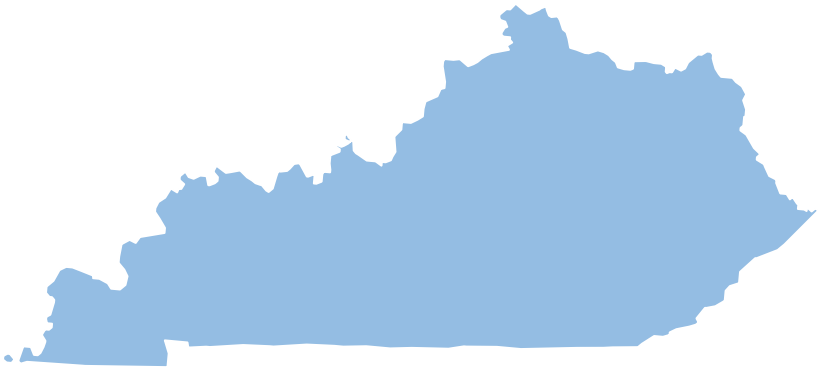
The Commonwealth of Kentucky

Kentucky Level of Care System



CMHC and DBHDID Training User Guide

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1. Introduction

1.1 Overview of KLOCS

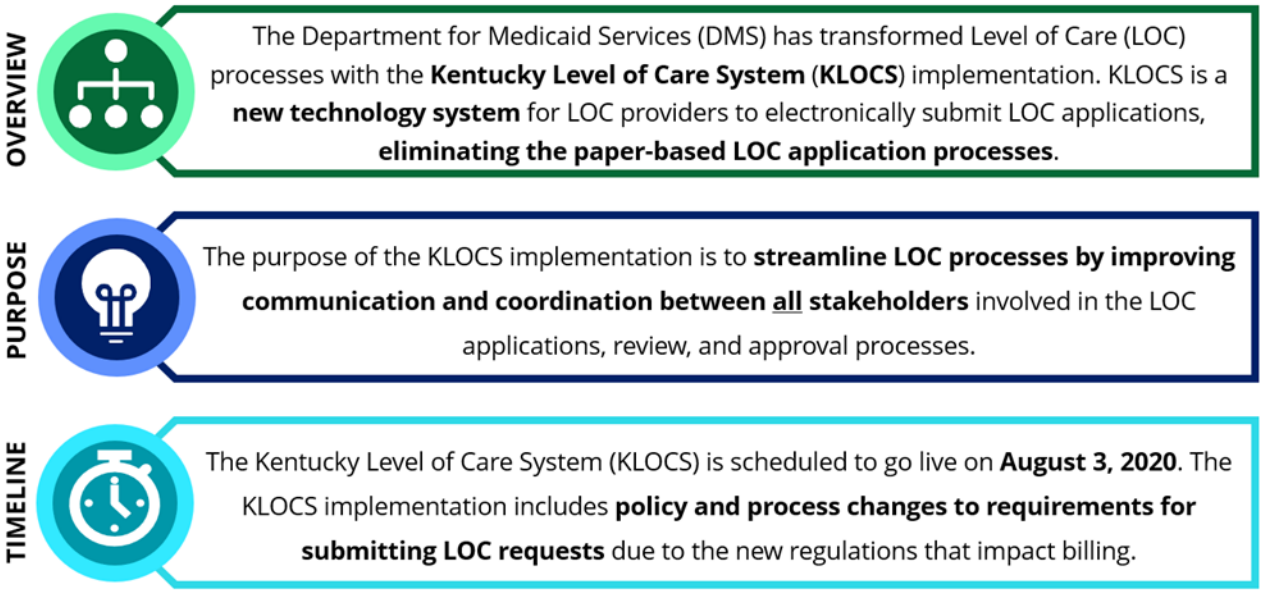
Welcome to the Kentucky Level of Care System (KLOCS) Training! The Department for Medicaid Services (DMS) has transformed Level of Care (LOC) processes across the entire spectrum of Long-Term Services and Supports (LTSS). The purpose of this transformation is to streamline LOC processes by improving communication and coordination between all stakeholders. This transformation includes implementing a new technology system for Nursing Facilities (NF), Hospice 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 and 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



1.3 Policy Updates and Regulations

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

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 nine 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 and 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 Individuals that do not qualify for PASRR Level II determination. 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, CMHC and DBHDID Users must meet the following criteria:

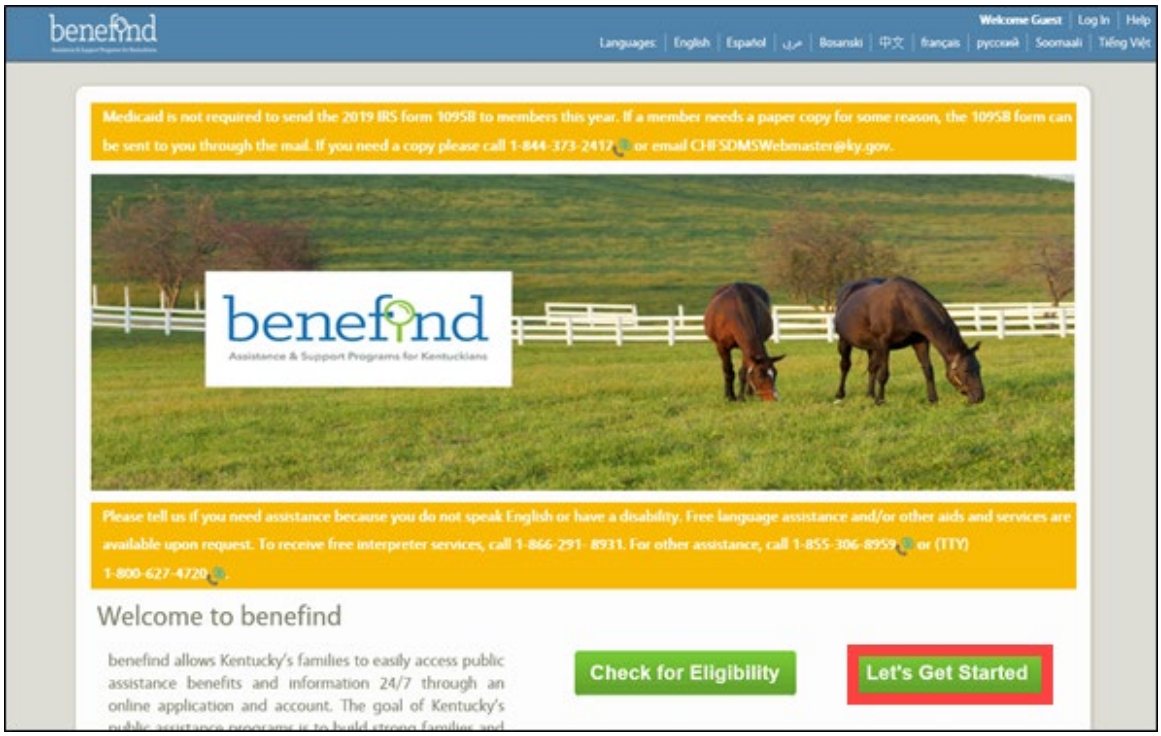
- Users must be part of an organization that handles Level of Care (LOC) applications and/or determinations
- Users are required to have a Kentucky Online Gateway (KOG) account
- Users are required to complete Multi-Factor Authentication (MFA)

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 must assign the KLOCS role to the User's existing KOG account.

1.7 Kentucky Online Gateway (KOG) Login Instructions

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

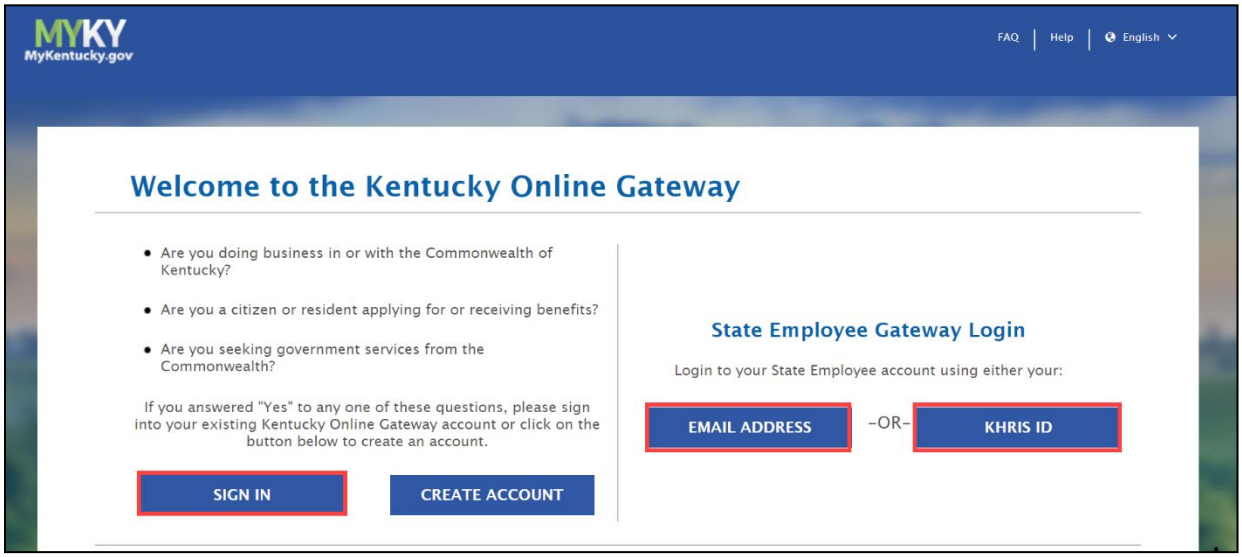
1. Navigate to https://benefind.ky.gov.
2. Click **Let's Get Started**.



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

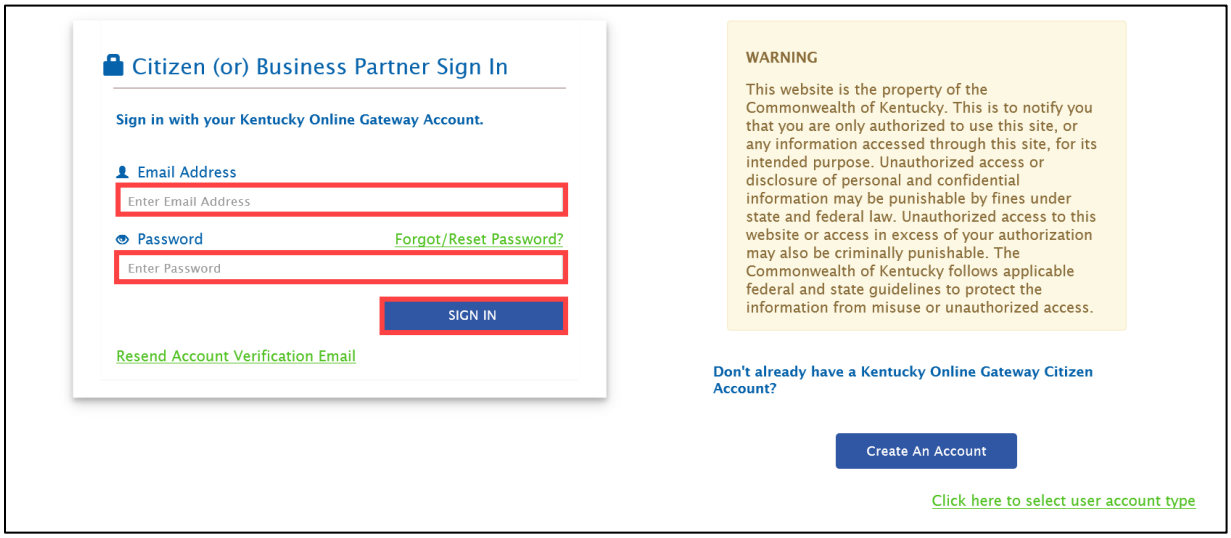
    a. If the User is not a state employee, click **Sign In**. Proceed to Step 4.

    b. If the User is a state employee, click **Email Address** or **KHRIS ID**. Proceed to Step 6.



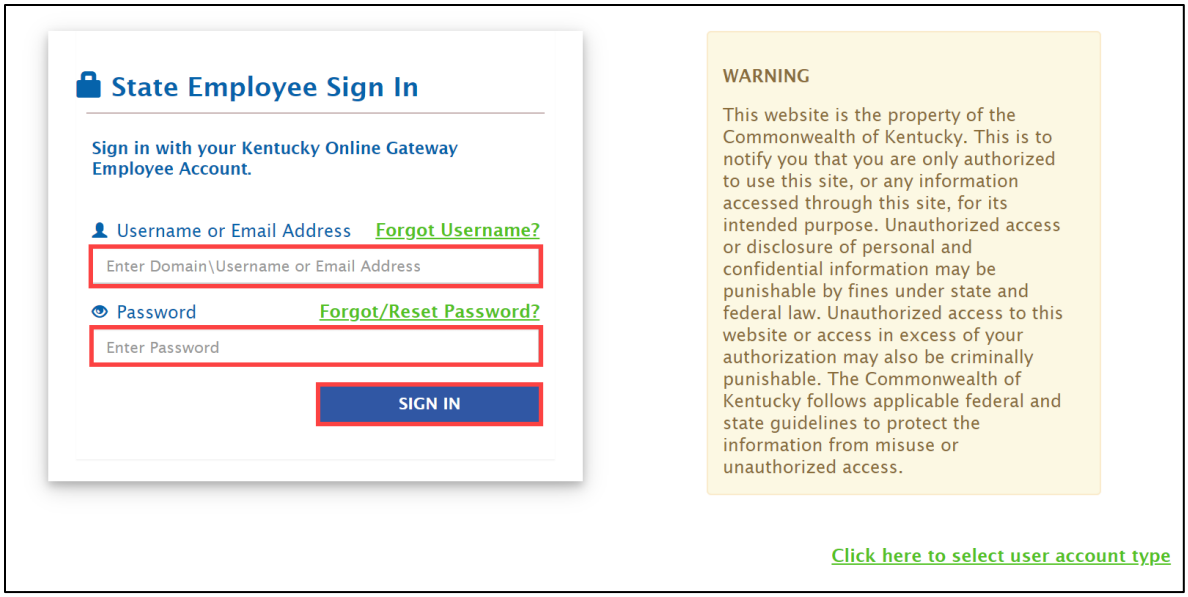
4. For non-state employees the **Citizen (or) Business Partner Sign In** screen displays, enter credentials (email address and password).

5. Click **Sign In**. Proceed to Step 8.

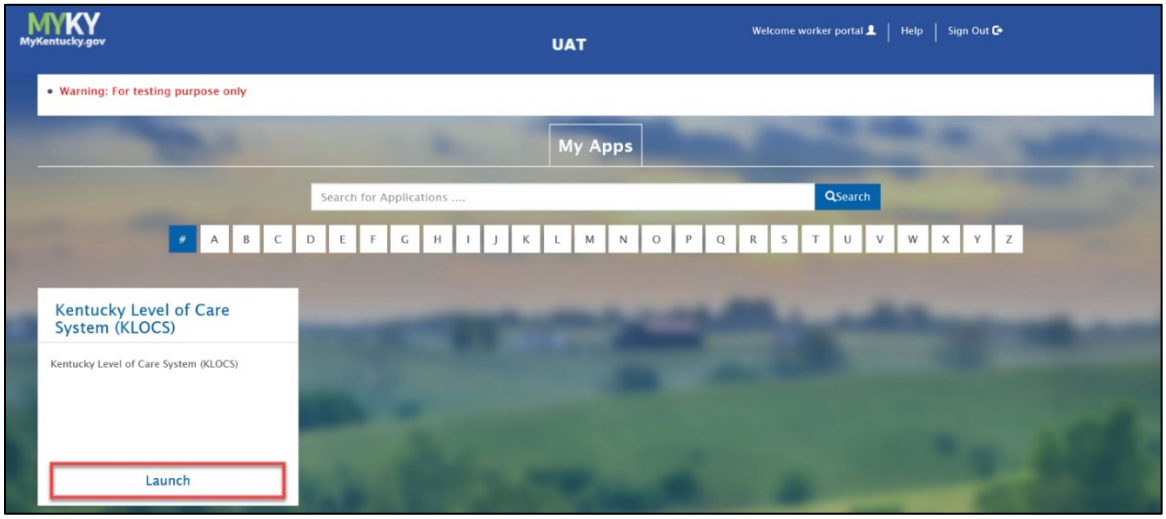


Refer To: The appropriate KLOCS KOG Guide if additional guidance is needed to set up a KOG account.

6. For state employees, the **State Employee Sign In** screen displays, enter credentials (email address and password).
7. Click **Sign In**.



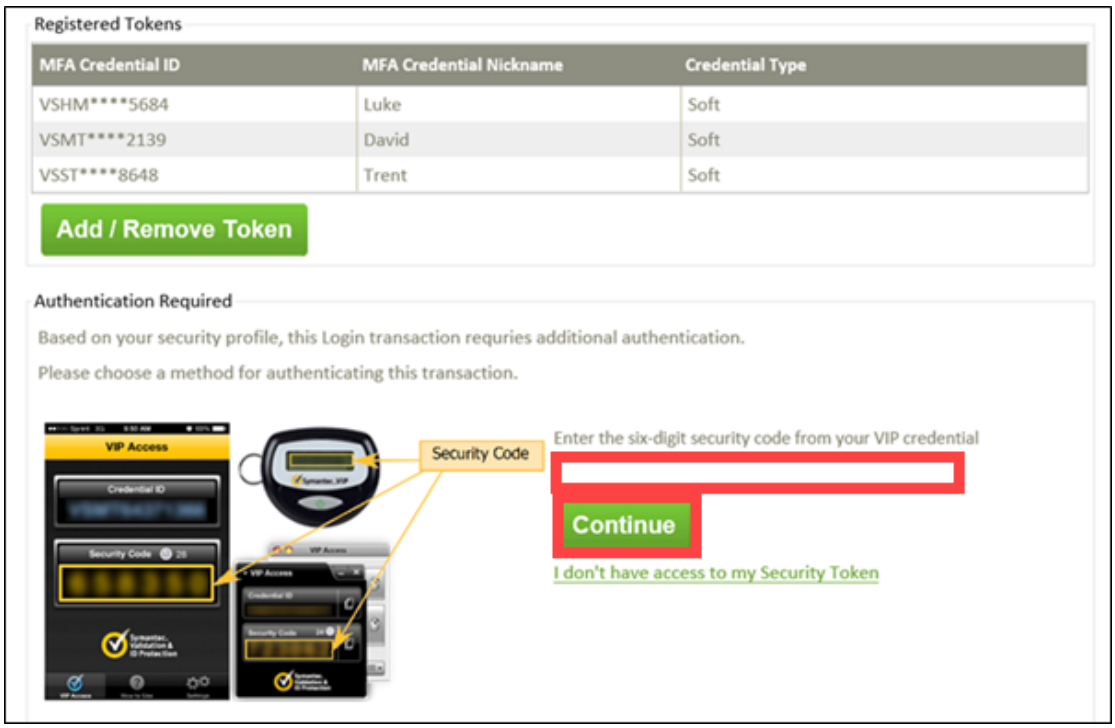
8. Click **Launch** on the *Kentucky Level of Care System (KLOCS)* tile.



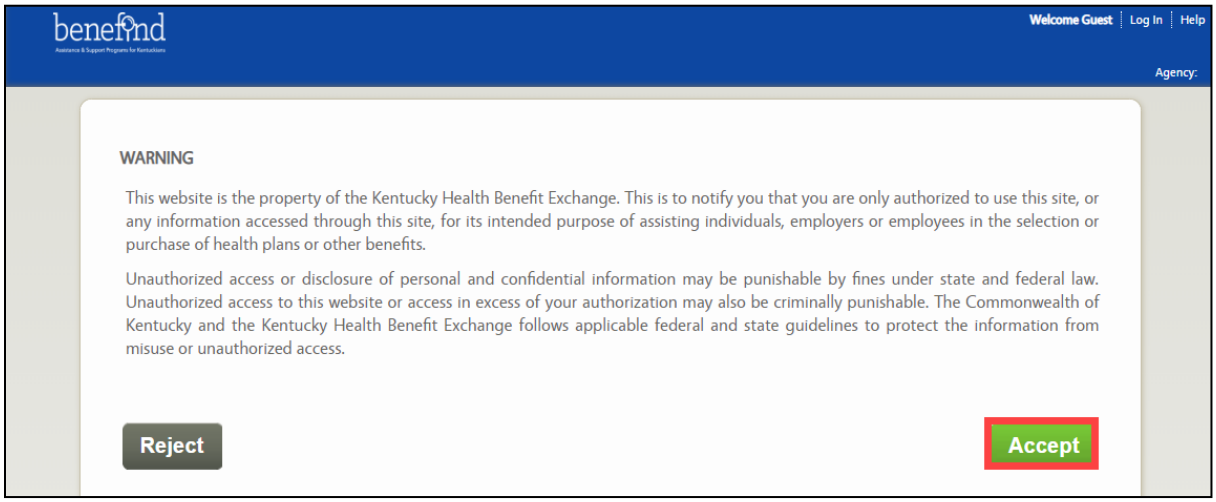
9. The system redirects the User to the **MFA** screen. Click on the **VIP Access Icon** previously installed on your computer. In the bottom right of the screen are the VIP Access Credential ID and Security Code.

