a KLOCS system process this notification will be sent to the Facility and to CMHC (if the Individual is Level II)	Providers CMHC
<Individual> Discharged from <Facility>	If a Level II member is discharged by the facility, this notification will be sent to CMHC	CMHC
Provisional Admission Period is Ending for <Individual>	This notification is sent to the Facility when a provisional admission period is ending, and a Level II evaluation needs to be requested	Providers
<Individual> is reported as Level II	This notification is sent when the PRO reports an Individual with an existing LOC as a Level II prior to KLOCS. The PRO's	Providers CMHC

	reassessment task for that Individual will be automatically closed.	
Specialized Services Requirement for <Individual>	This notification is sent if the Individual is reviewed for Specialized Services.	Providers CMHC DBHDID

To view electronic notifications and PDF versions of paper correspondences sent to Individuals, complete the following steps:

1. On the **Dashboard** screen, click **Message Center** on the top navigation panel.

2. The **Message Center** screen displays. Click the **appropriate subject** hyperlink to view the electronic notification.

3. The electronic notification displays. To view PDF versions of paper correspondences sent to an Individual, click **Quick Search** in top navigation panel.

4. The **Search Individual** screen displays. Search for the Individual in one of the following ways:

- Select the appropriate "**Identifier Type**" from the *Identifier Type* field drop-down. Enter the appropriate **Identifier Number** for the Individual in the *Identifier Number* field.

    i. Identifier Type Options: Individual Number, Application Number, PASRR Number, SSN

- Enter the **individual's first name** in the *First Name* field.

- Enter the **individual's last name** in the *Last Name* field.

5. Click **Search**.

6. The individual search results display. Click the appropriate **Individual Name** hyperlink.

7. The **Individual Summary** screen displays. Click **Message Center** on the right navigation panel.

8. The Individual's **Message Center** screen displays. Click **the appropriate subject** hyperlink.

9. The electronic notification displays. To view the PDF version of the application or the paper correspondence sent to the Individual, click the **Please click here to view your message** hyperlink.

10. A PDF version of the application or paper correspondence displays in a pop-up window. After reviewing the PDF version of the document, close the pop-up window.

11. (Optional) To view or print an Individual's application, click **View/Print Applications** on the **Individual Summary** screen.

12. (Optional) The **View Applications** screen displays. Click **Print/View**.

13. (Optional) The application displays in separate tab. Click the **tab** to view the PDF version of the application. Click the **Print Icon** in the top right corner to print the application.

7. Document Upload

7.1 Document Upload Overview

The **Document Upload** screen is the final screen that Providers must complete before submitting LOC applications in KLOCS. In order to submit LOC applications, Providers must upload certain required documents.

To upload documents and submit LOC applications, Providers complete the following steps:

1. The **Document Upload** screen displays. Review the chart of required documents in the document table at the top of the screen to determine which document(s) to upload. The chart below outlines the document table sections.

Document Table Sections	
Column Name	**Description**
What is Needed	Lists the required documents that must be uploaded in order to submit the application.
Types of Documents Accepted	Lists the corresponding document types for each required document. These document type names are consistent with the drop-down options in the *Document Upload* section.
Status	The red X displays until the required document is uploaded. Once the required document is uploaded, a green checkmark displays.

Please Note: The required documents may vary for each application. The system determines the required documents based on the information entered on the application.

2. Under the *Document Upload* section, select the **"Appropriate Document Type"** from *Document Type* field drop-down.

   - The *Document Type* drop-down options vary between Nursing Facility, Hospice, State ICF, and Private ICF LOC applications.

3. Click **Browse**.

4. The **Choose File to Upload** pop-up displays. Select the A**ppropriate Document** and click **Open**.

   - The document file name displays in the *File* field after selecting the document and clicking **Open**.

5. (Optional) Enter **details about the document** in the *Comments* field.

6. Click **Attach**.

7. (Optional) If additional documents must be uploaded, click the **Attach Another Document** hyperlink and repeat steps 1-7.