Refer To: The **KLOCS Setting up Multi-Factor Authentication (MFA) Quick Reference Guide** if additional guidance is needed to set up MFA on the computer.

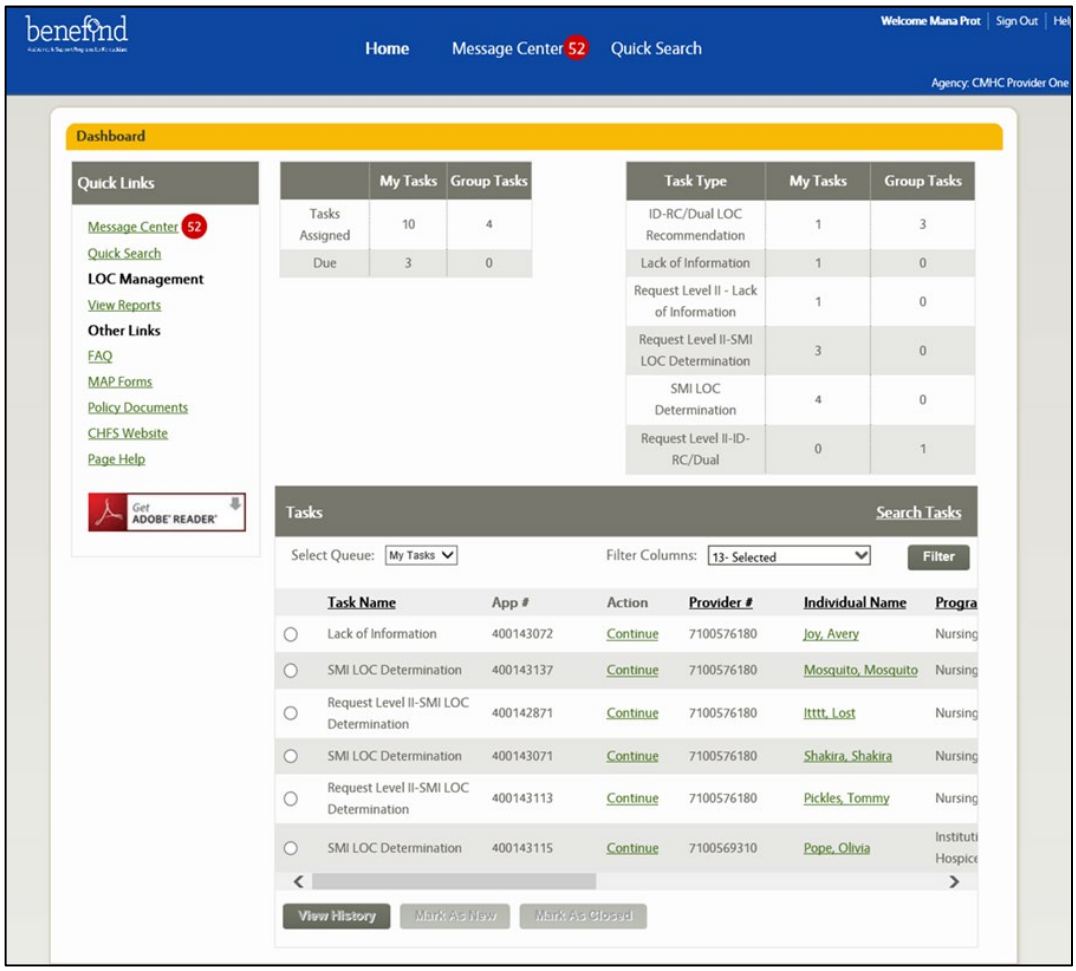
10. Navigate back to the MFA screen on the browser. Enter (or copy and paste) the **Security Code** from the VIP Access icon on your computer.
11. Click **Continue**.



12. The **Warning** page displays. Click **Accept** to proceed.



13. The system navigates to the KLOCS **Dashboard** screen.

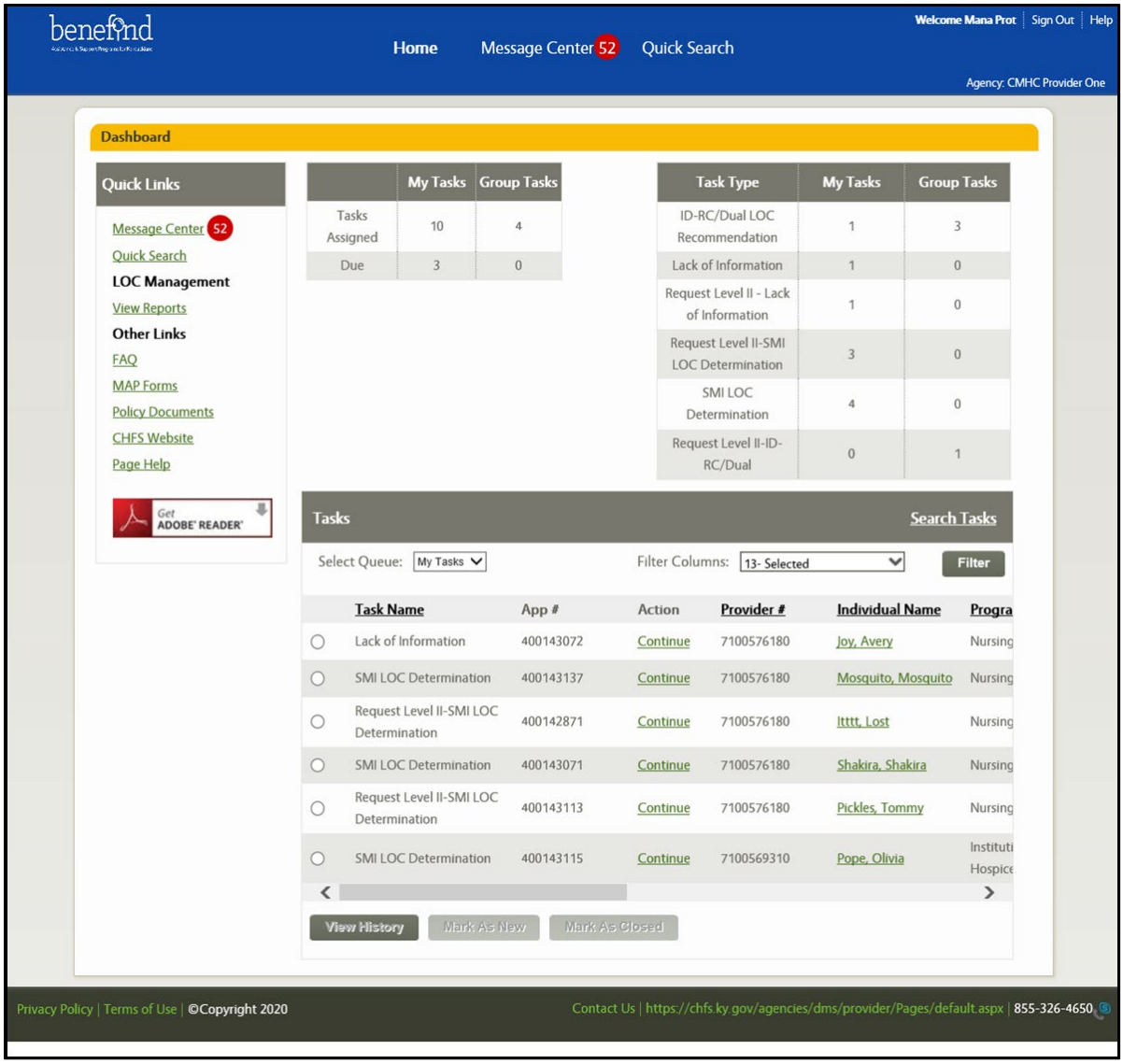


2. System Navigation

The screens described in this chapter (System Navigation) are viewable by CMHCs.

2.1 Dashboard – Task View

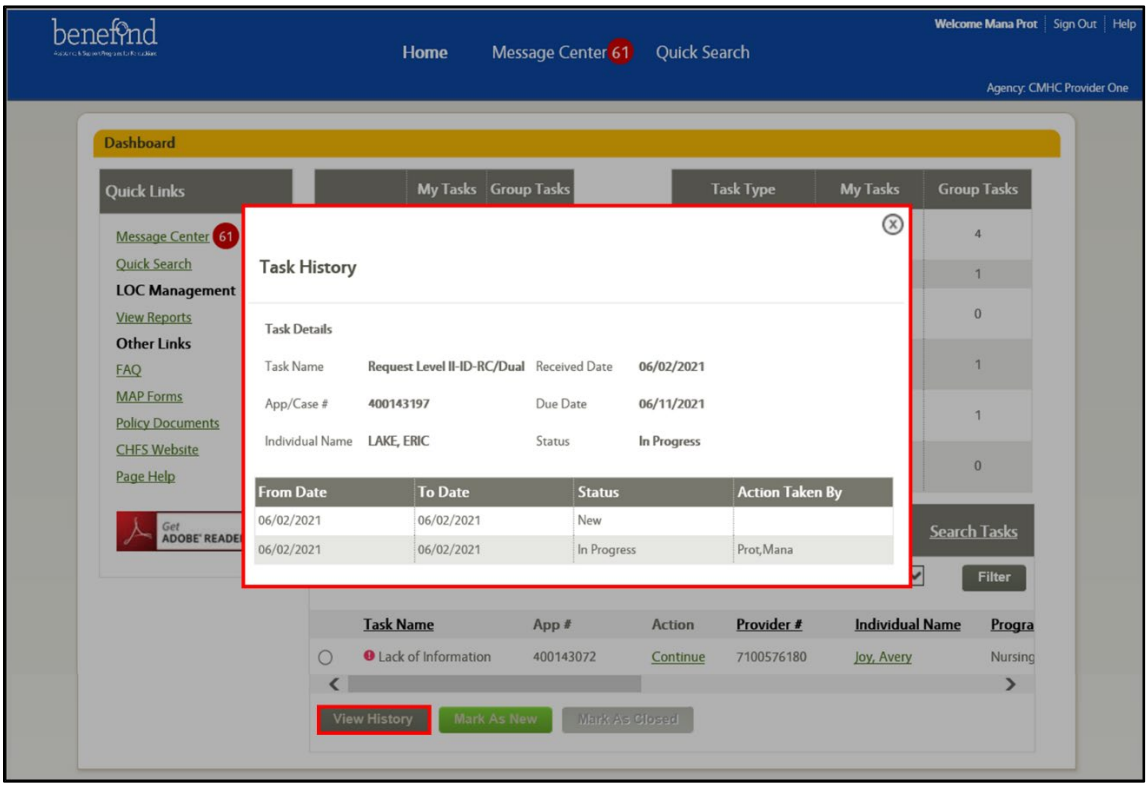
The **Dashboard** screen is the default homepage for all KLOCS Users and is the first screen CMHCs view upon logging in to KLOCS. This screen serves as the starting point for any work CMHCs perform in KLOCS. It is also where CMHCs view all tasks.



Dashboard Screen - Functionality Guide

Element	Control Type	Action
Message Center	Link	Navigate to CMHC's Message Center
Quick Search	Link	Navigate to the **Search Individual** screen
View Reports	Link	Navigate to the **Reports** screen
FAQ	Link	Navigate to the **Frequently Asked Question** screen
MAP Forms	Link	http://chfs.ky.gov/dms/forms.htm
Search Tasks	Link	Redirect to **Search Task** screen
Select Queue	Drop-down	Two options: 1. My Tasks/2. CMHC
Filter Columns	Check Boxes	Allows CMHCs 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 CMHC to continue with application intake

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



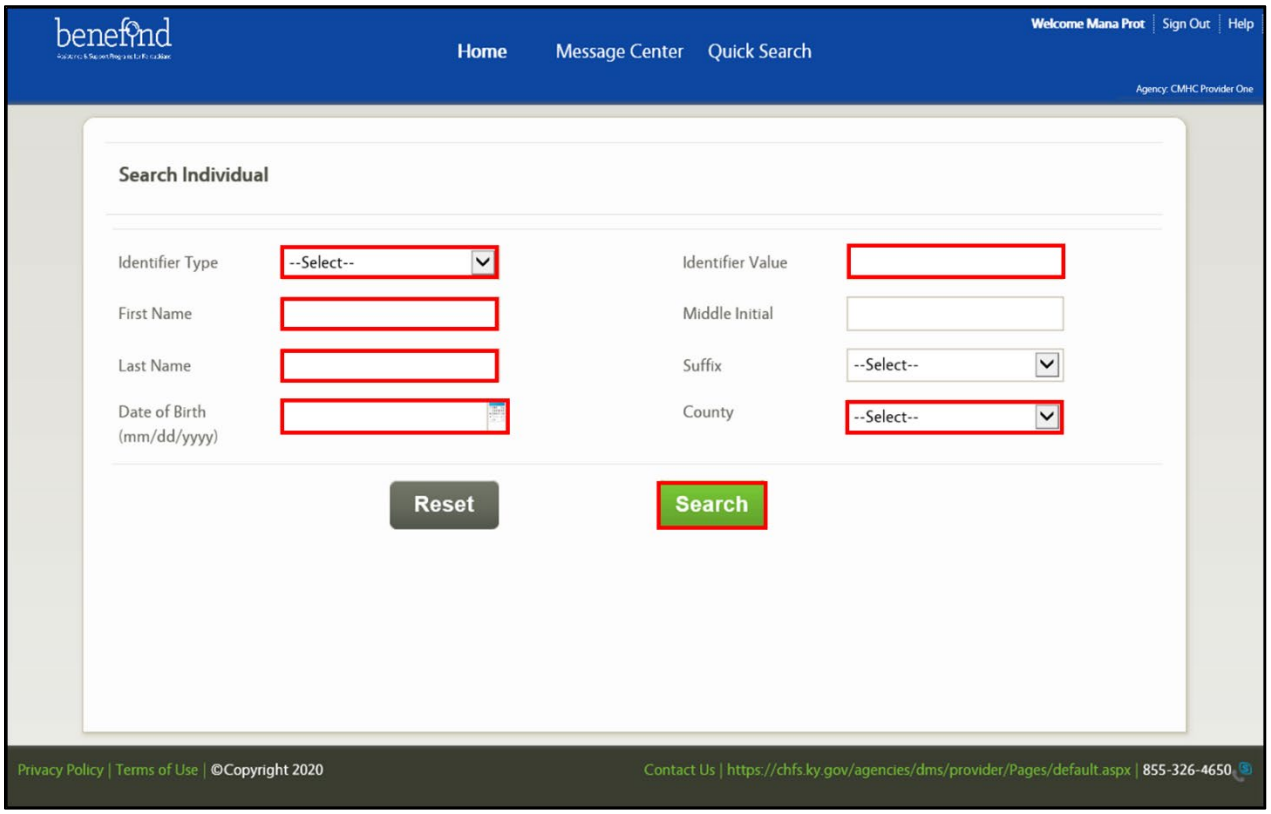
Task History Screen - Data/Functionality Guide

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

2.2 Quick Search

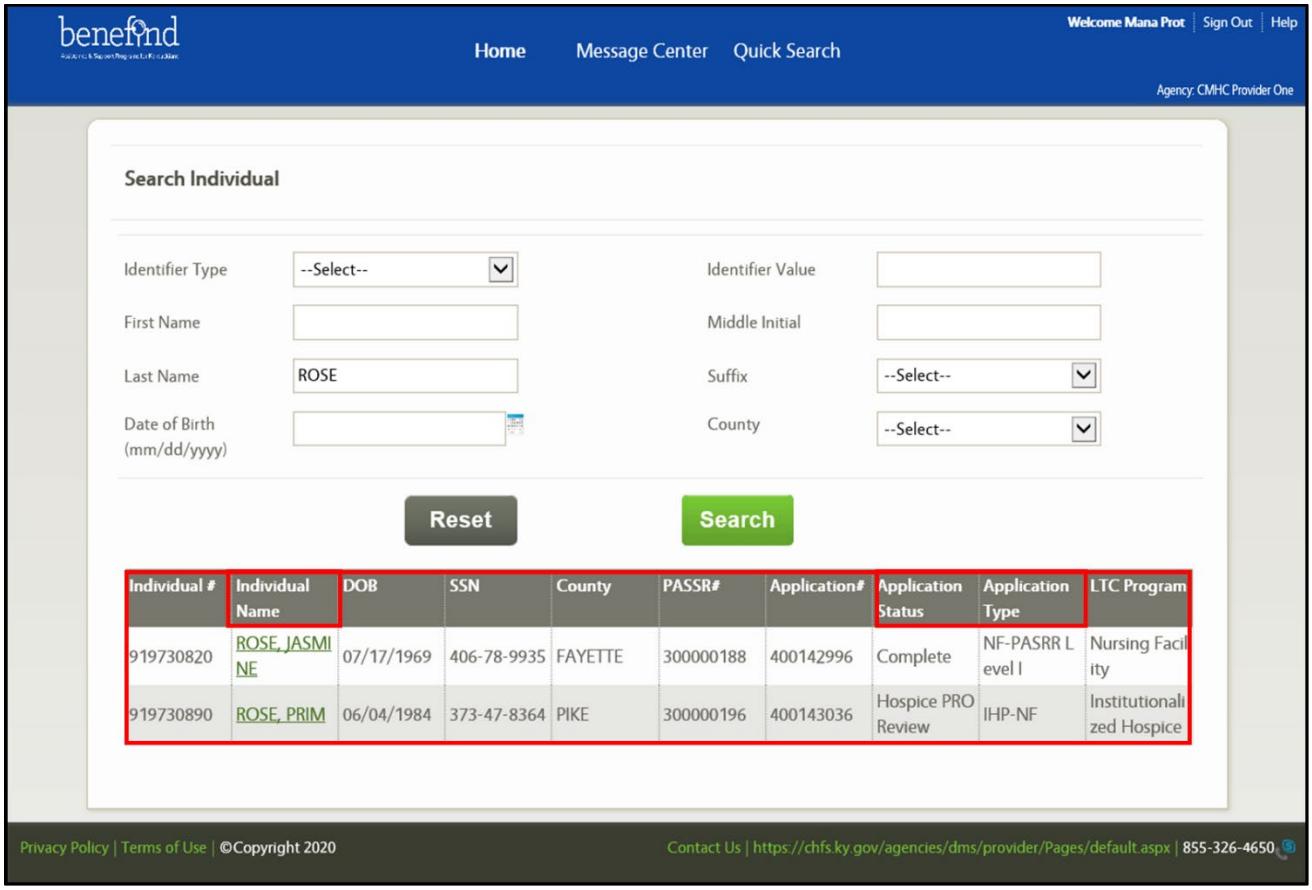
The **Search Individual** screen is also referred to as the **Quick Search** screen. It is accessible from the **Dashboard** screen when CMHCs clicks the **Quick Search** link under the *Quick Links* section. CMHCs may search for Individuals using multiple identifiers. The more identifiers used the narrower the search results. Search results display on a table at the bottom of the **Search Individual** screen.

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:

1. 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)
        - 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"**.
2. Click **Search**
3. A table with the search results displays at the bottom of the **Search Individual** screen.



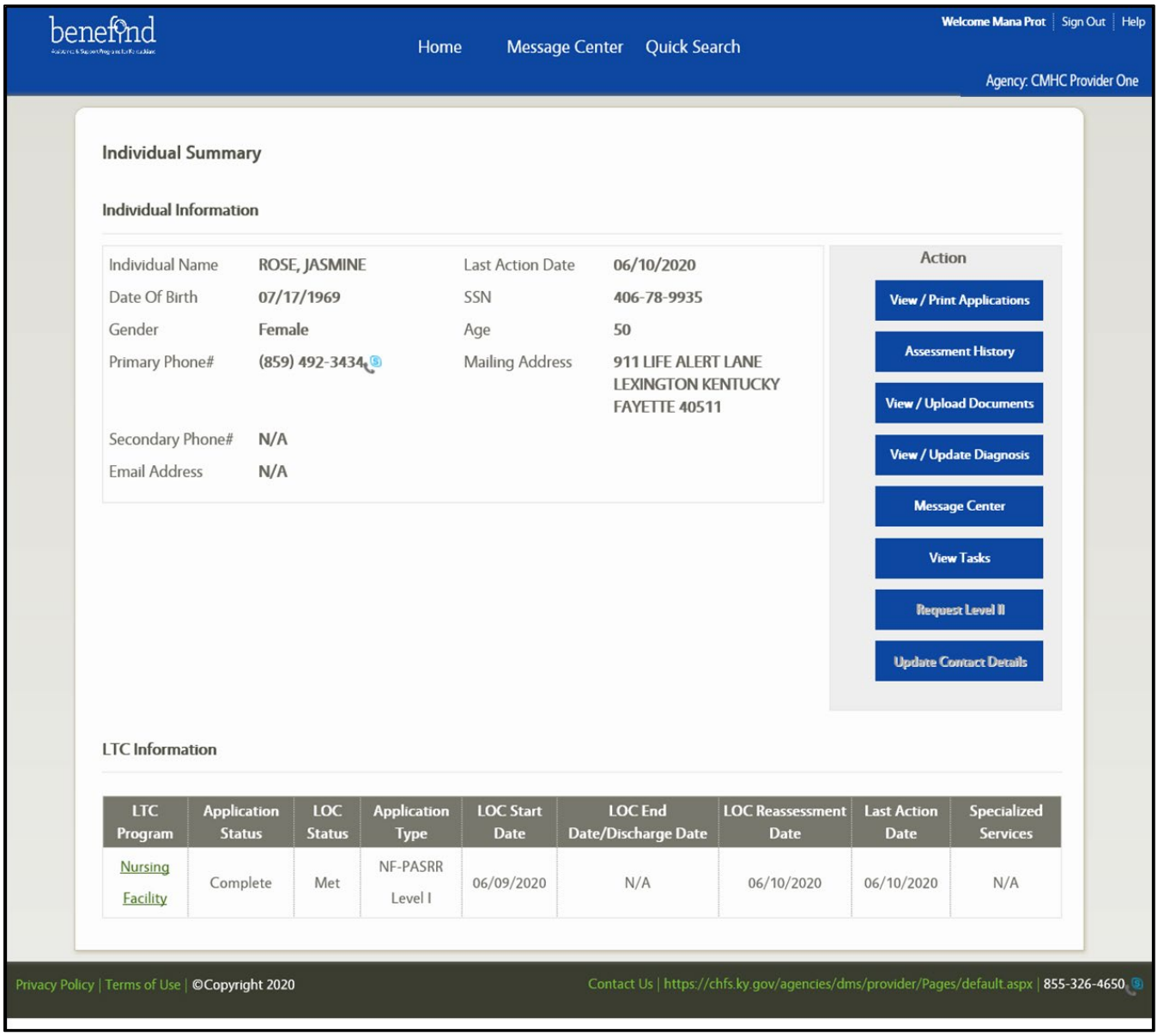
Elements under three of the columns in the search results table may be clickable links (*Individual Name, Application Status, LTC Program*).

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

Please Note: The Quick Search functionality allows CMHCs to search for Individuals who have either a PASRR Number or an Application Number. CMHCs may search for any Individual regardless of the Individual's LOC type or admitting facility.

2.3 Individual Summary

The **Individual Summary** screen is accessed by clicking on the Individual's name after using the Quick Search function to search for them.



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	Displays all diagnosis and medication information and provides the option to update this 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 a new screen to select the reason for a Level II **(only enabled for NF Users)**
Update Contact Details	Button	Navigate to **Update Contact Details** screen to enter any new contact information and save **(only enabled for NF Users)**

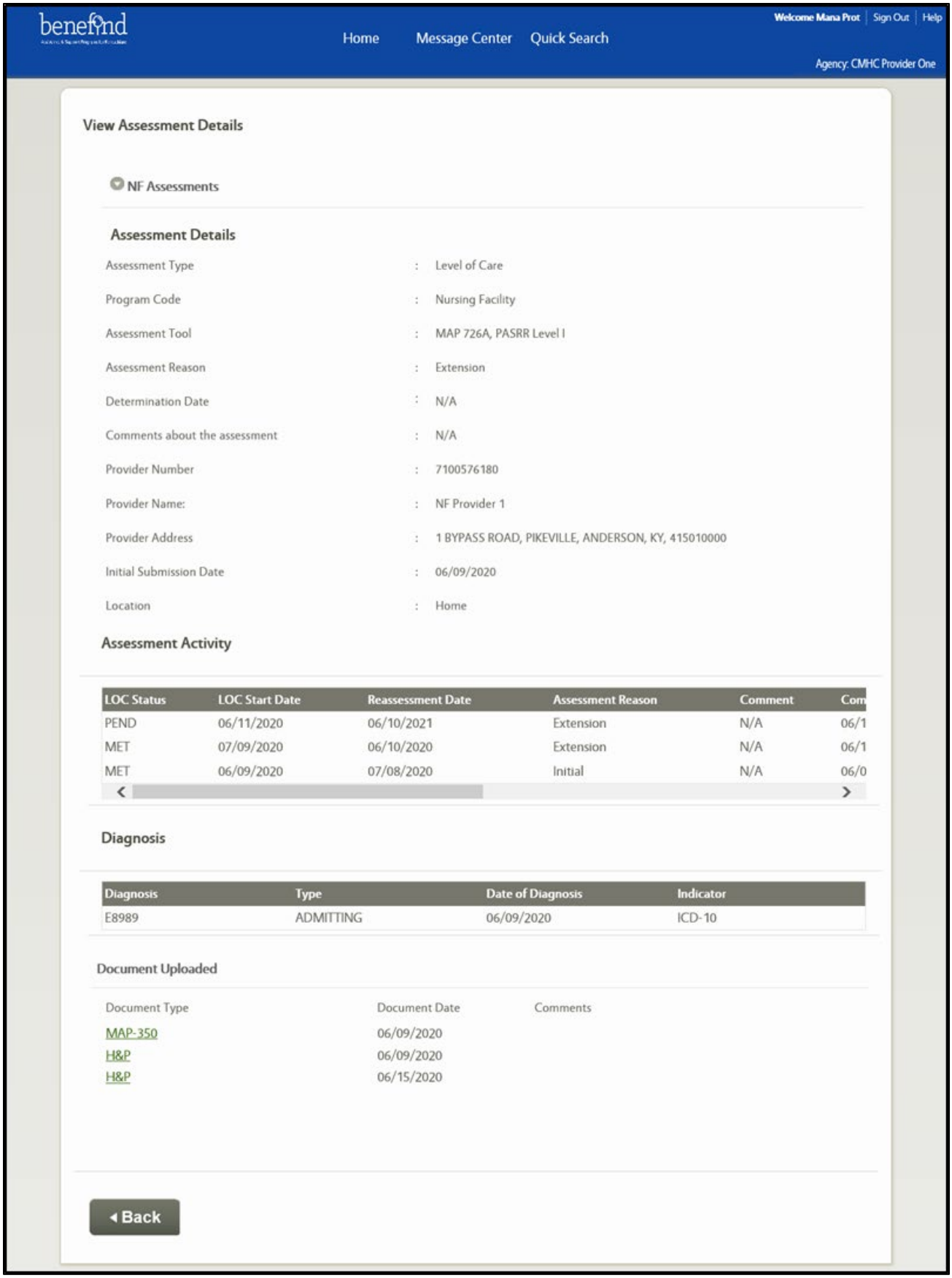
2.4 Assessment History

The **View Assessment Details** screen is where CMHCs may 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.

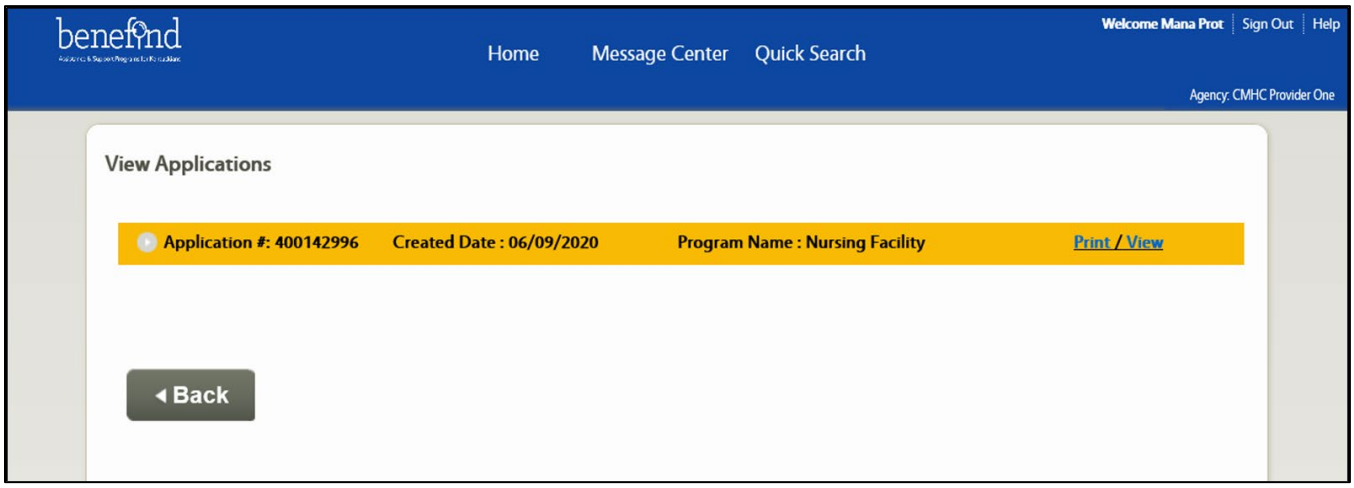

benefind
Home
Message Center
Quick Search
Welcome Mana Prot | Sign Out | Help
Agency: CMHC Provider One
View Assessment Details
NF Assessments
Assessment Details
Assessment Type : Level of Care
Program Code : Nursing Facility
Assessment Tool : MAP 726A, PASRR Level I
Assessment Reason : Extension
Determination Date : N/A
Comments about the assessment : N/A
Provider Number : 7100576180
Provider Name: : NF Provider 1
Provider Address : 1 BYPASS ROAD, PIKEVILLE, ANDERSON, KY, 415010000
Initial Submission Date : 06/09/2020
Location : Home
Assessment Activity
LOC Status | LOC Start Date | Reassessment Date | Assessment Reason | Comment | Com
PEND | 06/11/2020 | 06/10/2021 | Extension | N/A | 06/1
MET | 07/09/2020 | 06/10/2020 | Extension | N/A | 06/1
MET | 06/09/2020 | 07/08/2020 | Initial | N/A | 06/0
Diagnosis
Diagnosis | Type | Date of Diagnosis | Indicator
E8989 | ADMITTING | 06/09/2020 | ICD-10
Document Uploaded
Document Type | Document Date | Comments
MAP-350 | 06/09/2020
H&P | 06/09/2020
H&P | 06/15/2020
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

2.5 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 LOC applications associated with the Individual.



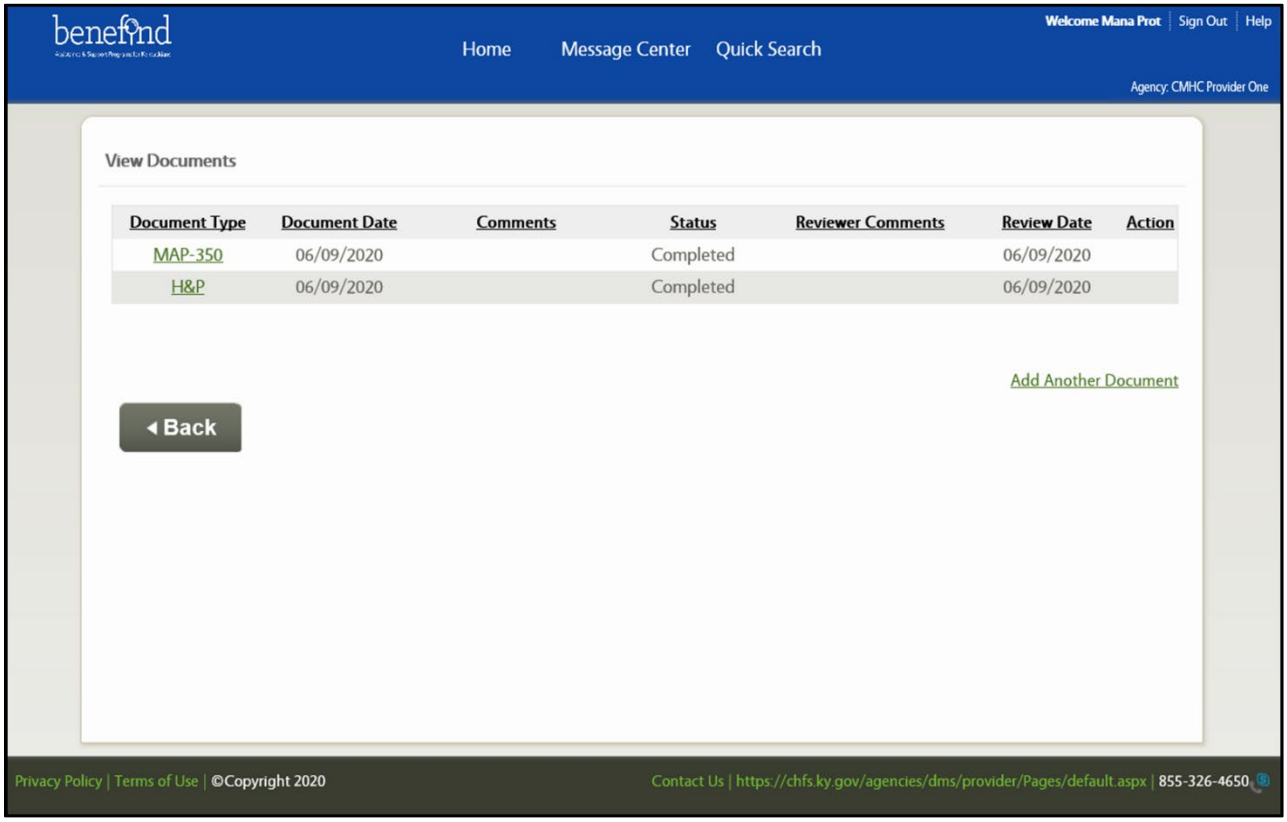
View Applications Screen - Functionality Guide

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.

2.6 View/Upload Documents

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



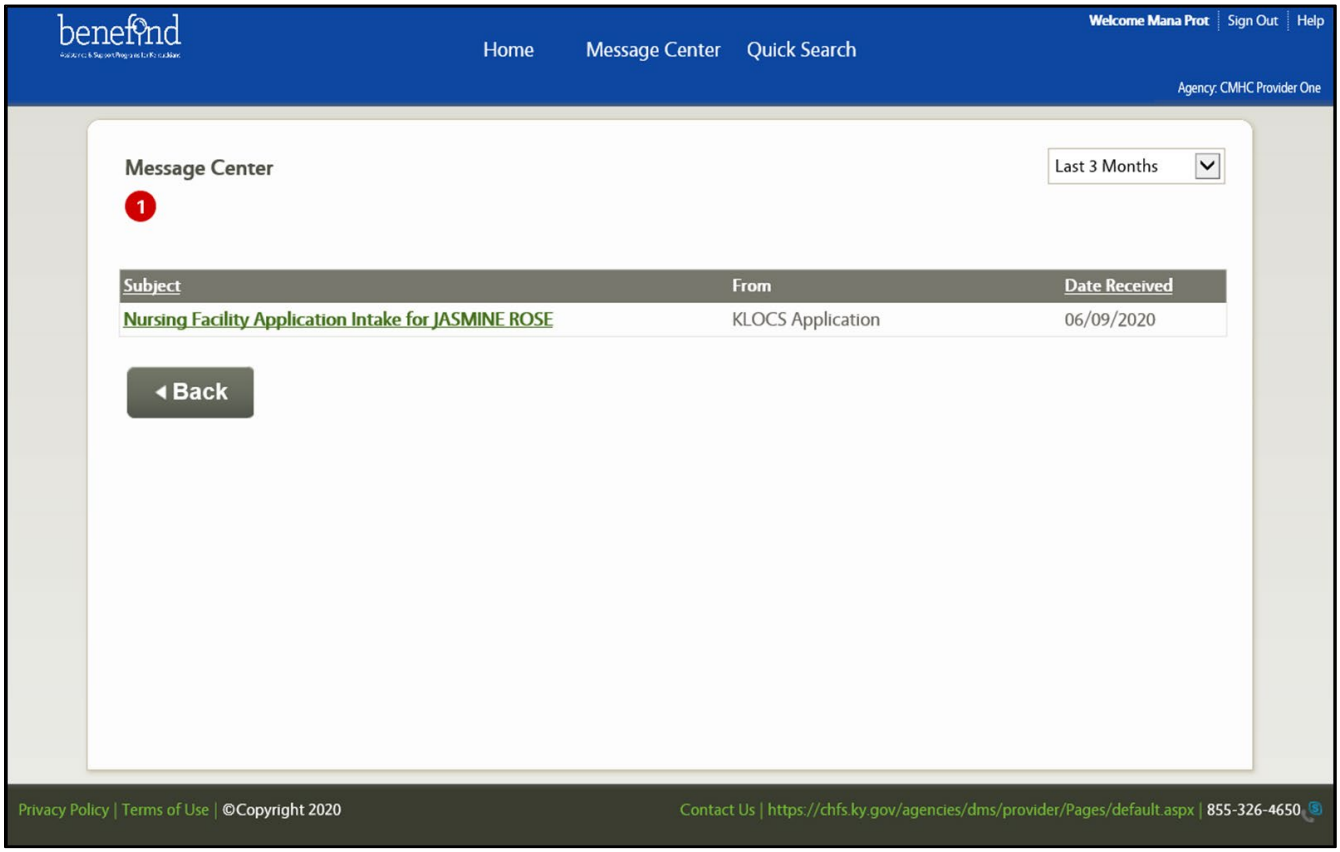
View Documents Screen - Functionality Guide

Element	Control Type	Action
Document Type	Link	Displays the uploaded document for review
Browse	Link	Allows CMHCs to browse and select document file from the computer (supported file types: PDF, TIFF and TIF)
Comment	Text Box	Allows CMHCs 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 CMHCs to attach additional documents
Attach	Button	Finalizes document upload and navigate 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

2.7 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 all notifications related to CMHCs versus notifications specific to one Individual specifically.



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 ad navigate to **Message Center** screen

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

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

3. Community Mental Health Centers (CMHC)

3.1 CMHC Role and Tasks

Community Mental Health Centers (CMHC) serve as the first line of review for all PASRR referrals (PASRR Level II) LOC applications. CMHC agencies are responsible for LOC determinations for PASRR Level II – Serious Mental Illness (SMI) LOC applications and recommendations for PASRR Level II – ID-RC/Dual LOC applications. Once a PASRR Level II – SMI is triggered in KLOCS from the PASRR Level I Mental Illness and Diagnosis section during application intake, CMHCs oversee task management and LOC determinations for these applications. Once a PASRR Level II – ID-RC / Dual LOC is triggered in KLOCS from the PASRR Level I Intellectual Disability and Related Conditions sections during application intake, CMHCs oversee recommendations for these Individuals for LOC and to receive specialized care.

CMHCs generated tasks in KLOCS are based on the county where the admitting Nursing Facility (NF) is located. During the review process of the PASRR Level II – SMI and PASRR Level II – ID-RC/Dual LOC applications, there are five different tasks that may generate for CMHCs.

- Lack of Information (LOI) Task
- SMI LOC Determination Task
- ID-RC/Dual LOC Recommendation Task
- Request Level II – SMI LOC Determination Task
- Request Level II – ID-RC/Dual Task

Please Note: In a Partial Match scenario, before tasks generate for CMHC Level II evaluations, KLOCS generates the Partial Match Task for the Department for Medicaid Services (DMS) to resolve first.

3.1.1 Lack of Information (LOI) Task

The Lack of Information (LOI) Task generates for CMHCs when the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) determines the wrong information or not enough information was provided to determine one or more of the following: that the Individual met PASRR Level II criteria, LOC, or Specialized Service needs. The LOI Task notifies CMHCs to review the LOC application details for a second time and to edit/add additional information as applicable. During

this time the LOC application holds an application status of Pended – LOI. Once the LOI Task generates, CMHCs have three business days to complete the task.

Please Note: KLOCS provides a three-day timeframe to complete the LOI Task, however, PASRR processes must be completed within required timeframes regardless of system-generated deadlines.

3.1.2 SMI LOC Determination Task

The PASRR Level II – SMI evaluation is required in result of NFs entering details for an Individual on the PASRR Level I Mental Illness and Diagnosis section of the PASRR Level I (MAP-409) screens during the initial application intake. Once the NF submits the LOC application, KLOCS generates the SMI LOC Determination Task for CMHCs. During this time the LOC application holds an application status of CMHC Review. CMHCs have nine business days to complete the task and determine whether the Individual meets PASRR Level II criteria and LOC. To determine this, CMHCs use information from the PASRR Level I, PASRR Level II evaluation and obtained documentation, and Medical information contained in document uploads from the NF.

3.1.3 ID-RC/Dual LOC Recommendation Task

The ID-RC/Dual LOC Recommendation Task is generated for CMHCs when NFs enter details for an Individual on the Intellectual Disability (ID) and Related Condition (RC) sections of the PASRR Level I (MAP-409) screens during the initial application intake. This task notifies CMHCs that a LOC application must be reviewed, and a recommendation should be sent to the DBHDID Committee. During this time the LOC application holds an application status of CMHC Review. CMHCs have seven business days to review the LOC application and send a recommendation for LOC and Specialized Services to DBHDID.

3.1.4 Request Level II – SMI LOC Determination Task

The Request Level II – SMI LOC Determination Task generates for CMHCs after NFs request PASRR Level II for an Individual due to a significant change related to a new mental health diagnosis or a significant change in a current SMI PASRR Individual's mental or physical health. CMHCs must complete the Request Level II – SMI LOC Determination Task within nine business days.

3.1.5 Request Level II – ID-RC/Dual Task

The Request Level II – ID-RC/Dual LOC Determination Task generates for CMHCs after NFs request PASRR Level II for an Individual due to a significant change related to a new Intellectual Disability or Related Condition Diagnosis or significant change in a current ID/RC PASRR Individual's mental or physical health. The Request Level II – ID-RC/Dual Task notifies CMHCs to conduct the PASRR Level II evaluation and to send a recommendation to DBHDID for the final LOC and Specialized Services determination. CMHCs must complete the Request Level II – ID-RC/Dual task within seven business days.