Document Upload Section

Document Type
MAP-350 ▼

File
MAP 350.pdf   Browse

Supported file Types: *.PDF, *.TIFF and *.TIF only Maximum File size must not exceed 5 MB

Comments

Attach

Attach Another Document

Back   Save & Exit   Submit

8. To ensure that the document(s) has been successfully uploaded, review the document table and the *Document Summary* section. Once the document is successfully uploaded, the following updates occur:

- A green checkmark appears next to the uploaded document in the documents table at the top of the screen

- The uploaded document displays in the *Document Summary* section

9. (Optional) To view a PDF version of the uploaded document, select the appropriate **document** hyperlink in the *Document Summary* section. A pop-up window containing the uploaded document displays. After reviewing the document, close the PDF window.

Name:	WHITE, BETTY	PASRR #:	300000554	Application #:	280105233

93% Complete

- Contact Details
- Swing Bed
- PASRR Level I
- MAP 726 A
- Diagnosis Information
- Document Upload

Documents Upload

*=Required field

* REMINDER: If the individual is being referred for a PASRR Level II, it is the NF's responsibility to ensure that the H&P is signed by a Physician.

What is Needed	Types of Document Accepted	Status
*Long Term Care Facilities Certification Form	MAP-350	✓
*History and Physical Examination Form	H&P	✓

Document Summary

Document Type	Date	Comments	Action
MAP-350	08/01/2020		⊗ ✏
H&P	08/01/2020		⊗ ✏

Document Upload Section

Attach Another Document

Back   Save & Exit   Submit

10. (Optional) To add comments to previously uploaded documents in the *Document Summary* section:

- Click the **Pencil Icon** to enable the *Comments* field.

- Enter **details about the document** in the *Comments* field.

- Click the **Save Icon** to save the comment.

Document Summary

Document Type	Date	Comments	Action
MAP-350	08/01/2020		⊗ ✎
H&P	08/01/2020		⊗ ✎

Document Summary

Document Type	Date	Comments	Action
MAP-350	08/01/2020		⊗ ✎
H&P	08/01/2020	Includes the physician's signature	🚫 💾

7966 of 8000 characters remaining

Please Note: The History and Physical Examination Form (H&P) must be signed by a physician for PASRR Level II referrals.

11. Click **Submit** once all the required documents are successfully uploaded.

7.2 Document Upload Screen Errors

The **Document Upload** screen displays errors messages if there are any conditions preventing document submission. The chart below outlines the types of error messages and the associated impacts.

Document Upload Screen Error Messages	
Error Message	**Description**
"This individual has another application that is under review."	The Provider **CANNOT** submit the current application until the previous LOC application is marked as 'Not Met'.

"This individual has an active LOC in KLOCS."	The Provider **CANNOT** submit the current application until the individual is discharged from the NF with the individual's active LOC.
"Please upload necessary documents from the list of acceptable documents."	The Provider **CANNOT** submit the application until <u>all</u> the required documents are uploaded.
"Please upload a file with a supported file type."	The Provider **CANNOT** upload documents with an unsupported file type (e.g. Word Document, jpeg, etc.). Additionally, KLOCS does **NOT** support documents with a file size that exceeds 5 MB. The Provider must upload documents with PDF, TIFF, and TIF file types to resolve this error.

7.3 View Documents Screen

The **View Documents** screen allows any KLOCS User to upload documents for an Individual at any time after the LOC application has been submitted. The **View Documents** screen provides the following functionalities:

- Add additional documents

- View previously uploaded documents and comments

- View the review status of documents

- View comments about documents entered by the appropriate reviewer

- Delete documents with "Pending" review status (i.e. documents that have not yet been reviewed by the appropriate reviewer)

Please Note: Documents marked as "Completed" by the appropriate reviewer during the application review **CANNOT** be deleted on the **View Documents** screen. Only "Pending" documents that have not yet been reviewed may be deleted.