3.2 PASRR Level II Review Process

Once a PASRR Referral (PASRR Level II) evaluation is identified in KLOCS or once a PASRR Level II Institutionalized Hospice (IHP) LOC application has been submitted by Institutionalized Hospice Service Providers, CMHCs are responsible for completing specific review tasks. During the completion of these tasks, CMHCs should determine three different factors during their review:

1. Determine if an Individual meets PASRR Level II criteria;
2. Determine Level of Care (LOC);
3. Determine if Specialized Services are required.

The following subsections provide an overview of the handoffs between KLOCS stakeholders as well as the two different PASRR Level II scenarios.

3.2.1 Referral: Handoff between CMHC, NF, PRO, and DBHDID

When a PASRR Level II – SMI LOC application or PASRR Level II – ID-RC/Dual LOC application is submitted by Nursing Facilities (NF), the application may need to be reviewed by CMHC, the Peer Review Organization (PRO), or the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). Understanding the handoff between CMHC, NF, PRO, and DBHDID is important for completing an Individual's PASRR Level II LOC application review.

3.2.1.1 Handoff between CMHC and NF

PASRR Level II – SMI LOC applications generate a task for CMHCs to determine LOC once submitted by NFs in KLOCS. During CMHCs review process, the outcome could be that not enough information is provided to determine LOC or the provided information is incorrect. This determination

by CMHCs initiates the handoff between CMHC and NFs by generating the Lack of Information (LOI) Task for NFs. The LOI Task informs NFs more information is needed for the CMHC to determine LOC. NFs should review the PASRR Level II – SMI LOC application details and edit or add additional information as applicable and resubmit the application.

Please Note: The handoff between CMHCs and NFs may also happen after DBHDID reviews an ID-RC/Dual Recommendation Task after a recommendation is sent from CMHC. DBHDID may also conclude there is not enough information to determine LOC for an ID-RC/Dual diagnosis.

Nursing Facility Providers are not responsible for providing all LOC information needed for CMHCs to determination LOC. Providers are responsible for submitting a current H&P with a review of symptoms signed by a Physician and the MAP 350. All other documentation and evaluations are the responsibility of the CMHC.

Once the LOI Task generates for a NF, a NF has 14 business days to complete the task. If the LOI Task is not completed within 14 business days by NFs, the application will close, and a new application will have to be initiated by a NF for the Individual.

3.2.1.2 Handoff between CMHC and PRO

For PASRR Level II – LOC applications, CMHCs may determine the LOC application does not meet PASRR criteria. This will initiate the handoff between CMHC and the PRO by creating a Response to Referral Task for the PRO. The Response to Referral Task informs the PRO that the Individual did not meet PASRR criteria and to determine LOC for the application.

Please Note: When the Response to Referral Task generates for the PRO, the PRO has three business days to complete the task and make a LOC determination for the application.

3.2.1.3 Handoff between CMHC and Hospice PRO

CMHCs serve as the first line of review for PASRR Level II IHP LOC applications. The handoff between CMHCs and the Hospice PRO for PASRR Level II IHP LOC application review tasks is initiated one of two ways. One way the task is initiated is after CMHCs determine an Individual meets PASRR criteria, determines LOC as Met and Specialized Services, the handoff is initiated once KLOCS send a recommendation from CMHC to the Hospice PRO for final LOC determination. The second way handoff between CMHC and the Hospice PRO may occur is CMHCs may determine the Individual does not meet PASRR criteria, LOC or Specialized Services. This will trigger the Response to Referral Task for the Hospice PRO once CMHCs indicate their determination in KLOCS. The Response to Referral Task informs the Hospice PRO that the Individual did not meet PASRR criteria and to determine LOC for the application as a non-PASRR referral (PASRR Level I).

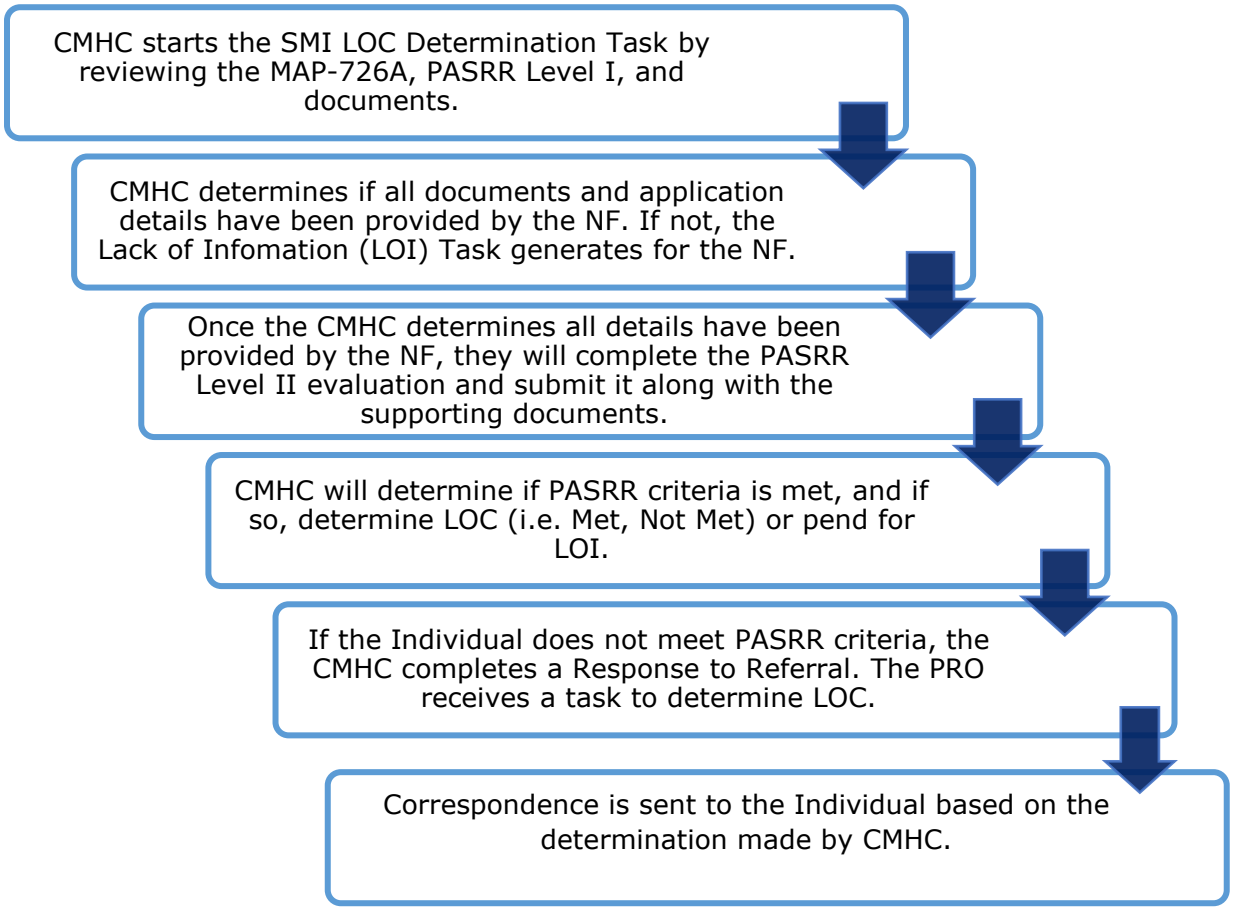
3.2.1.4 Handoff between CMHC and DBHDID

When a PASRR Level II – ID-RC/Dual LOC application is submitted in KLOCS, it first generates a task for CMHCs to evaluate and send a recommendation (including if there is a need for Specialized Services) to the DBHDID Committee. During the DBHDID Committee's review process, the decision could be made that not enough information is provided or the provided information is incorrect for the DBHDID committee to determine one or more of the following: that the Individual met PASRR Level II criteria, LOC, or Specialized Service needs. This will initiate the handoff between CMHC and DBHDID, generating the LOI Task for CMHC. The LOI Task notifies CMHC to review the PASRR Level II – ID-RC/Dual LOC application details and edit or add additional information as applicable for submission or to complete a Response to Referral.

Please Note: CMHCs have three business days to complete LOI Tasks, however, PASRR processes must be completed within the required timeframes regardless of system-generated deadlines.

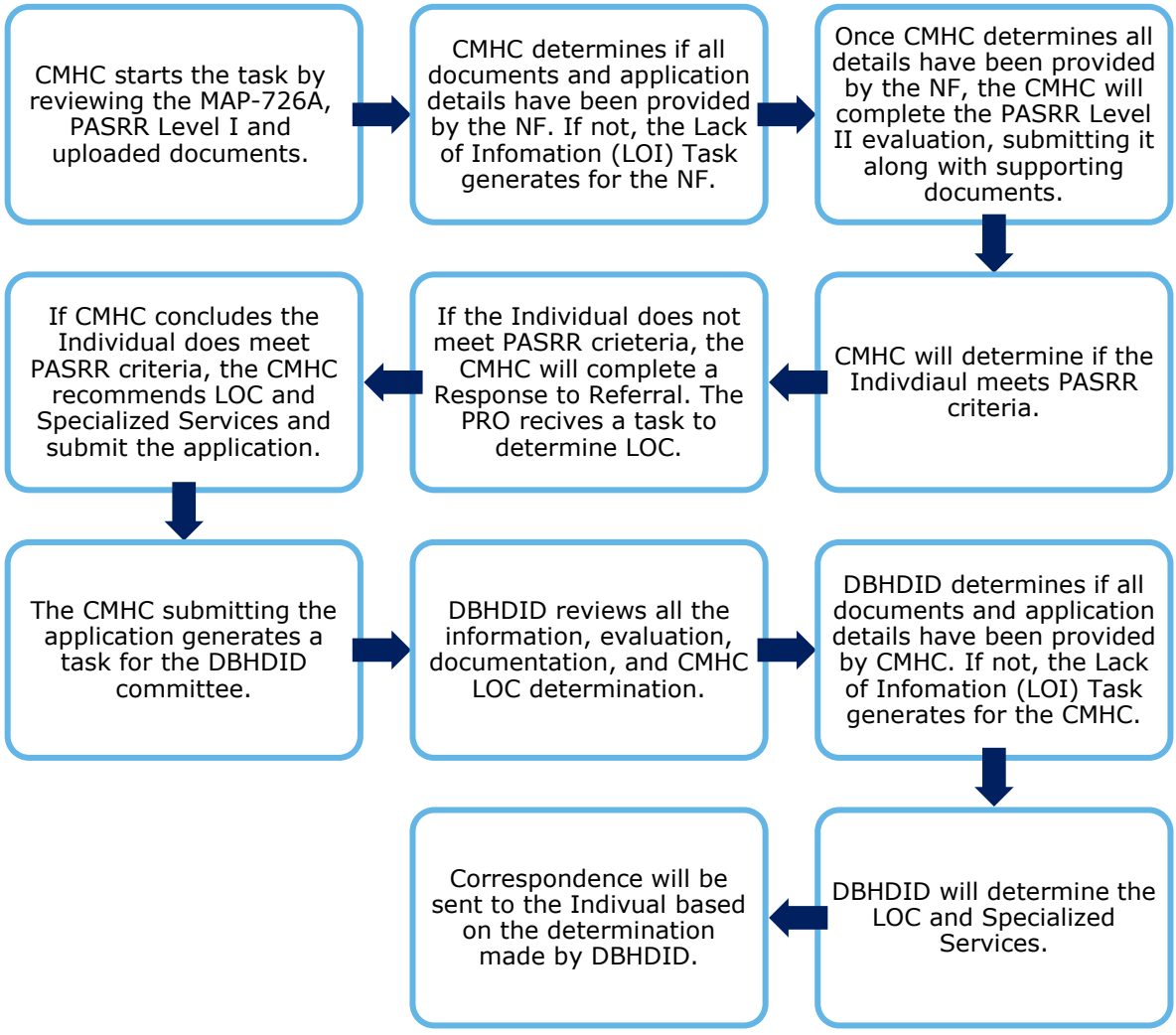
3.2.2 Mental Health/SMI Diagnosis Scenario

Once a PASRR Level I triggers PASRR Level II – SMI, KLOCS generates the SMI LOC Determination Task for CMHCs. To complete the SMI LOC Determination Task, CMHCs review the LOC application in its entirety and all uploaded documents from the NF. Based on information provided, CMHCs determine LOC for PASRR Level II – SMI LOC applications.



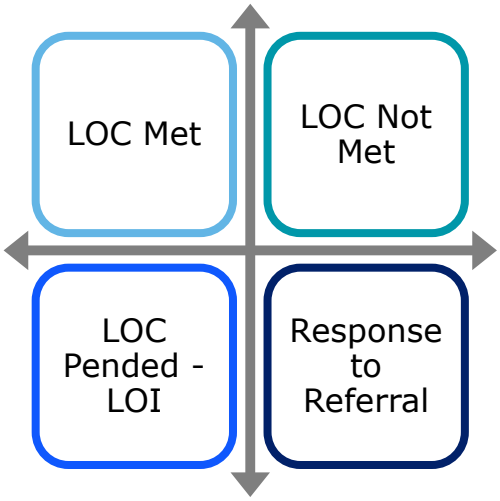
3.2.3 ID-RC/Dual Diagnosis Scenario

Once a PASRR Level I evaluation triggers PASRR Level II – ID-RC/Dual, KLOCS generates the ID-RC/Dual LOC Recommendation Task for CMHCs. To complete the ID-RC/Dual LOC Recommendation Task, CMHCs review the LOC application in its entirety and all uploaded documents. Based on the CMHCs LOC determination, a recommendation is sent to the DBHDID Committee. The DBHDID Committee will determine LOC for PASRR Level II – ID-RC/Dual LOC applications.



3.3 Outcomes

During the Initial LOC Determination (the SMI LOC Determination Task) and Request Level II LOC Determination (the Request Level II – SMI LOC Determination Task) by CMHC, there are four possible outcomes.



3.3.1 Initial LOC Determination by CMHC Outcomes

- **LOC Met**: The LOC application status is complete indicating that the review process has been completed and KLOCS system-generates the LOC Start Date. For all PASRR Level II LOC applications, the LOC Start Date will be the date either CMHC (PASRR Level II – SMI) or DBHDID (PASRR Level II – ID-RC/Dual) makes the LOC determination. The LOC Met Notice will be sent to the Individual/Guardian and to the admitting NF informing that LOC was determined Met.
- **LOC Not Met**: The LOC application status is complete indicating that the review process has been completed. However, KLOCS will not system-generate a LOC Start or End Date. The LOC Not Met Notice will be sent to the Individual/Guardian and to the admitting NF informing that LOC was determined Not Met.
- **LOC Pended – LOI**: The LOC application status is Pended – LOI indicating that the review process has been completed by the CMHC, but the NF must provide more information. KLOCS will generate the LOI Task for the NF and the NF must correct the LOC application and resubmit for review. The Pending LOI-Request for Additional Information Notice will be sent to the Individual/Guardian informing that more information is needed to determine LOC. The admitting NF will also receive an electronic notification in the KLOCS Message Center.

Please Note: Once the LOI Task generates for the NF, the NF has 14 business days to complete the task. If the LOI Task is not completed within 14 business days by the NF, the request will close, and a new request will have to be initiated by the NF for the Individual.

- **Response to Referral:** If the Individual does not meet PASRR criteria, CMHCs will send the LOC application to the Peer Review Organization (PRO). Once the Response to Referral is sent to the PRO, the SMI LOC Determination Task will close for the CMHC. The PRO will be responsible for completing the Initial LOC Review.

3.3.2 Request Level II LOC Determination by CMHC Outcomes

- **LOC Met:** If an Individual prior to this request did not meet PASRR criteria, but now does meet criteria due to a significant change then the Individual will no longer have Reassessment Due Date. PASRR Level II Individuals are not subject to reassessments.
    - If the Individual did meet PASRR criteria before the request, no change occurs to the LOC application.
- **LOC Not Met:** The LOC Not Met Notice will be sent to the Individual/Guardian and to the admitting NF informing that LOC was Not Met. The LOC Notice will also explain appeal rights for the Individual. If no appeal is filed and the determination is not state mandated, an auto discharge batch will pick the application up after 25 days from the LOC Not Met date and discharge the LOC with the discharge date as the LOC Not Met date.
- **LOC Pended – LOI:** The LOC application status is Pended – LOI indicating that the review process has been completed by the CMHC, but the NF must provide more information. KLOCS will generate the LOI Task for the NF and the NF must correct the LOC application and resubmit for review. The Pending LOI-Request for Additional Information Notice will be sent to the Individual/Guardian informing that more information is needed to determine LOC. The admitting NF will also receive an electronic notification in the KLOCS Message Center.

Please Note: Once the LOI Task generates for the NF, the NF has 14 business days to complete the task. If the LOI Task is not completed within 14 business days by the NF, the application will close, and a new application will have to be initiated by the NF for the Individual.

- **Response to Referral:** If the Individual does not meet PASRR Level II requirements, CMHCs will send the LOC application to the Peer Review Organization (PRO). Once the Response to Referral is sent to the PRO, the SMI LOC Determination Task will close for the CMHC. The PRO will be responsible for completing the Initial LOC Review to determine if the Individual meets PASRR Level I criteria.

3.4 CMHC Tasks Completion in KLOCS

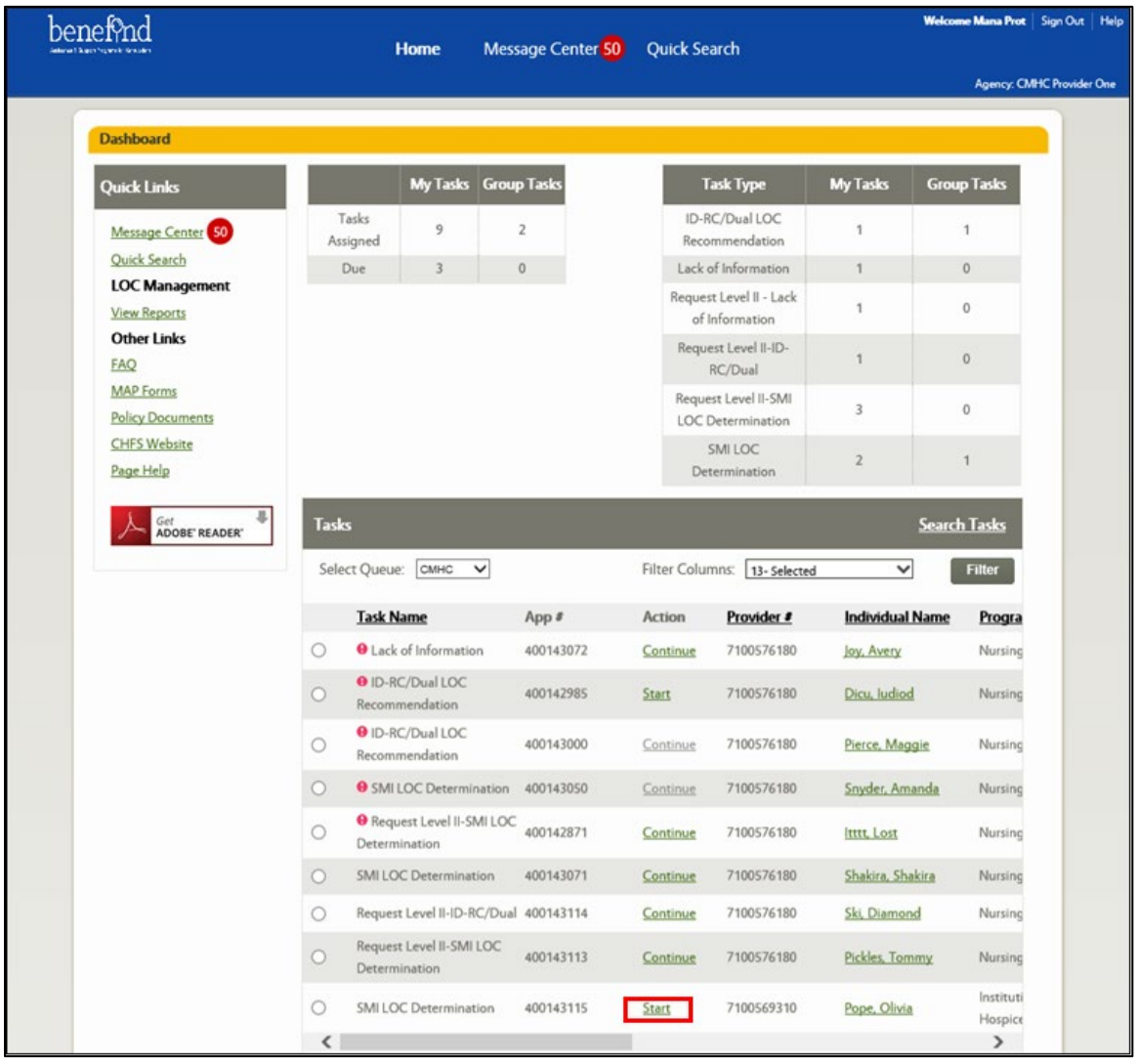
CMHCs now complete the LOC application review and recommendation process for PASRR Level II – Serious Mental Illness (SMI) and PASRR Level II – Intellectual Disability (ID) – Related Condition (RC) / Dual in KLOCS.

3.4.1 SMI LOC Determination Task in KLOCS

Once a NF completes a LOC application and enters information on the **MAP 409: PASRR Level I** screens for Mental Illness and Diagnosis, the SMI LOC Determination Task is generated for the CMHC. Depending on the county of the admitting NF, the corresponding CMHC has nine business days to complete the SMI LOC Determination Task and make the LOC determination.

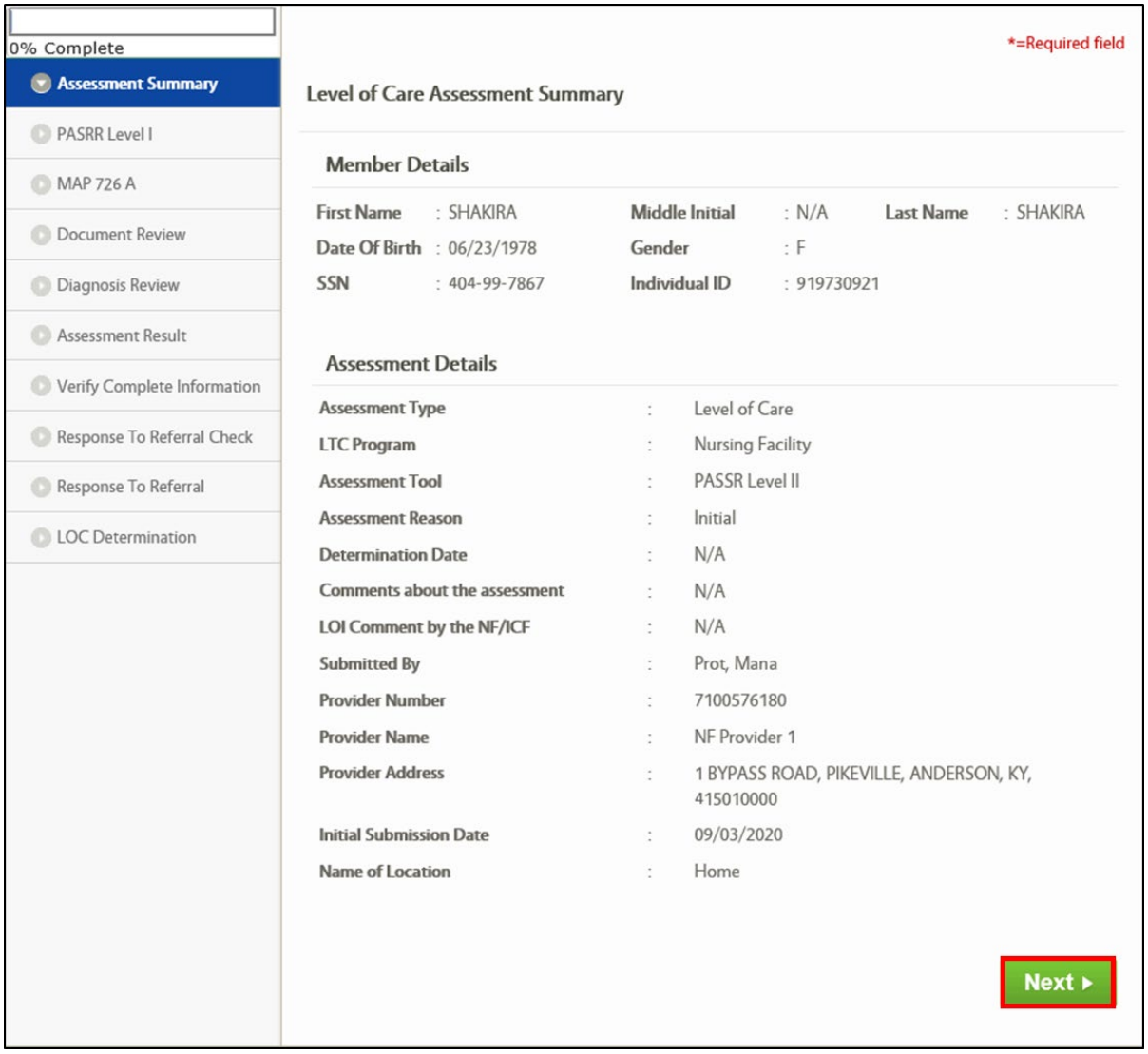
To begin the SMI LOC Determination Task, CMHCs complete the following steps:

1. On the *Task* section on the **Dashboard** screen, click **Start** under the *Action* column for the *SMI LOC Determination* Task under the *Task* section.



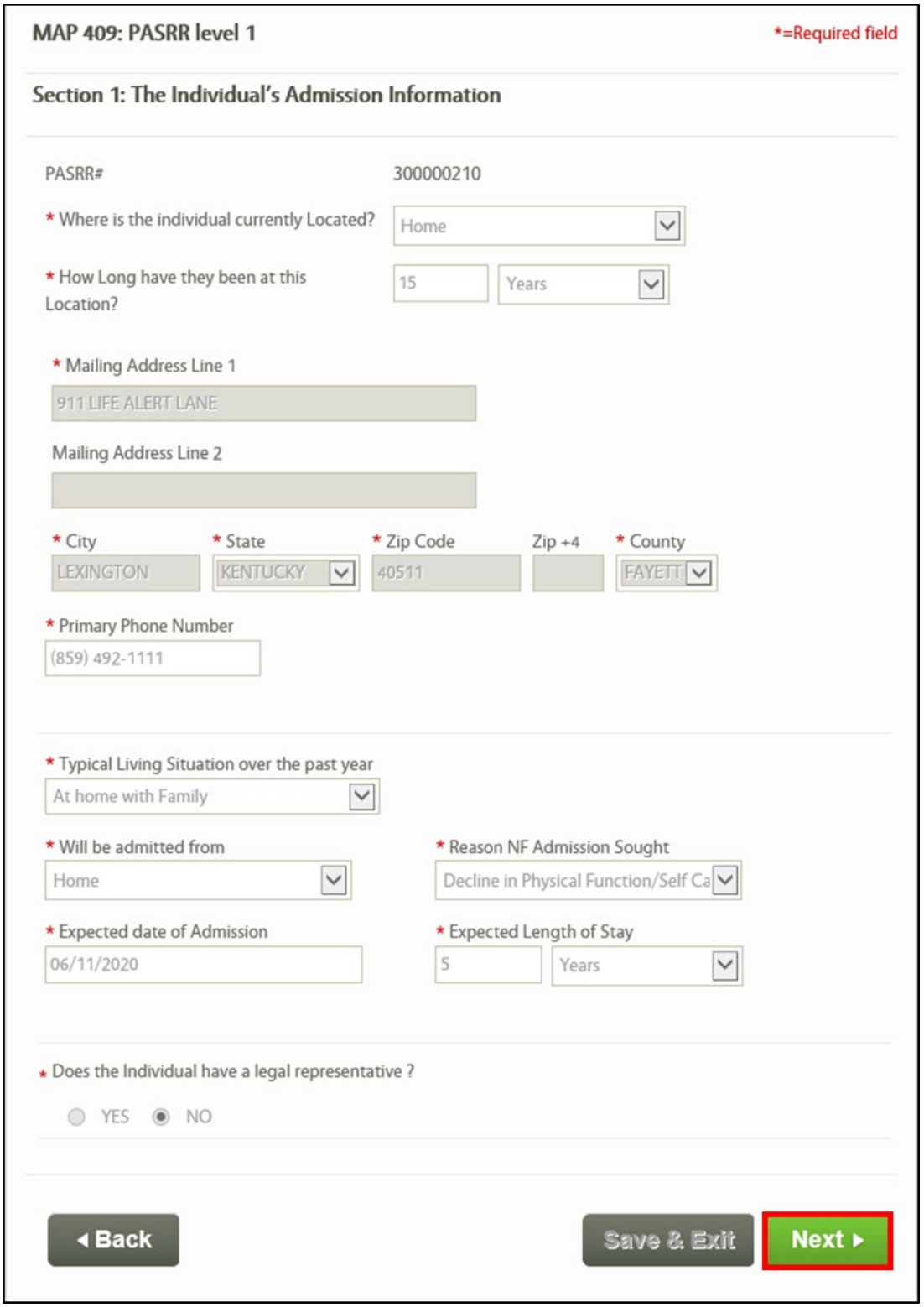
Please Note: If the task was started previously but was not completed, click **Continue** under the *Action* column to complete the task.

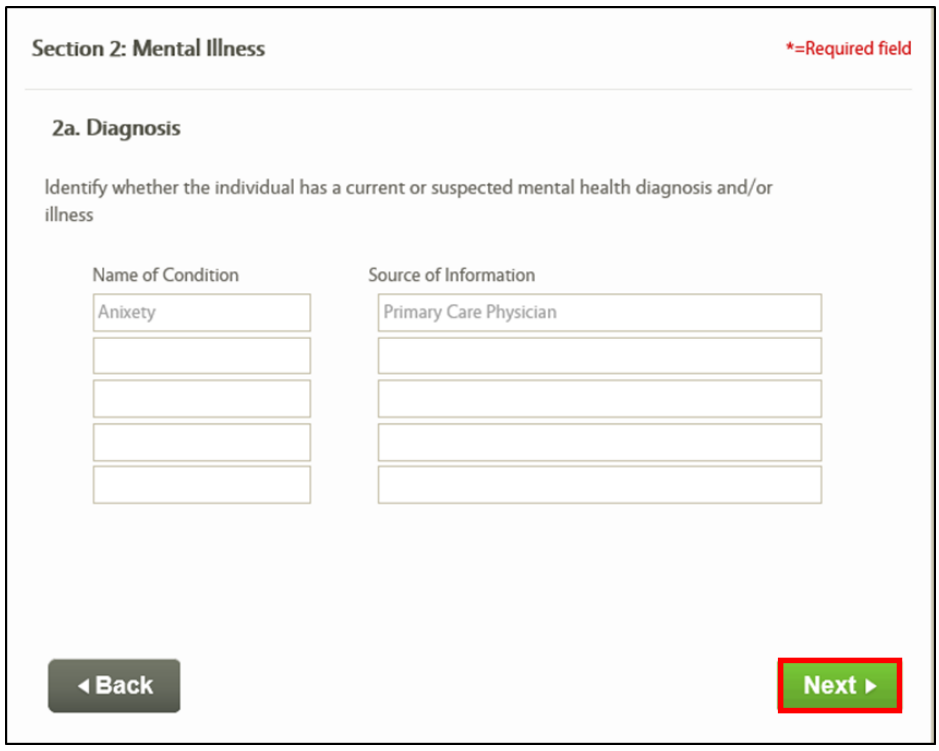
2. The **Level of Care Assessment Summary** screen displays. After reviewing the assessment details entered by the NF, click **Next**.

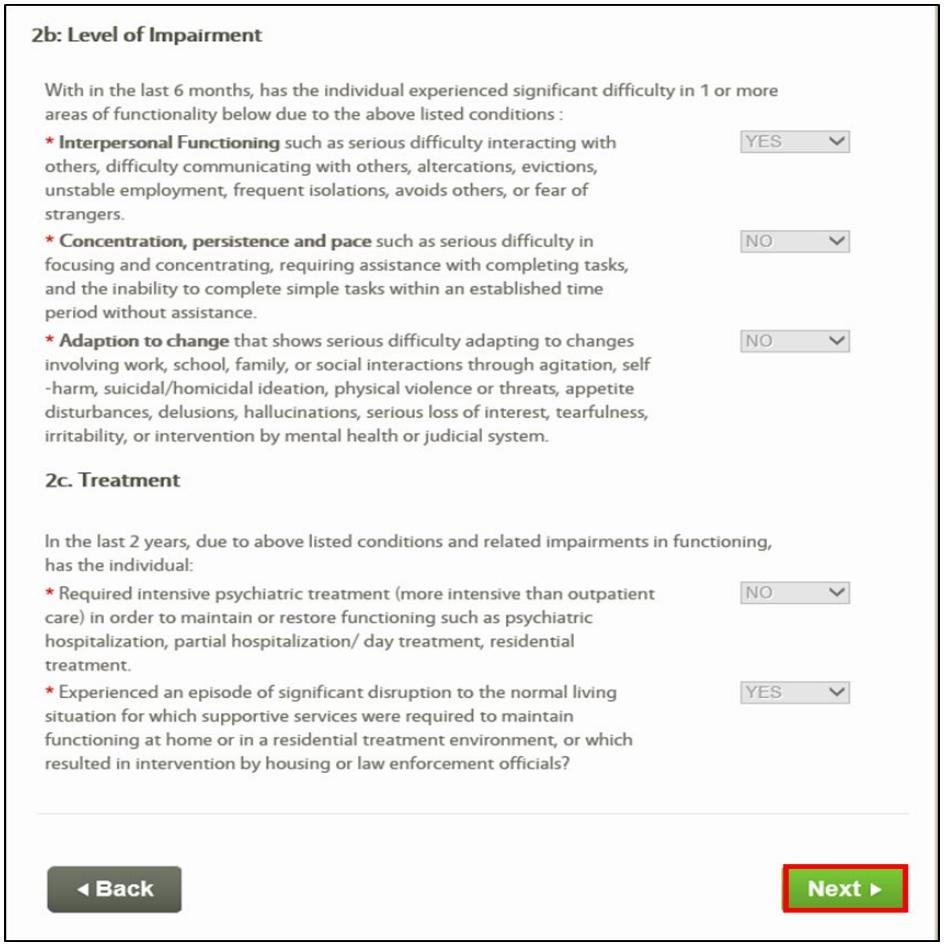


3. The **MAP 409: PASRR Level I** screen display read-only information. After reviewing all the screens, click **Next**.

    - The **MAP 409: PASRR Level I** screen consist of six sections, which in KLOCS displays as six different screens: The **Individual's Admission Information**, **Mental Illness**, **Intellectual Disability (ID)**, **Related Condition (RC)**, **Exempted or Delayed Level II Referrals**, and **Signatures**.


MAP 409: PASRR level 1
*=Required field
Section 1: The Individual's Admission Information
PASRR#
300000210
* Where is the individual currently Located?
Home
* How Long have they been at this Location?
15
Years
* Mailing Address Line 1
911 LIFE ALERT LANE
Mailing Address Line 2
* City
LEXINGTON
* State
KENTUCKY
* Zip Code
40511
Zip +4
* County
FAYETT
* Primary Phone Number
(859) 492-1111
* Typical Living Situation over the past year
At home with Family
* Will be admitted from
Home
* Reason NF Admission Sought
Decline in Physical Function/Self Ca
* Expected date of Admission
06/11/2020
* Expected Length of Stay
5
Years
* Does the Individual have a legal representative ?
YES
NO
Back
Save & Exit
Next


Section 2: Mental Illness
*=Required field
2a. Diagnosis
Identify whether the individual has a current or suspected mental health diagnosis and/or illness
Name of Condition
Source of Information
Anixety
Primary Care Physician
Back
Next


2b: Level of Impairment
With in the last 6 months, has the individual experienced significant difficulty in 1 or more areas of functionality below due to the above listed conditions :
* Interpersonal Functioning such as serious difficulty interacting with others, difficulty communicating with others, altercations, evictions, unstable employment, frequent isolations, avoids others, or fear of strangers.
YES
* Concentration, persistence and pace such as serious difficulty in focusing and concentrating, requiring assistance with completing tasks, and the inability to complete simple tasks within an established time period without assistance.
NO
* Adaption to change that shows serious difficulty adapting to changes involving work, school, family, or social interactions through agitation, self -harm, suicidal/homicidal ideation, physical violence or threats, appetite disturbances, delusions, hallucinations, serious loss of interest, tearfulness, irritability, or intervention by mental health or judicial system.
NO
2c. Treatment
In the last 2 years, due to above listed conditions and related impairments in functioning, has the individual:
* Required intensive psychiatric treatment (more intensive than outpatient care) in order to maintain or restore functioning such as psychiatric hospitalization, partial hospitalization/ day treatment, residential treatment.
NO
* Experienced an episode of significant disruption to the normal living situation for which supportive services were required to maintain functioning at home or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials?
YES
Back
Next

Section 3 : Intellectual Disability (ID)

* 3a. Diagnosis and Intellectual Functioning — NO

Does the individual have an intellectual disability diagnosis, or have deficits in intellectual functioning such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience with onset prior to age 18?

* 3b. Adaptive Functioning — NO

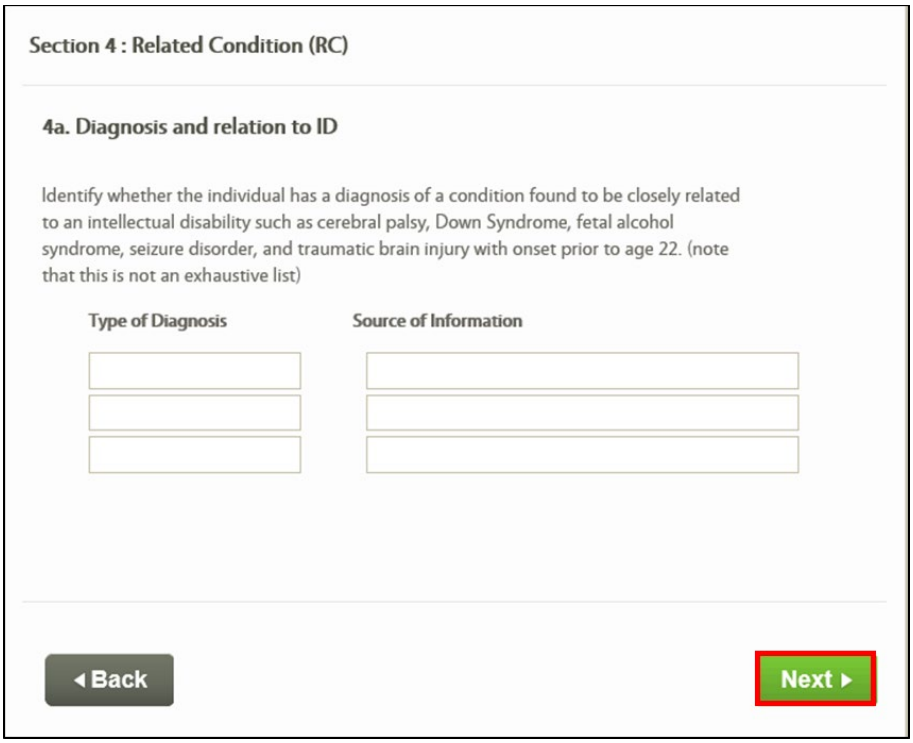
Does the individual have deficits in adaptive functioning due to the intellectual impairment, with onset prior to age 18, such as:

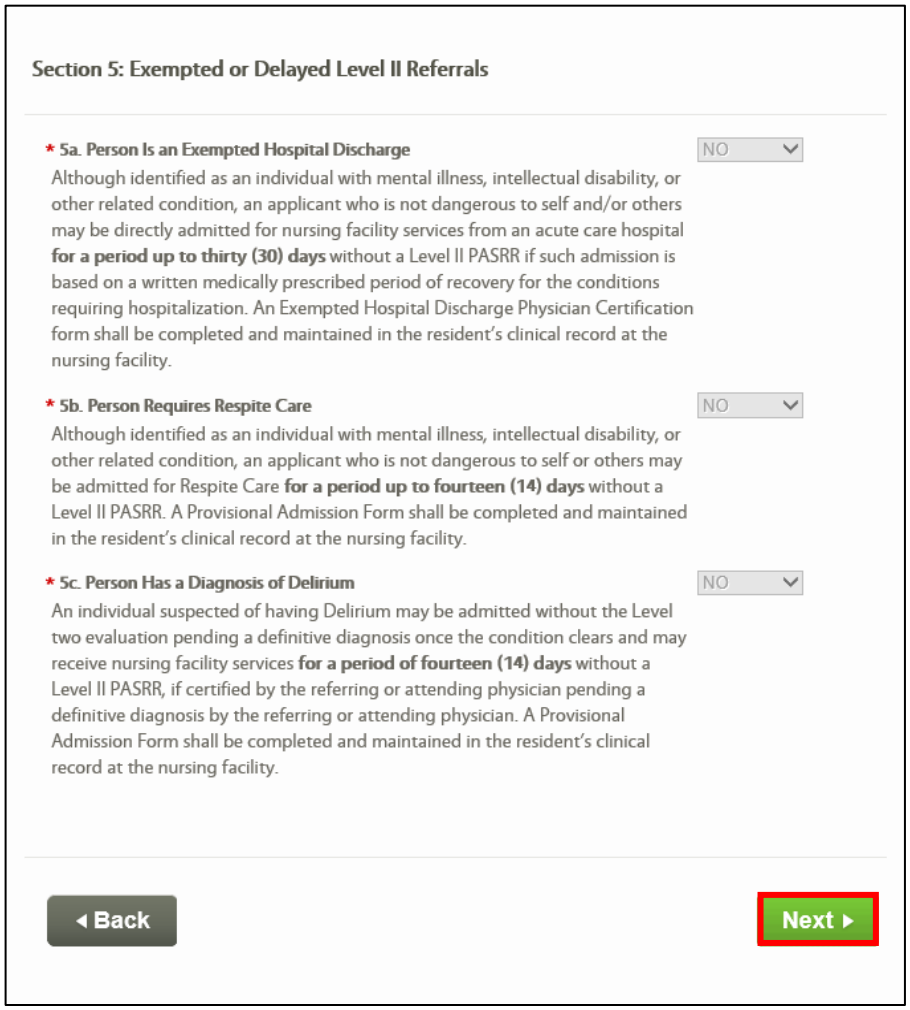
1.Failure to meet developmental and sociocultural standards for personal independence and social responsibility.