View Documents

Document Type	Document Date	Comments	Status	Reviewer Comments	Review Date	Action
Other	08/01/2020		Completed			
MAP-374	02/18/2020		Completed		02/18/2020	
MAP-377	02/18/2020		Completed		02/18/2020	
MAP-350	02/18/2020		Completed		02/18/2020	
H&P	02/18/2020		Completed		02/18/2020	
PASRR Level II	02/18/2020		Pending			✖

◀ Back

Add Another Document

To upload documents for an Individual after the LOC application has been submitted, KLOCS Users complete the following steps:

1. On the **Dashboard** screen, click **Quick Search** on left navigation panel or the top navigation panel.
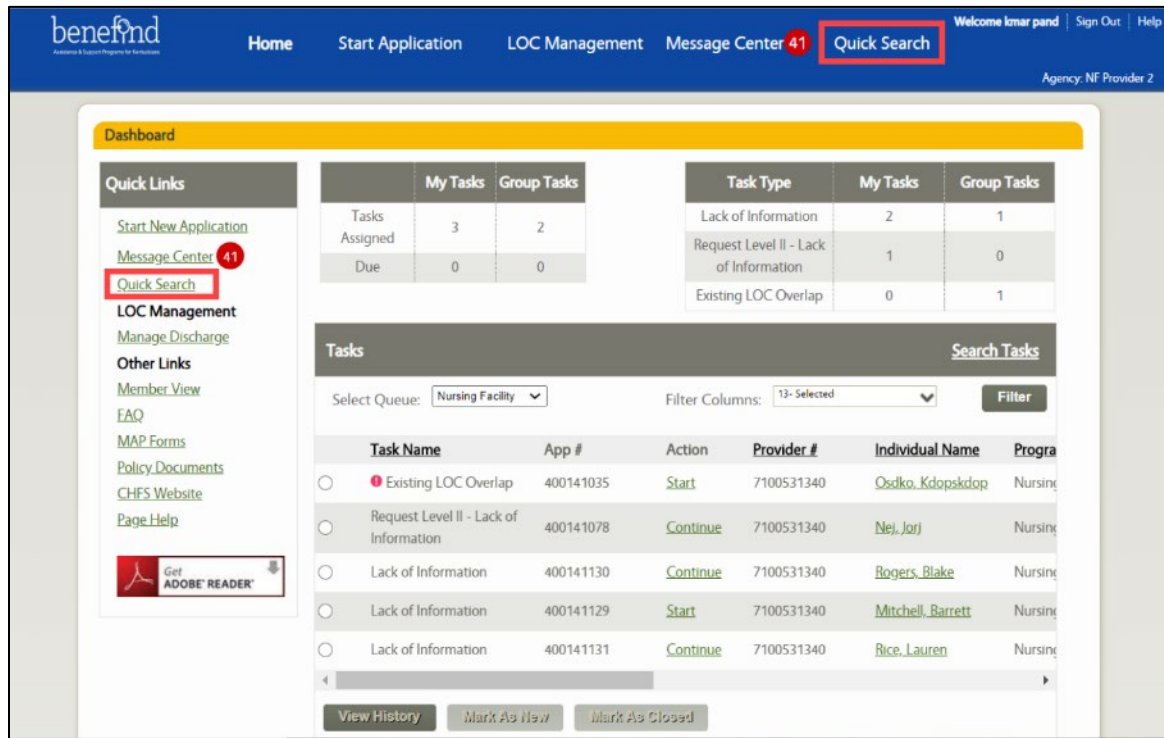
2. The **Search Individual** screen displays. Search for the Individual in one of the following ways:

   - Select the appropriate "**Identifier Type**" from the *Identifier Type* field drop-down. Enter the appropriate **Identifier Number** for the Individual in the *Identifier Number* field.

     - Identifier Type Options: Individual Number, Application Number, PASRR Number, SSN

   - Enter the **individual's first name** in the *First Name* field.