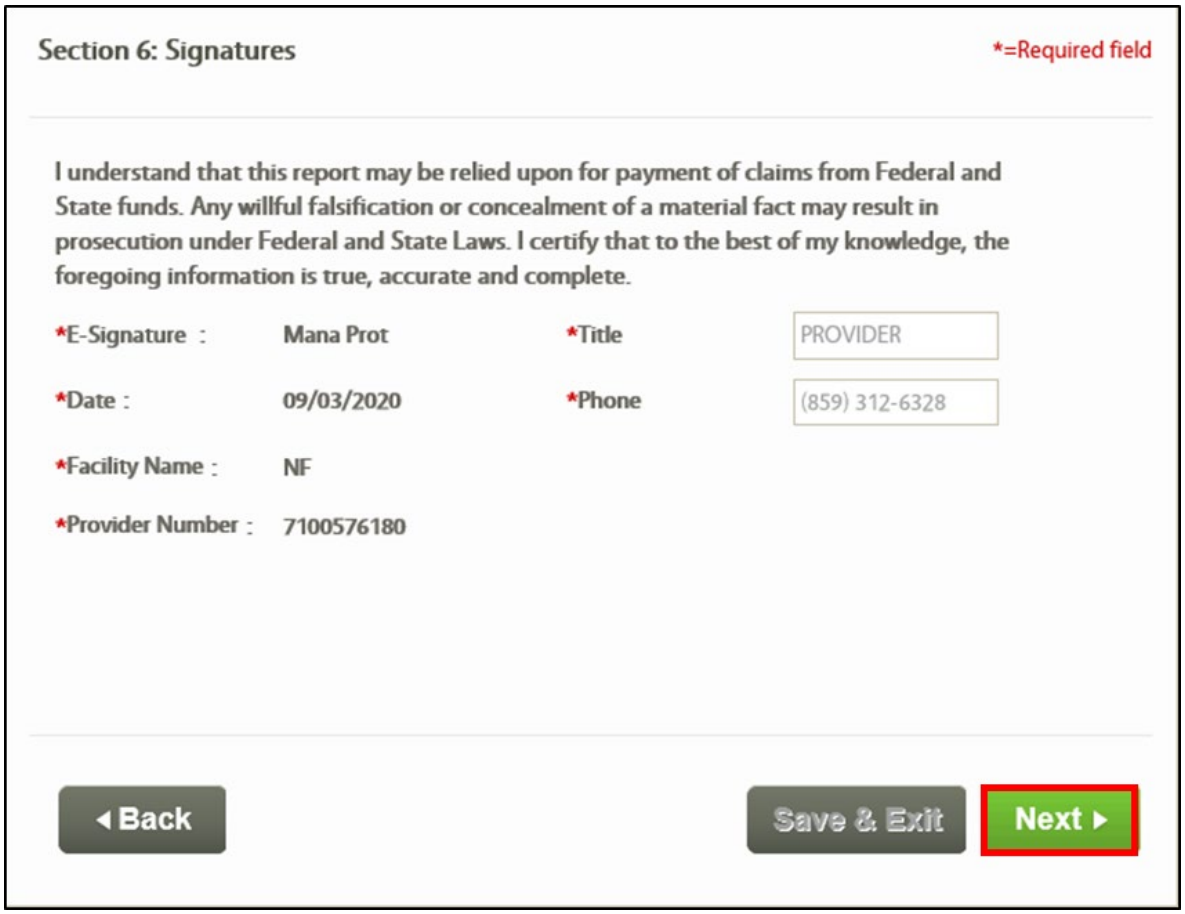
2.Limited independent functioning in one or more activities of daily life such as – communication, social participation, and independent living; and across multiple environments, such as home, school, work, and community.

◂ Back

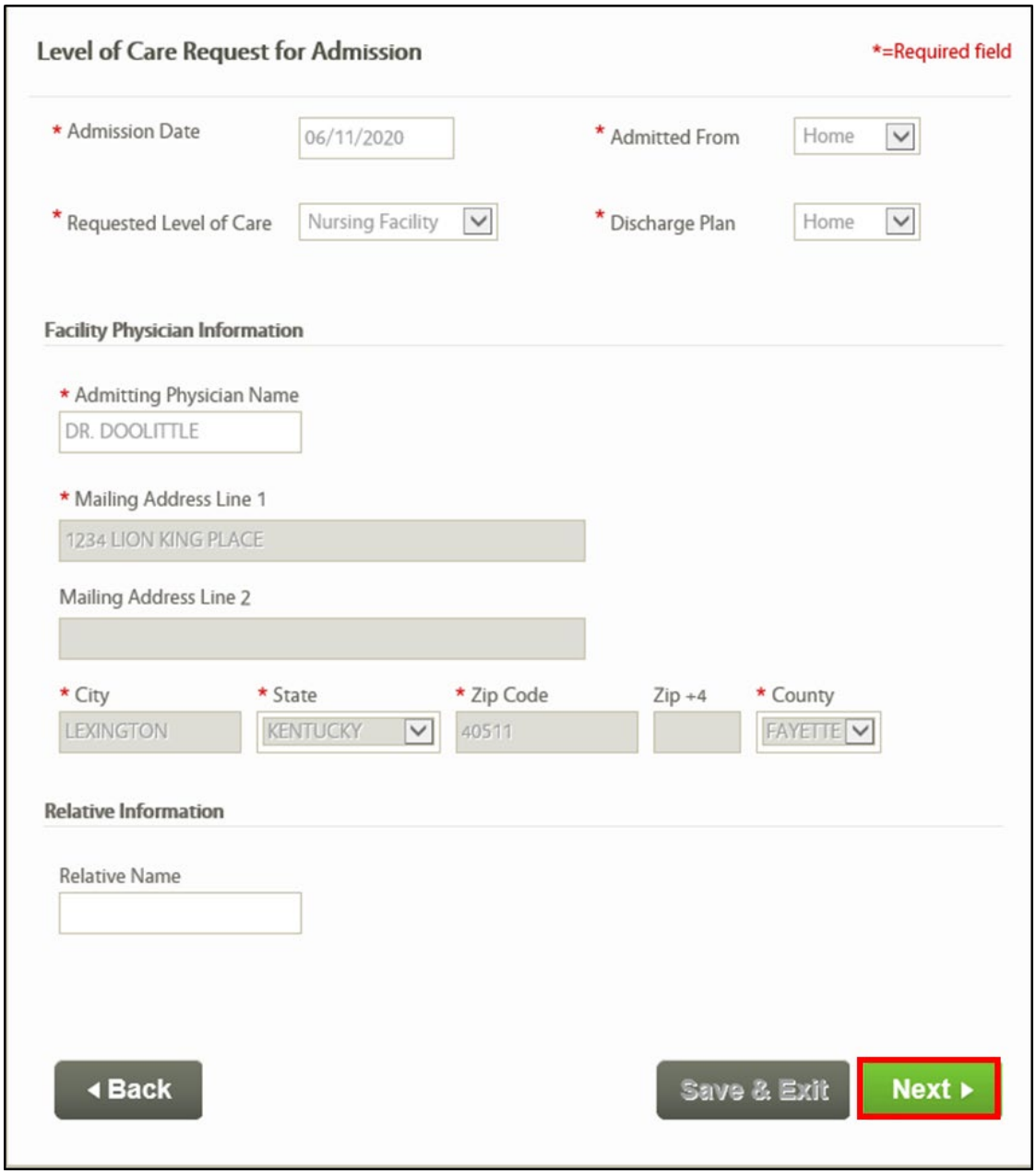
Next ▸


Section 4 : Related Condition (RC)
4a. Diagnosis and relation to ID
Identify whether the individual has a diagnosis of a condition found to be closely related to an intellectual disability such as cerebral palsy, Down Syndrome, fetal alcohol syndrome, seizure disorder, and traumatic brain injury with onset prior to age 22. (note that this is not an exhaustive list)
Type of Diagnosis
Source of Information
Back
Next


Section 5: Exempted or Delayed Level II Referrals
* 5a. Person Is an Exempted Hospital Discharge
NO
Although identified as an individual with mental illness, intellectual disability, or other related condition, an applicant who is not dangerous to self and/or others may be directly admitted for nursing facility services from an acute care hospital for a period up to thirty (30) days without a Level II PASRR if such admission is based on a written medically prescribed period of recovery for the conditions requiring hospitalization. An Exempted Hospital Discharge Physician Certification form shall be completed and maintained in the resident's clinical record at the nursing facility.
* 5b. Person Requires Respite Care
NO
Although identified as an individual with mental illness, intellectual disability, or other related condition, an applicant who is not dangerous to self or others may be admitted for Respite Care for a period up to fourteen (14) days without a Level II PASRR. A Provisional Admission Form shall be completed and maintained in the resident's clinical record at the nursing facility.
* 5c. Person Has a Diagnosis of Delirium
NO
An individual suspected of having Delirium may be admitted without the Level two evaluation pending a definitive diagnosis once the condition clears and may receive nursing facility services for a period of fourteen (14) days without a Level II PASRR, if certified by the referring or attending physician pending a definitive diagnosis by the referring or attending physician. A Provisional Admission Form shall be completed and maintained in the resident's clinical record at the nursing facility.
Back
Next



4. On the **MAP-726A** screens, this information is read-only. After reviewing all the screens, click **Next**.
    - The **MAP-726A** consist of two sections, which in KLOCS displays as two different screens: **Level of Care Request for Admission** and **Patient Information**.


Level of Care Request for Admission
*=Required field
* Admission Date
06/11/2020
* Admitted From
Home
* Requested Level of Care
Nursing Facility
* Discharge Plan
Home
Facility Physician Information
* Admitting Physician Name
DR. DOOLITTLE
* Mailing Address Line 1
1234 LION KING PLACE
Mailing Address Line 2
* City
LEXINGTON
* State
KENTUCKY
* Zip Code
40511
Zip +4
* County
FAYETTE
Relative Information
Relative Name
Back
Save & Exit
Next

Patient Information

*=Required field

Vital Statistics

* Height: 63 Inches

* Weight: 178 LBS

Disoriented

- ( ) Intermittently
- ( ) Constantly

Ambulatory Status

- ( ) Ambulatory
- ( ) Semi- Ambulatory

Bladder

- ( ) Continent
- ( ) Incontinent
- ( ) Indwelling Catheter
- ( ) External Catheter

Bowel

- ( ) Continent
- ( ) Incontinent
- ( ) Colostomy

Inappropriate Behavior

- [ ] Wandering
- [ ] Verbally Abusive
- [ ] Injurious to Self
- [ ] Injurious to Others
- [ ] Destructive to Property
- [ ] Other

Functional Limitations

- [ ] Sight
- [ ] Hearing
- [ ] Speech
- [ ] Contractures

Communication Of Needs

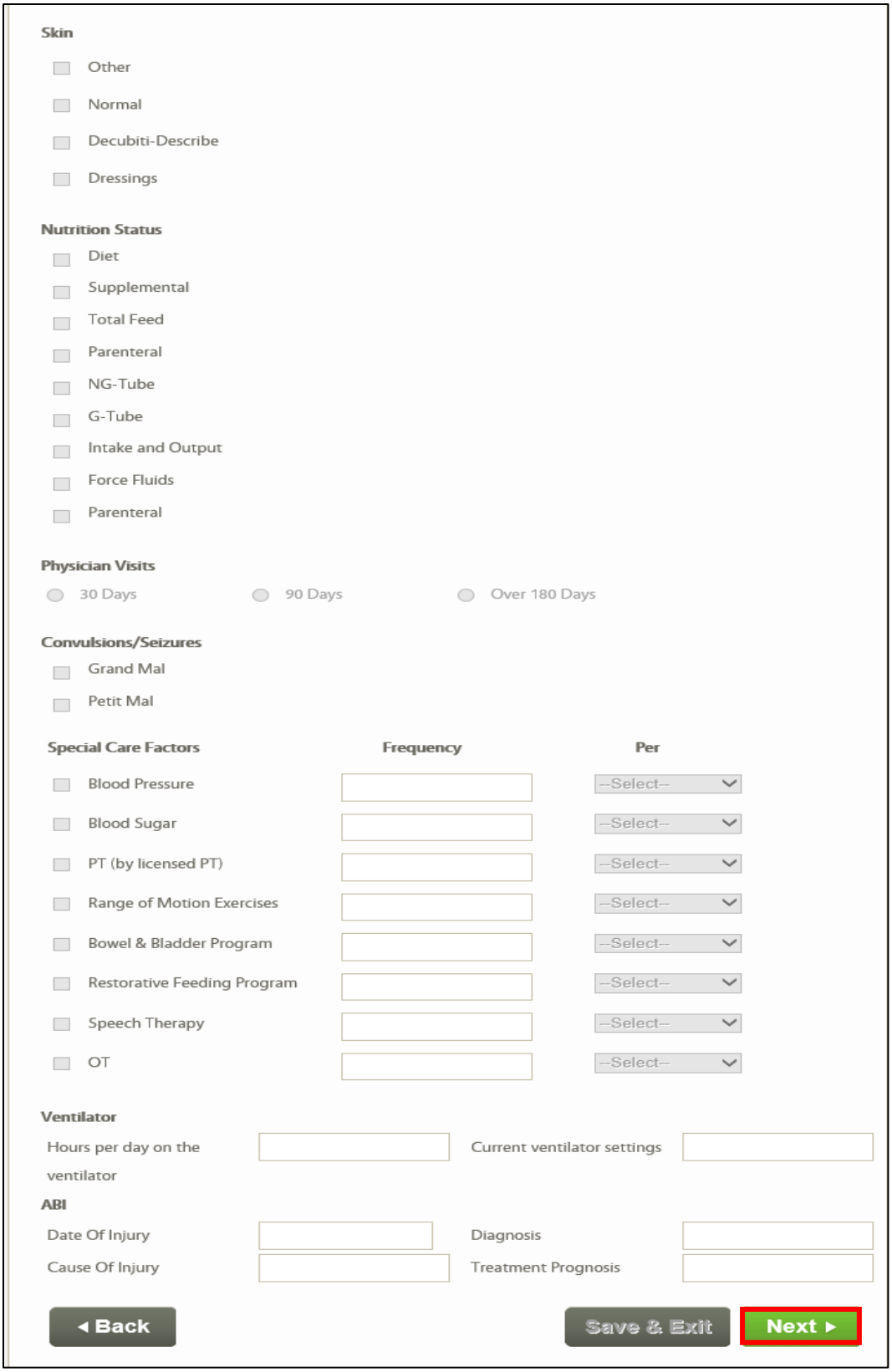
- ( ) Verbally
- ( ) Non-Verbally
- ( ) Does Not Communicate

Respiration

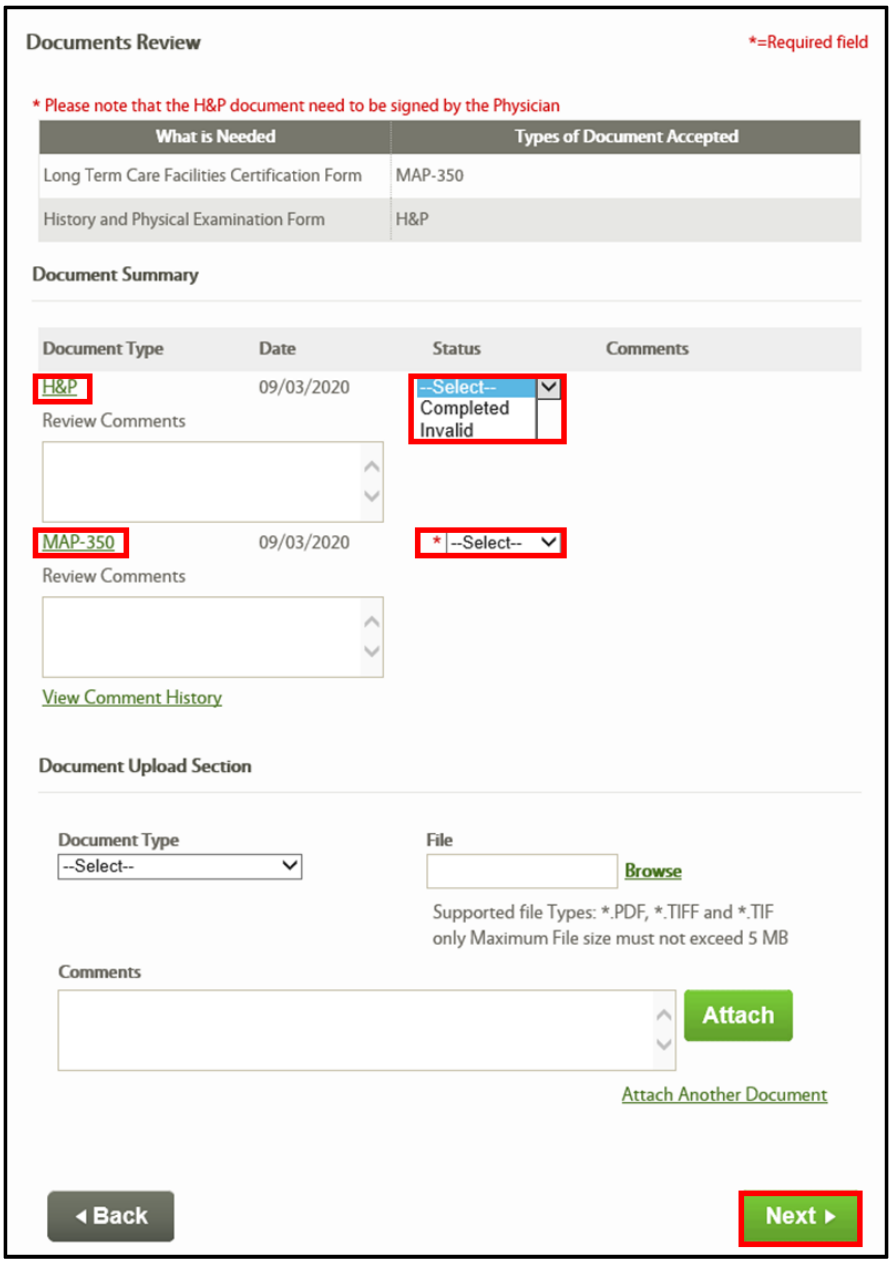
- [ ] Normal
- [ ] O2 PRN
- [ ] Tracheostomy
- [ ] O2 Continuous

Personal Care Assistance

- [ ] Bathing
- [ ] Feeding
- [ ] Dressing
- [ ] Total Care


Skin
Other
Normal
Decubiti-Describe
Dressings
Nutrition Status
Diet
Supplemental
Total Feed
Parenteral
NG-Tube
G-Tube
Intake and Output
Force Fluids
Parenteral
Physician Visits
30 Days
90 Days
Over 180 Days
Convulsions/Seizures
Grand Mal
Petit Mal
Special Care Factors
Frequency
Per
Blood Pressure
Blood Sugar
PT (by licensed PT)
Range of Motion Exercises
Bowel & Bladder Program
Restorative Feeding Program
Speech Therapy
OT
--Select--
Ventilator
Hours per day on the ventilator
Current ventilator settings
ABI
Date Of Injury
Diagnosis
Cause Of Injury
Treatment Prognosis
◂ Back
Save & Exit
Next ▸

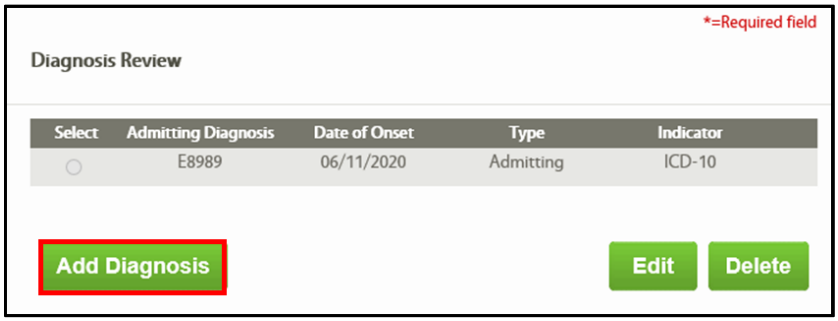
5. The **Document Review** screen displays. To view a PDF version of the document uploaded by the NF, click the "**Appropriate Document**" hyperlink under the *Document Review Summary* section. After reviewing the document, close the PDF.
6. Select "**Completed**" or "**Invalid**" from the *Status* field drop-down under the *Document Review Summary* section.
    - If information is missing from the uploaded document or if the wrong document was uploaded, select **Invalid** for the *Status* field. Enter **appropriate comments** that explain why the document is determined invalid.



Please Note: Steps 5 and 6 should be repeated for each document if multiple documents have been uploaded by the NF.

7. Click **Next**.
8. On the **Diagnosis Review** screen, although an admitting diagnosis from the admitting NF displays, CMHCs are <u>required</u> to add a PASRR diagnosis.

    a. Click **Add Diagnosis**, additional fields are triggered and display under the *Diagnosis Review* section.