   - Enter the **individual's last name** in the *Last Name* field.

3. Click **Search**.

4. The individual search results display. Click the appropriate **Individual Name** hyperlink.

5. The **Individual Summary** screen displays. Click **View/Upload Documents** on the right navigation panel.

6. The **View Documents** screen displays. Review the document table for details on previously uploaded documents. The chart below outlines the document table sections.

Document Table Sections	
Column Name	**Description**
Document Type	Lists the previously uploaded documents as embedded PDF files.
Document Date	Lists the corresponding date that each document was uploaded.
Comments	Includes comments entered by the KLOCS User that uploaded the document.
Status	Displays the review status of each document. "Completed" documents have been reviewed and marked as "Completed" by the appropriate reviewer. "Invalid" documents have been marked as "Invalid" by the appropriate reviewer due to insufficient or incorrect information. "Pending" documents have not yet been reviewed by the appropriate reviewer.
Reviewer Comments	Lists comments about a document entered by the appropriate reviewer during the application review.
Review Date	Lists the date that the document was reviewed.
Action	A red X appears next to "Pending" documents. KLOCS Users have the option to delete "Pending" documents by clicking the red X.

7. To upload additional documents, click **Add Another Document**.

8. Select the **"Appropriate Document Type"** from *Document Type* field drop-down.

9. Click **Browse**.

10. The **Choose File to Upload** pop-up displays. Select the **Appropriate Document** and click **Open**.

- The document file name displays in the *File* field after selecting the document and clicking **Open**.

11. (Optional) Enter **details about the document** in the *Comments* field.

12. Click **Attach**.

13. (Optional) If additional documents must be uploaded, click **Add Another Document** and repeat steps 8-12.

14. The uploaded document displays at the bottom of the documents table.

15. (Optional) To view a PDF version of the uploaded document, select the appropriate **document** hyperlink under the *Document Type* section. A pop-up window containing the uploaded document displays. After reviewing the document, close the PDF window.

16. (Optional) To delete a "Pending" document, click the **red X** under the *Action* section.

7.4 Document Types

The **Document Upload** screen displays the required documents based on the information entered on LOC applications. The required documents vary based on application type and application information. Providers may upload additional documents on the **View Documents** screen. The *Document Types* field on the **Document Upload** screen and the **View Documents** screen lists the acceptable types of documents that may be submitted for an individual. The chart below lists the document types and the corresponding document names.

Document Type Drop-Down Options	
Document Type	**Document Name**
MAP-350	Long Term Care Facilities Form
H&P	History & Physical Examination Form
MAP-4092	Exempted Hospital Discharge Physician Certification
MAP-4093	Provisional Admission to Nursing Facility
MAP-374	Election of Medicaid Hospice Benefits
MAP-377	Request for Extension of Medicaid Hospice Benefits Form
PASRR Level II	PASRR Level II Comprehensive Evaluation Form
PASRR Level II Supporting Documentation	Any documents that support the information on the PASRR Level II Comprehensive Evaluation Form
MAP-726A	Nursing Level of Care Request for Admission
MAP-375	Revocation of Medicaid Hospice Benefits
MAP-403	Hospice Patient Status Change
MAP-376	Change of Hospice Providers
MAP-378	Termination of Medicaid Hospice Benefits
MAP-379	Election of Hospice Benefits
Other	Any other document not listed

8. Discharge/Transfer

Using KLOCS, Nursing Facilities, ICFs, and Hospice Providers will be able to discharge an Individual from an ongoing LOC admission. Providers can only discharge individuals residing in their facility. Individuals must have a status of LOC Met or LOC Not Met, those are the only Individuals who can be searched and discharged. If the status is LOC Not Met, Individuals must at least be in Field Review for a Provider to search for them.

Discharge functionality can be used for Voluntary Discharges, Involuntary Discharges, Transfers and Admission Cancellations.
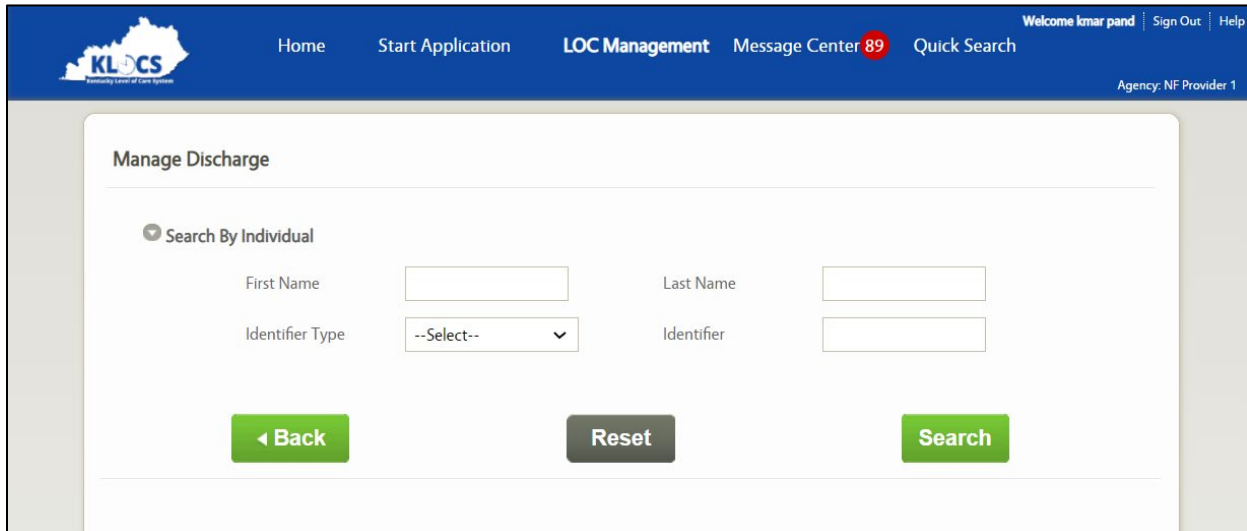
There are instances when an Individual transfers from one NF to another or when an IHP Individual moves to a NF. The transferring NF must enter a LOC transfer/discharge in KLOCS and select a valid reason for the transfer/discharge. A task is then generated for the admitting Provider to review the transfer request. If approved by the admitting Provider, notifications are sent to CMHC, PRO and the discharging Provider. If the transfer is rejected, a notification is sent for the discharging Provider to review.

The following provides the possible LOC transfer scenarios within KLOCS. The discharge reasons the discharging Provider should use for each scenario are also included:

8.1 Manage Discharge Screen

The **Manage Discharge** screen is where <u>all</u> Provider-directed discharge tasks are initiated. This is where Providers search for and select the Individual they wish to discharge. Remember, a Provider can only discharge an Individual from their own facility, not another facility.

8.2 Submit Discharge Screen

After a Provider chooses an Individual to discharge on the **Manage Discharge** screen, they navigate to the **Submit Discharge** screen to enter the details of the discharge. This screen also provides the ability for Providers to upload any additional documents to accompany the discharge request.

In addition to discharges, the **Submit Discharge** screen can be used for LOC transfers and LOC cancellations. The discharge reasons vary depending on what discharge type is selected.

Once a discharge is submitted, KLOCS updates the discharge date and LOC End Date.