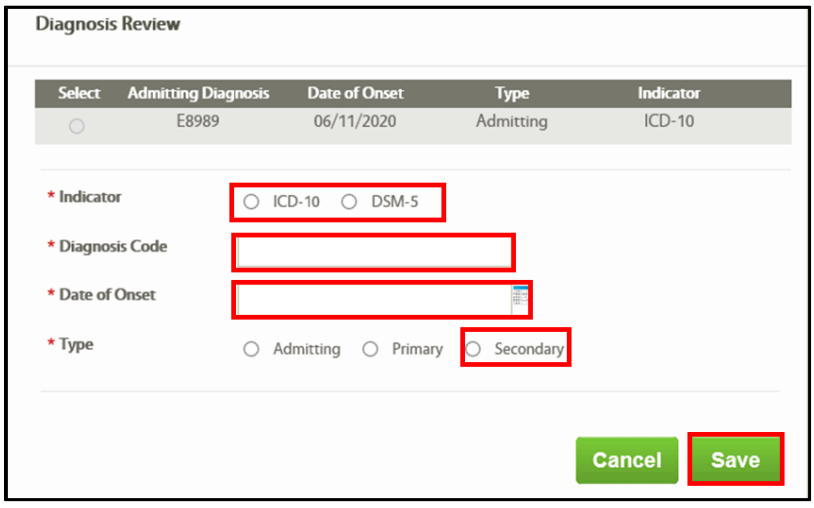


    b. Select if the diagnosis is based on **ICD-10** or **DSM-5** codes and enter the **Diagnosis Code** in the *Diagnosis Code* field.

    c. Enter the **Date of Onset**.

    d. Select **Secondary** in the *Type* field to indicate the code is for the PASRR diagnosis.

9. Click **Save**.



10. The PASRR diagnosis details populates under the Admitting Diagnosis once CMHCs select Save. Click **Next**.

11. On the **Assessment Results** screen, under the *Assessment Details* section the *Assessment Type* and *Assessment Tool* fields pre-populate.

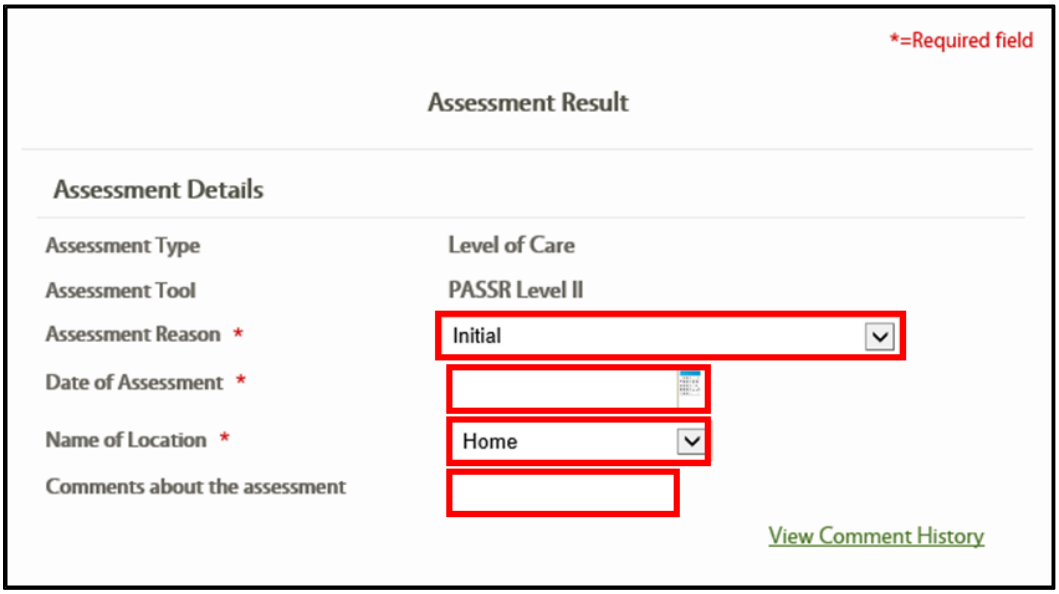
12. Select the "**Appropriate Reason**" from the *Assessment Reason* field drop-down.

13. Enter the **Date** in the *Date of Assessment* field.

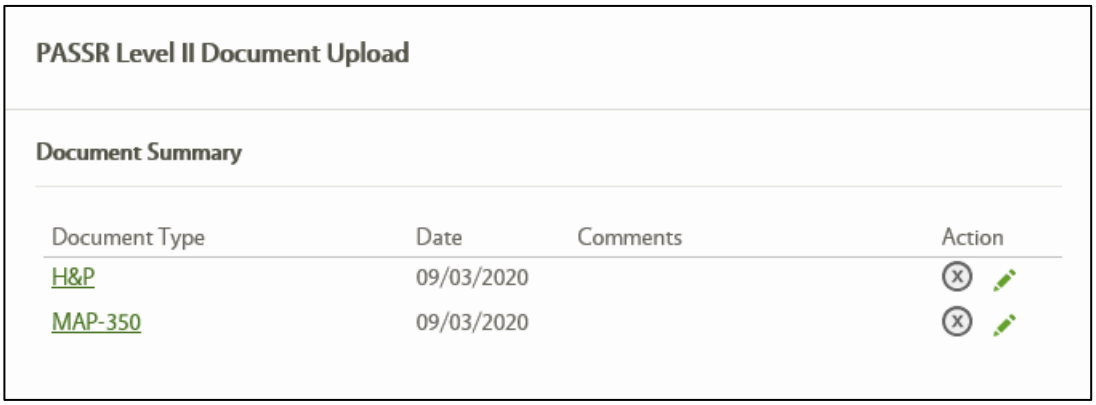
Please Note: The Date of Assessment may only be past dates or the current date. This date cannot be a date in the future.

14. In the *Name of Location* field, select the "**Appropriate Location**" from the drop-down.

15. (Optional) In the *Comments about the assessment* field, CMHCs may enter any details about the assessment.



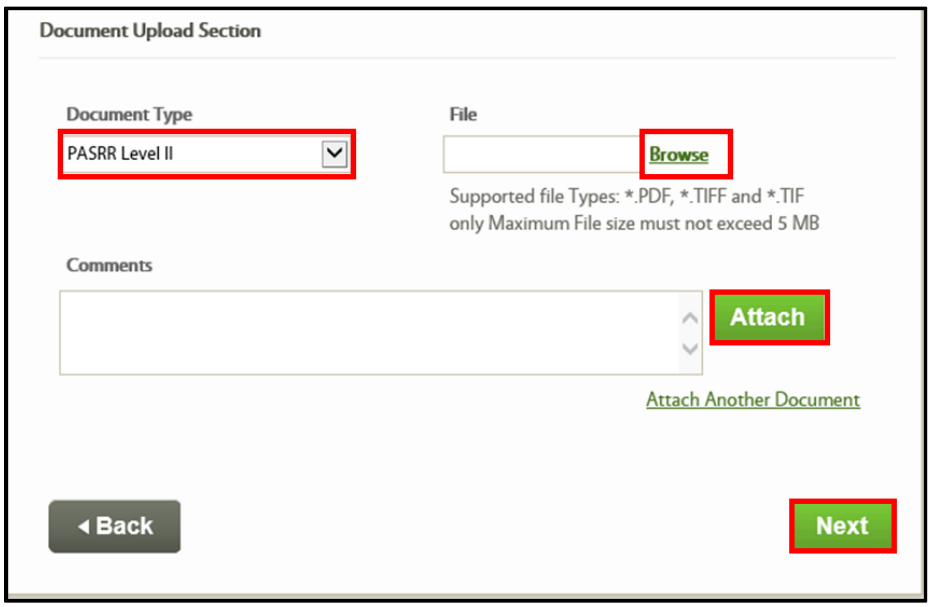
16. Under the *PASRR Level II Document Upload* section, the *Document Summary* section displays the same uploaded documents from the **Document Review** screen.



17. Select "**PASRR Level II**" from the *Document Type* field drop-down under the *Document Upload* section.

Please Note: If applicable, CMHCs should select "**PASRR Level II Supporting Documentation**" or "**OTHER**" as the **Documentation Type** when uploading PASRR Level II Supporting documents or Other documents.

18. Click **Browse**.
19. The Choose File to Upload pop-up displays. Select the **Appropriate Document** and click **Open**.
20. Click **Attach**.



21. Click **Next**.

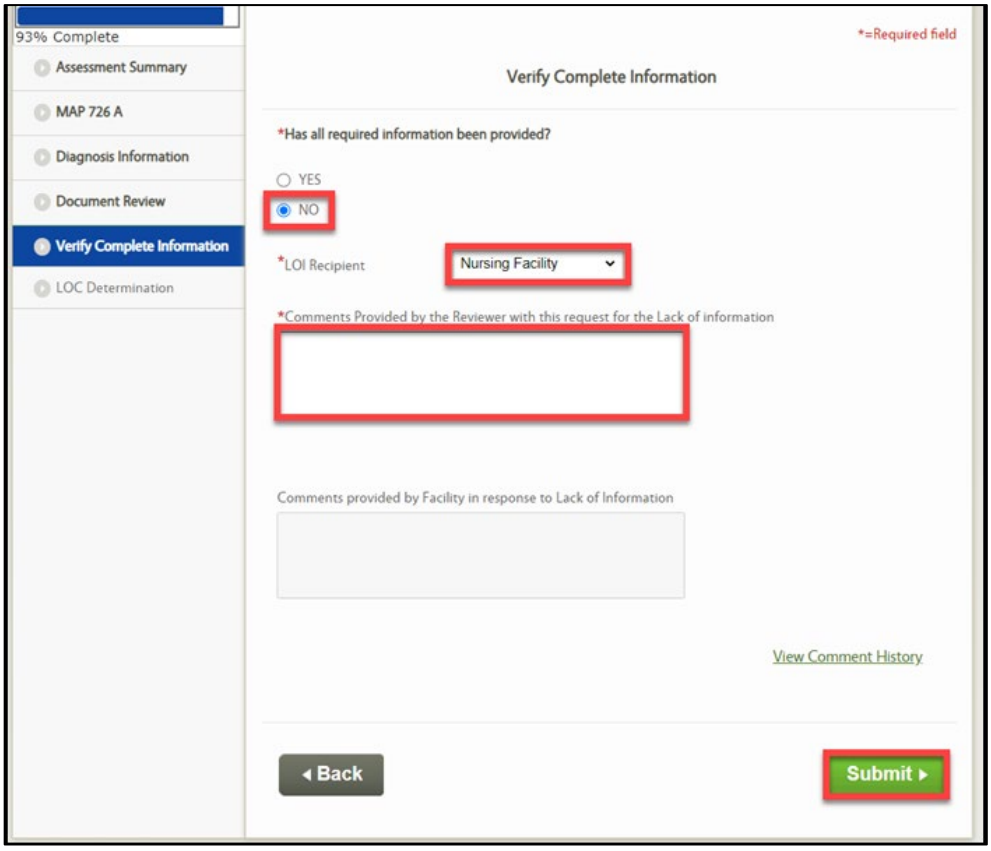
Please Note: If applicable, for PASRR Level II Supporting documents or Other documents, CMHCs should indicate the appropriate **Document Type** when following steps 17 through 20.

If Steps 17 through 20 are not completed by CMHCs during the SMI LOC Determination Task, KLOCS does not allow CMHCs to proceed with the review process. An error message displays stating:

"Please upload PASSR Level II Document".

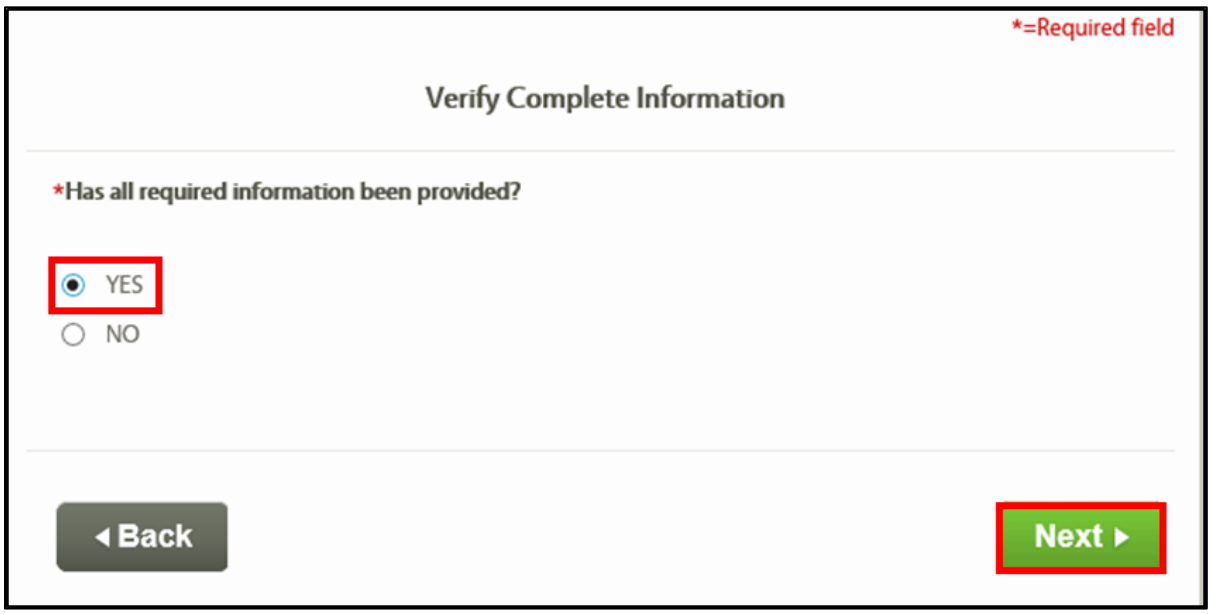
22. The **Verify Complete Information** screen displays. Select **Yes** or **No** for *Has all required information been provided?*

- If **No** is selected, KLOCS enables a mandatory comment box for CMHCs to enter additional details on what information is missing. The *LOI Recipient* field enables. Select "**Nursing Facility**" from the *LOI Recipient* drop-down. KLOCS generates the Lack of Information (LOI) Task for the admitting NF.



23. Click **Submit** if **No** was selected or **Next** if **Yes** was selected.

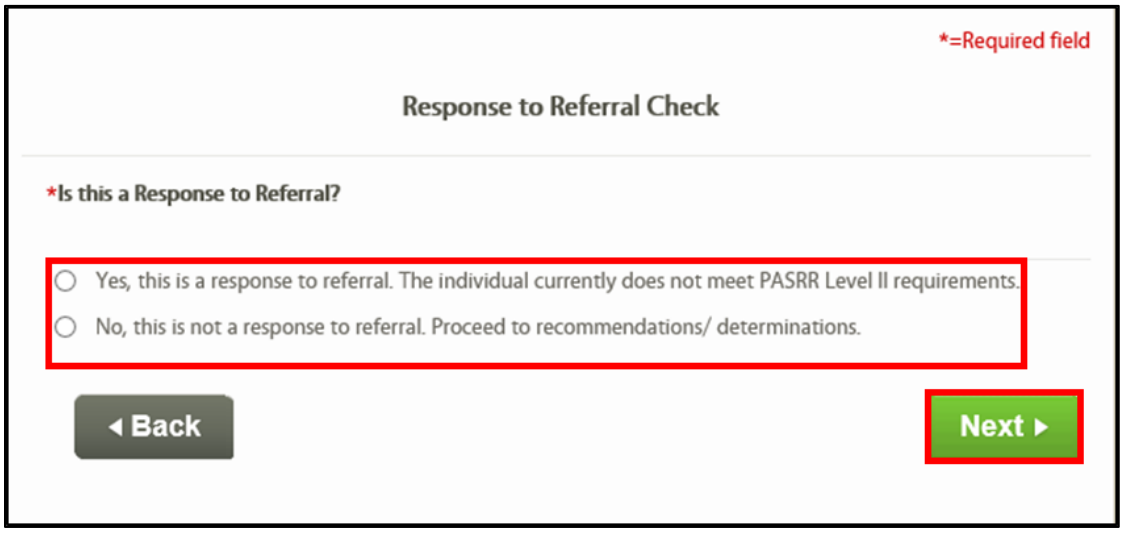
- If **No** is selected for *Has all required information been provided?*, CMHCs are unable to determine LOC. KLOCS navigates back to the **Dashboard** screen.
- If **Yes** is selected for *Has all required information been provided?*, KLOCS navigates to the **Response to Referral Check** screen.



24. On the **Response to Referral Check** screen, select the **appropriate answer** for *Is this a Response to Referral?* question.
    - If "**Yes, this is a response to referral. The Individual does not meet PASRR Level II requirements"** is selected, this indicates the Individual currently does not meet PASRR criteria. KLOCS navigates to the **Response to Referral** screen.

Refer To: The **Response to Referral: Yes Scenario** section of this User Manual and follow Steps 1 through 7 to complete a Response to Referral if the outcome is "**Yes**".

25. Click **Next**.
    - If **"No, this is not a response to referral. Proceed to recommendation/determinations."** is selected by CMHCs KLOCS navigates to the **LOC Determination** screen.

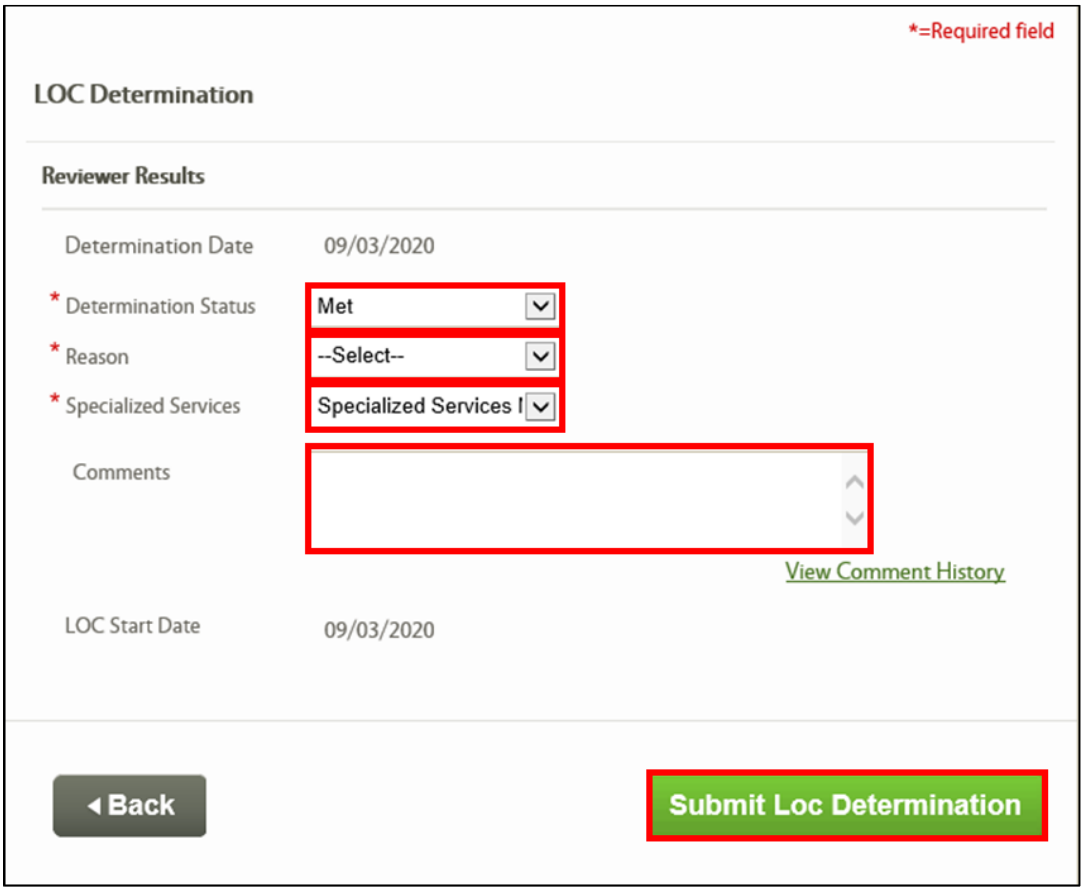


26. On the **LOC Determination** screen, the *Determination Date* pre-populates.
27. Select the "**Appropriate Determination Status**" from the *Determination Status* drop-down.
28. Select the "**Appropriate Reason**" from the *Reason* drop-down.
    - The *Reason* field is mandatory for all three LOC determination statuses (Met, Not Met, Pended).
29. If applicable, select the "**Specialized Services Required**" or "**Specialized Services Not Required**" from the *Specialized Services* field drop-down.
    - The *Specialized Services* field is only enabled when the *Determination Status* field is marked as "Met".
30. In the *Comments* field, enter the **appropriate details explaining the LOC determination**.

Please Note: The *Comments* field is optional when the LOC Determination Status is "Met". If the LOC Determination Status is marked as "Not Met" or "Pended", the *Comments* field is mandatory.