> **Please Note:** Pending tasks related to the LOC application also need to be closed for any LOC cancellations.
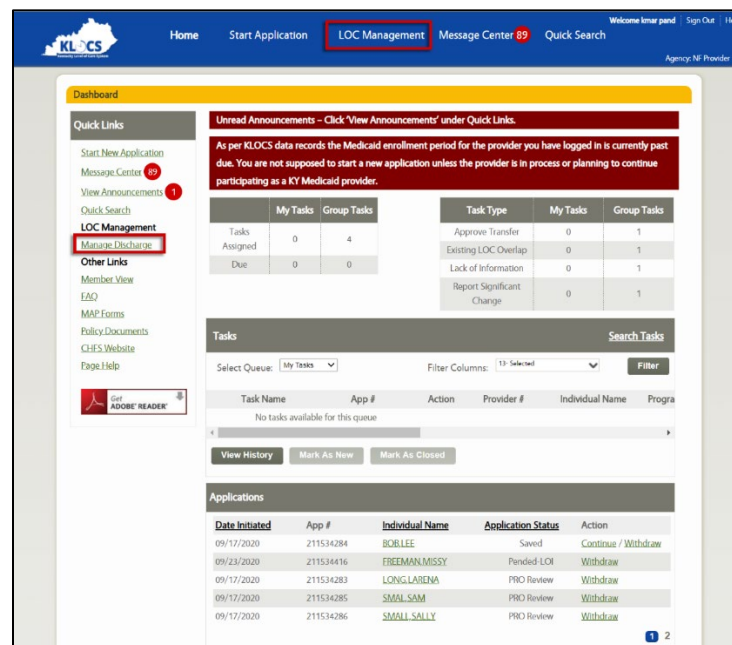
8.3 LOC Cancellation

There are instances when Providers need to cancel approved LOC applications. For example, a Provider may want to cancel an approved LOC if an Individual was never admitted or the Individual was admitted to a different Provider.

LOC cancellation is done through the discharge functionality on the **Submit Discharge** screen by selecting the discharge type as **"Admission Cancellation"**. Any pending tasks related to the cancelled LOC application also need to be closed.

8.4 Discharge Navigation

To Request Discharge (Voluntary/Involuntary), Transfer or Cancellation, complete the following steps:

1. From the **Dashboard** screen, click **LOC Management** from the Top Navigation Panel or click **Manage Discharge** under the *Quick Links* section.

2. The **Manage Discharge** screen displays. Search the Individual by using their name or an identifier.

a. If using the name, enter the Individual's **First** and **Last** names in the *First Name* and *Last Name* fields.

b. If searching by identifier, use the drop-down in the *Identifier Type* field to select from the four options (Individual #, App #, PASRR #, or SSN)

   i. If making a selection in the *Identifier Type* field, enter the corresponding number in the *Identifier Value* field.

3. Click **Search**.

4. A table with the search result(s) displays at the bottom of the **Manage Discharge** screen.

5. Click **Request Discharge** under the *Action* column.

6. On the **Submit Discharge** screen, verify the correct information is pre-populated in the *Individual Information* section.

7. Under the *Discharge Information* section, the *Discharging Facility Name* and *Discharging Provider ID* fields are pre-populated.

8. Select the **"Discharge Type"** from the *Discharge Type* field drop-down options: Voluntary Discharge, Involuntary Discharge, Transfer or Admission Cancellation.

9. Select the **"Discharge Reason"** from the *Discharge Reason* field drop-down.

Please Note: The *Discharge Reason* field options will vary based on the discharge type selected in Step 8.

10. Select the **"Discharge Date"** from the *Discharge Date* field calendar or enter the date manually.

11. Enter the **Discharge Time** in the *Discharge Time* field and select **"AM"** or **"PM"** from the drop-down.

12. Select the **"Time Zone"** from the *Discharge Time Zone* field drop-down.

13. The effective discharge date is system-generated and pre-populates the *Effective Discharge Date* field.

Name: LEIGH, TARA	PASRR #: N/A	Application #: 400141133

Submit Discharge *=Required field

Individual Information

Individual Name	Date of Birth	Individual Id	LTC Program	LOC Start Date
LEIGH, TARA	07/04/1940	919199116	Nursing Facility	06/10/2020

Discharge Information

Discharging Facility Name : NF Provider 2   Discharging Provider Id : 7100531340

* Discharge Type --Select--   * Discharge Reason --Select--

* Discharge Date [   ] * Discharge Time [ ] --Select-- * Discharge Time Zone --Select--

Effective Discharge Date : [   ]

Transferring To

Provider Name   Provider Location

[   ] LOOK UP   [   ]

14. If **Transfer** was selected as the discharge type in Step 8, the *Transfer To* section is enabled. Follow the Step 14 sub-steps below, otherwise proceed to Step 15.
   a. Click **Lookup**. The **Nursing Facility Provider Search** pop-up displays.

   b. Enter the **Provider Number** in the *Provider Number* field OR select the Provider's **County** from the *County* field drop-down.

   c. Click **Search**. A table with the search result(s) triggers at the bottom of the **Nursing Facility Provider Search** pop-up screen.

d. Click in the left-hand column next to the correct Provider to select.

e. Click **Select**.

f. Returning to the **Submit Discharge** screen, the *Provider Name* and *Provider Location* fields are pre-populated.

15. Remaining on the **Submit Discharge** screen, enter **Comments/Notes** in the *Discharge Comments* field.

16. The *Document Upload* section is optional.

Refer To: Please refer to **Document Upload** for additional guidance on what documents to upload and how to upload them.

17. Click **Submit Request**.

18. A **Confirm Discharge Request** screen pop-up displays. Click **Yes** to complete the request.

8.5 Systematic Discharges

A Systematic Discharge is when, given specific scenarios, KLOCS automatically discharges and generates a discharge date for an Individual.

For the following scenarios, if there is no gap in coverage, KLOCS permits Providers to submit a LOC application even when there is an existing LOC without a discharge date:

- Individual residing in a NF elects Institutionalized Hospice (IHP) and stays in the same NF.

- Individual residing in a NF elects IHP and moves to a different NF.

- IHP Individual switches to a different IHP Provider and moves to different NF.

- Intermediate Care Facility (ICF) Individual switches to different ICF Provider.

- ICF Individual elects Hospice services, remains with same ICF Provider.

- ICF Individual elects Hospice services with the different ICF Provider.

     o If the ICF is state-owned, the Initial Review Task is created for the DBHDID. After the DBHDID completes the review, a Hospice LOC Review Task is created for the Hospice PRO to determine LOC.

- ICF Individual admitting to a NF.

Upon Provider submission of a LOC application for an Individual with an existing LOC and no discharge date, KLOCS will discharge the existing LOC once the LOC determination is finalized for the new LOC application. The effective discharge date for the existing LOC will be one day prior to the LOC Start Date for the new application, ensuring there is no gap in LOC coverage. After a Systematic Discharge, the new LOC application will have the applicable PASRR information and previously uploaded documents from the previous Provider's submission.

As with all discharges, a Systematic Discharge should be viewable from the **Manage Discharge** screen and associated **Discharge Summary** screen.

9. Reports

9.1.1 Medicaid Renewal Report

The Medicaid Renewal Report allows nursing facilities and intermediate care facilities to generate a report of Medicaid Eligible Individuals who are due for Medicaid Renewals within a selected date range. This enables providers to proactively track upcoming Renewals and begin planning for Renewals by notifying the resident's family or representative, assisting the resident with the renewal, or completing the renewal on the resident's behalf.


Criteria found within the report includes:

Medicaid Renewal Report	
Data Element	**Description**
Provider Organization	Name of the Provider Organization
Provider ID	Provider ID
Individual ID	Individual ID of the person due for Medicaid Renewal
Social Security Number (SSN)	SSN of the person due for Medicaid Renewal
Medicaid (MA) Case Number	MA Case Number associated with the Individual
Medicaid ID	Medicaid ID associated with the Individual
Individual First Name	First name of the Individual
Individual Middle Name	Middle Name of the Individual
Date of Birth (DOB)	Individual's DOB
LTC Program	Displays the LTC Program
LOC Start Date	Start Date for the LOC
NF Resident Medicaid Termination Date	The Individual's Medicaid termination date
Residing Facility Organization	Name of the residing facility organization

Providers should follow the steps below to generate the Medicaid Renewal Report:
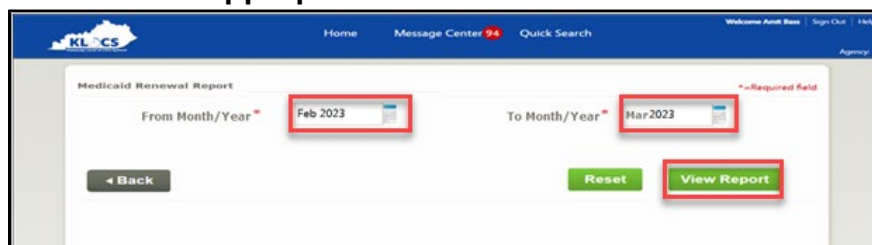
1. On the **Dashboard** screen, under the *Quick Links* section on the left navigation panel, click **View Reports** to navigate to the **Reports** screen.
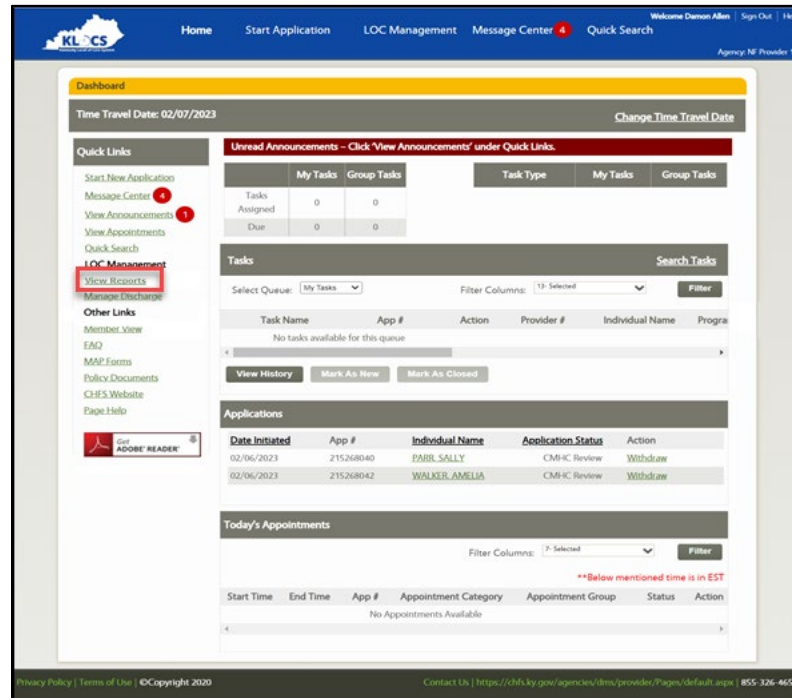
2. On the **Reports** screen, click **Medicaid Renewal Report** to navigate to the **Medicaid Renewal Report** screen.
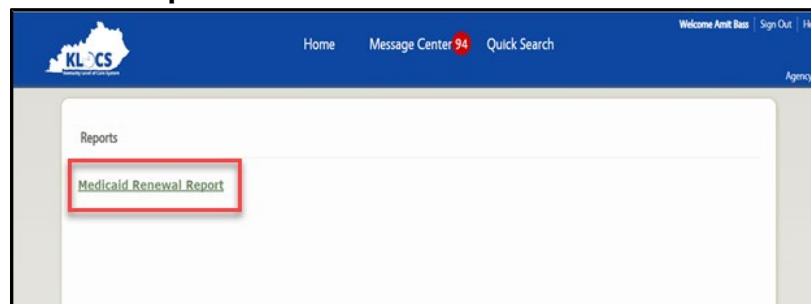
3. For *Start Date* enter the **appropriate start date**.
4. For *End Date* enter the **appropriate end date**.

5. Click **View Report** to generate the Medicaid Renewal Report.