31. The date pre-populates for the *LOC Start Date* field.

32. Click **Submit LOC Determination** to navigate to the **Dashboard** screen.



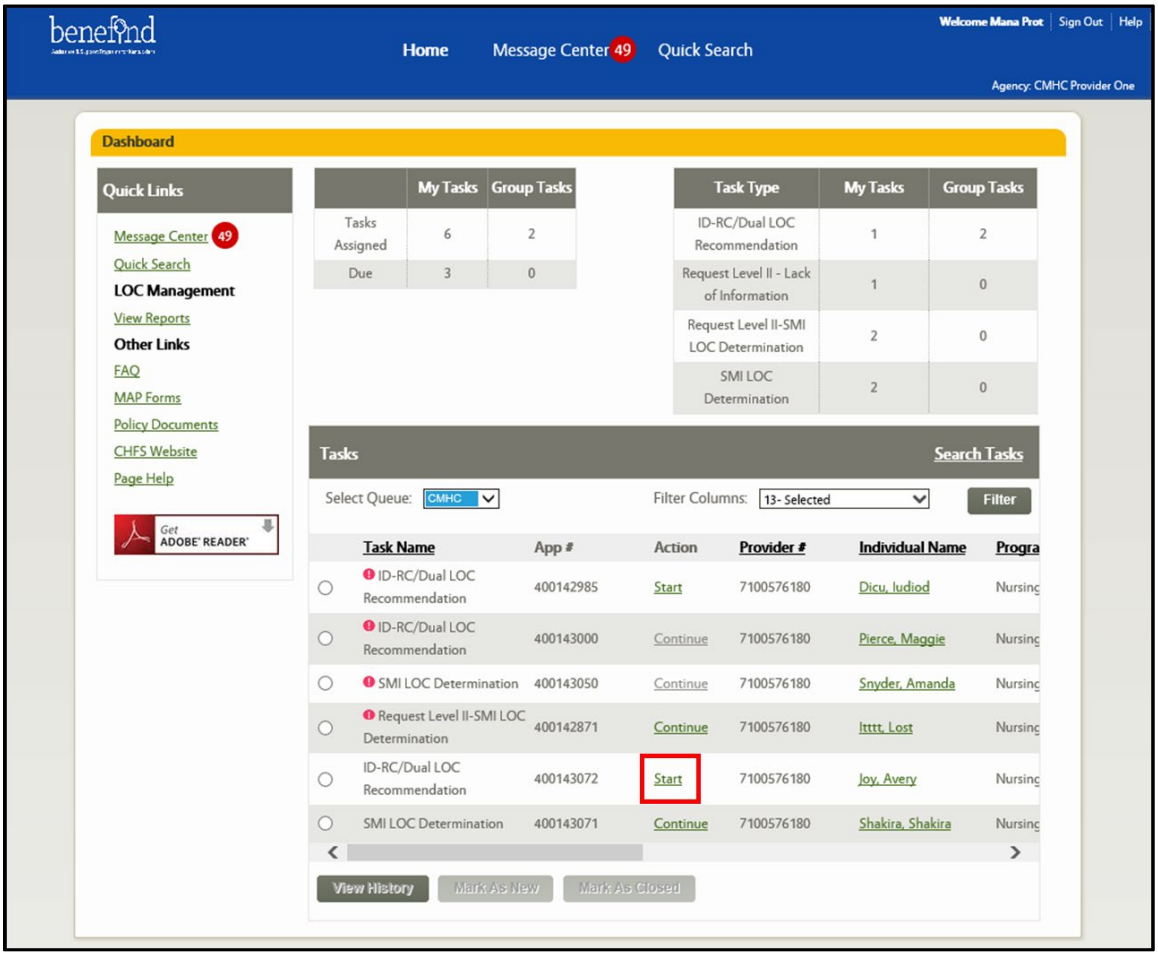
If "Met" or "Not Met" was determined for LOC, the application status updates to complete once the SMI LOC Determination Task is closed by CMHCs. If Pended – LOI was the determination made by CMHCs, the admitting NF that completed the initial application intake receives the LOI Task.

3.4.2 ID-RC/Dual LOC Recommendation Task in KLOCS

Once a NF completes a LOC application and enters information on the **MAP 409: PASRR Level I** screens for Intellectual Disability (ID) or Related Condition (RC), this triggers a PASRR Level II – ID-RC/Dual in KLOCS. Depending on the county of the admitting NF, the corresponding CMHC has seven business days to complete the ID-RC/Dual LOC Recommendation Task and send a recommendation (including if there is a need for Specialized Services) to DBHDID.

To begin the ID-RC/Dual LOC Recommendation Task, CMHCs complete the following steps:

1. On the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the *ID-RC/Dual LOC Recommendation* Task under the *Task* section.



2. The **Level of Care Assessment Summary** screen displays. After reviewing the assessment details entered by the NF, click **Next**.
3. On the **MAP 409: PASRR Level I** screens, this information is read-only.
    - The **MAP 409: PASRR Level I** screens consist of six sections, which displays in KLOCS as six different screens: The **Individual's Admission Information**, **Mental Illness**, **Intellectual Disability (ID)**, **Related Condition (RC)**, **Exempted or Delayed Level II Referrals** and **Signatures**.
4. Click **Next**.
5. On the **MAP-726A** screens, this information is read-only.
    - The **MAP-726A** screens consist of two sections, which displays in KLOCS as two different screens: **Level of Care Request for Admission** and **Patient Information**.
6. Click **Next**.
7. The **Document Review** screen displays. To view a PDF version of the document uploaded by the NF, click the **Appropriate Document** hyperlink under the *Document Review Summary* section. After reviewing the document, close the PDF.
8. Click "**Complete**" or "**Invalid**" from the *Status* drop-down under *Document Review Summary* section.
    - If information is missing from the uploaded document or if the wrong document was uploaded, select **Invalid** on the *Status* field. Enter appropriate comments that explain why the document is determined to be invalid.

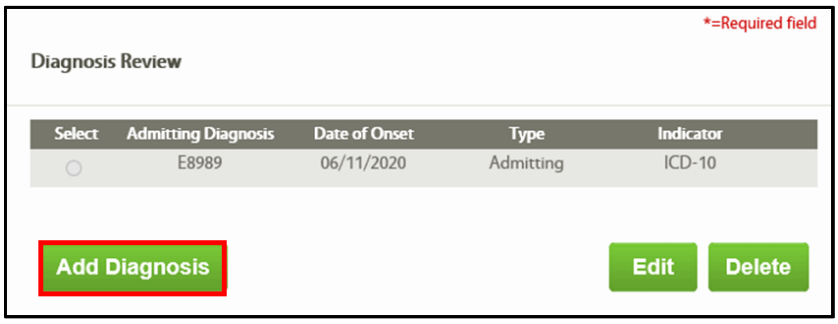
Please Note: Steps 7 and 8 should be repeated for each document if multiple documents have been uploaded by the NF.

9. Click **Next**.

Refer To: The **SMI LOC Determination Task in KLOCS** section of this User Manual for screenshots of the **Level of Care Assessment Summary** screen, **MAP 409: PASRR Level I** screens, **MAP-726A** screens, and the **Document Review** screen.

10. On the **Diagnosis Review** screen, although an admitting diagnosis from the admitting NF displays, CMHCs are <u>required</u> to add a PASRR diagnosis.

    a. Click **Add Diagnosis**, additional fields are triggered and display under the *Diagnosis Review* section.

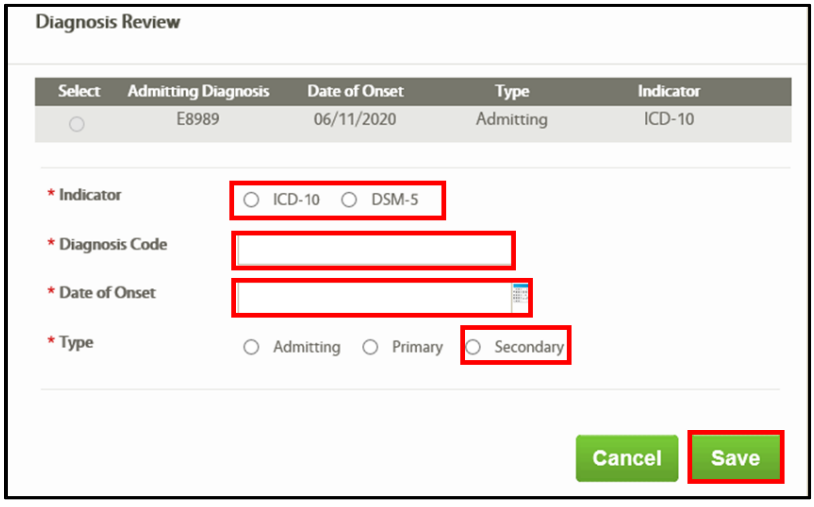


    b. Select if the diagnosis is based on **ICD-10** or **DSM-5** codes and enter the **Diagnosis Code** in the *Diagnosis Code* field.

    c. Enter the **Date of Onset**.

    d. Select **Secondary** in the *Type* field to indicate the code is for the PASRR diagnosis.

11. Click **Save**.



12. The PASRR diagnosis details populates under the Admitting Diagnosis once CMHCs select Save. Click **Next**.

13. On the **Assessment Results** screen, under the *Assessment Details* section the *Assessment Type* and *Assessment Tool* fields pre-populate.

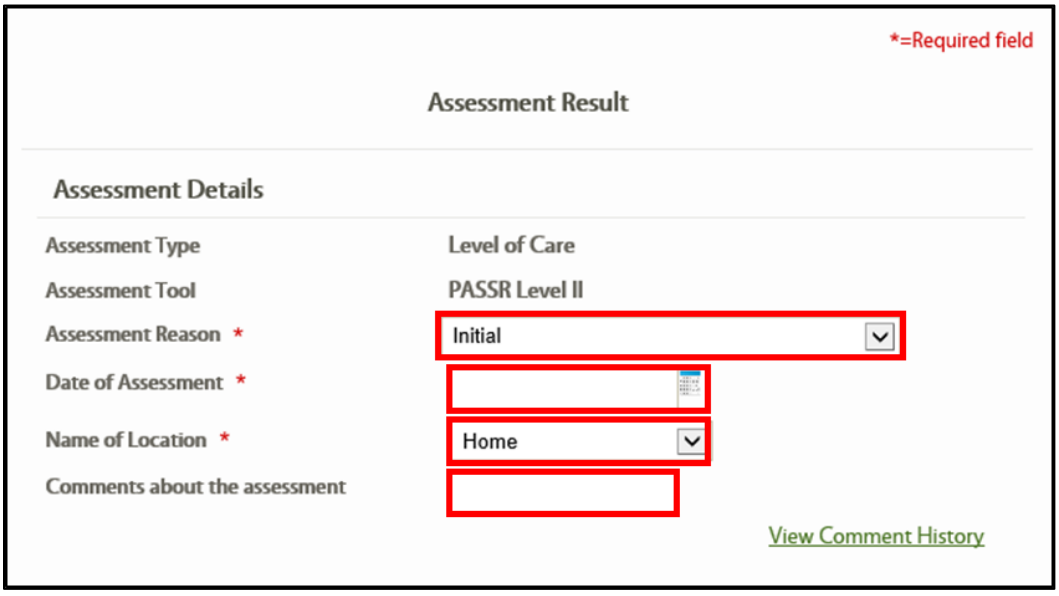
14. Select the "**Appropriate Reason**" from the *Assessment Reason* field drop-down.

15. Enter the **Date** in the *Date of Assessment* field.

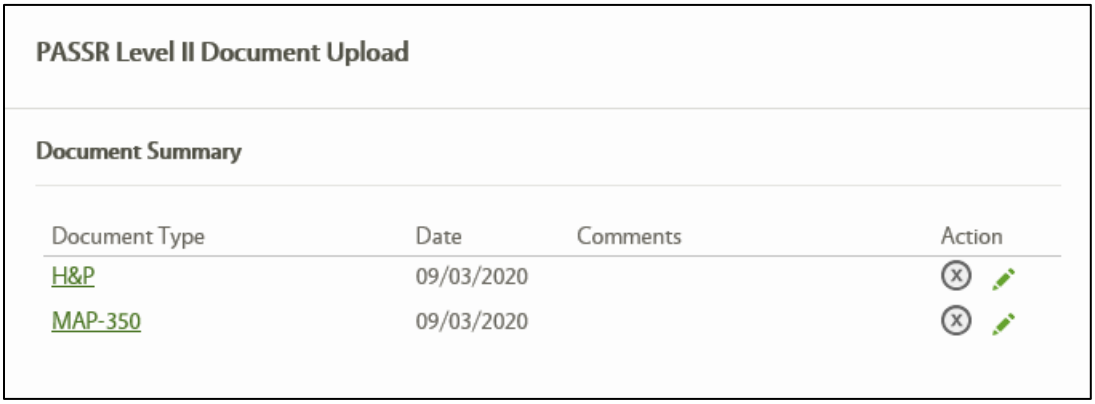
Please Note: The Date of Assessment may only be past dates or the current date. This date cannot be a date in the future.

16. In the *Name of Location* field, select the "**Appropriate Location**" from the drop-down.

17. (Optional) In the *Comments about the assessment* field, CMHCs may enter any details about the assessment.



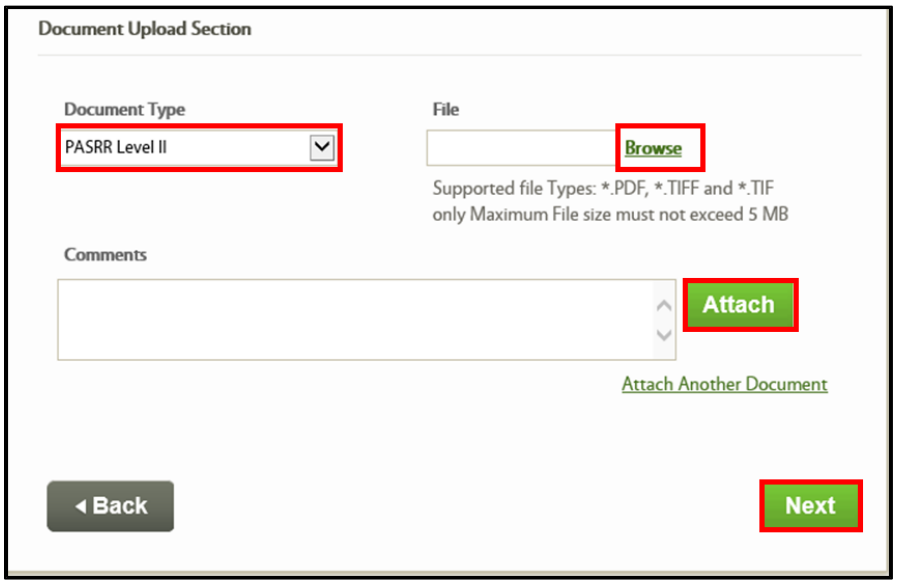
18. Under the *PASRR Level II Document Upload* section, the *Document Summary* section displays the same uploaded documents from the **Document Review** screen.



19. Select "**PASRR Level II**" from the *Document Type* field drop-down under the *Document Upload* section.

Please Note: If applicable, CMHCs should select "**PASRR Level II Supporting Documentation**" or "**OTHER**" as the **Documentation Type** when uploading PASRR Level II Supporting documents or Other documents.

20. Click **Browse**.
21. The Choose File to Upload pop-up displays. Select the **Appropriate Document** and click **Open**.
22. Click **Attach**.



23. Click **Next**.

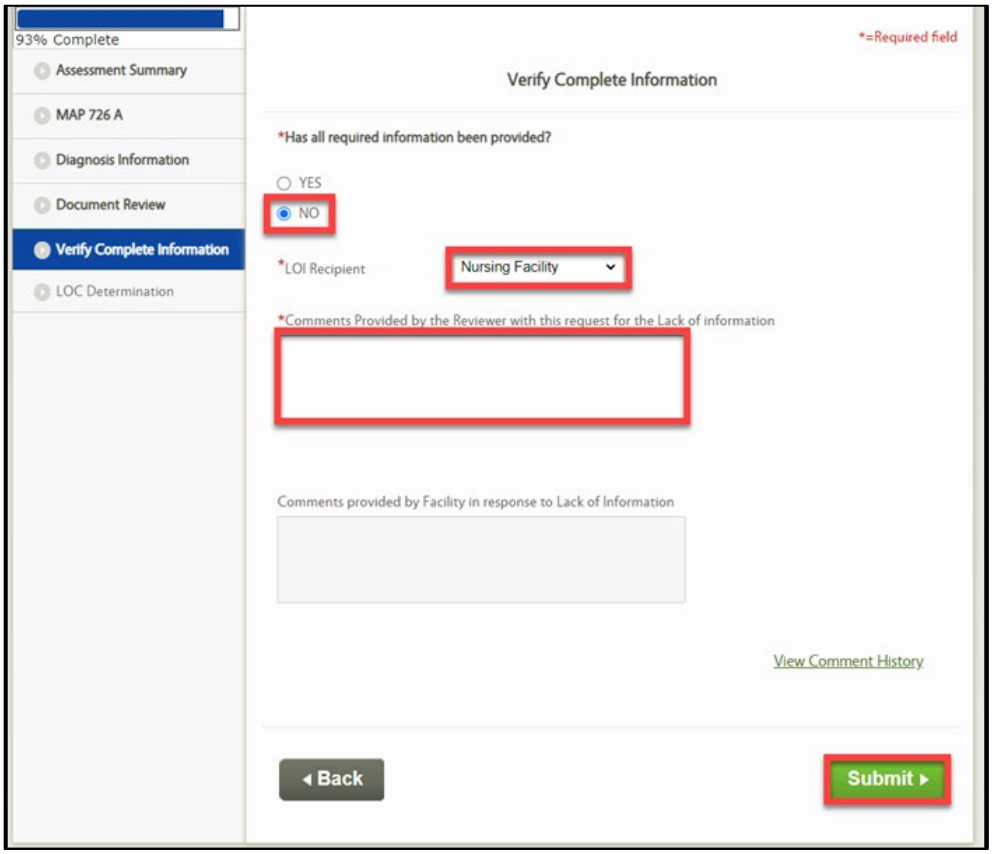
Please Note: If applicable, for PASRR Level II Supporting documents or Other documents, CMHCs should indicate the appropriate **Document Type** when following steps 19 through 22.

If Steps 19 through 22 are not completed by CMHCs during the ID-RC/Dual LOC Recommendation Task, KLOCS does not allow CMHCs to proceed with the review process. An error message displays stating:

"Please upload PASSR Level II Document".

24. The **Verify Complete Information** screen displays. Select **Yes** or **No** for *Has all required information been provided?*

    - If **No** is selected, KLOCS enables a mandatory comment box for CMHCs to enter additional details on what information is missing. The *LOI Recipient* field enables. Select "**Nursing Facility**" from the *LOI Recipient* drop-down. KLOCS generates the Lack of Information (LOI) Task for the admitting NF.



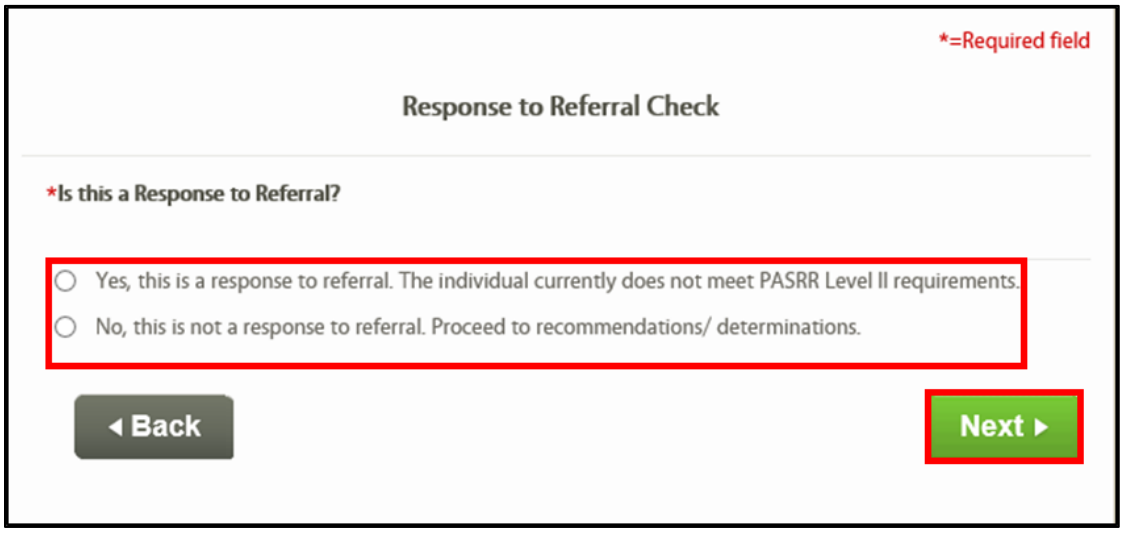
25. Click **Submit** if **No** was selected or **Next** if **Yes** was selected.

- If **No** is selected, CMHCs are unable to determine LOC. KLOCS navigates back to the **Dashboard** screen.
- If **Yes** is selected, KLOCS navigates to the **Response to Referral Check** screen.

26. On the **Response to Referral Check** screen, select the **appropriate answer** for *Is this a Response to Referral?*
    - If "**Yes, this is a response to referral. The Individual does not meet PASRR Level II requirements**" is selected, this indicates the individual currently does not meet PASRR criteria. KLOCS navigates to the **Response to Referral** screen.

Refer To: The **Response to Referral: Yes Scenario** section of this User Manual and follow Steps 1 through 7 to complete a Response to Referral if the outcome is "**Yes**".

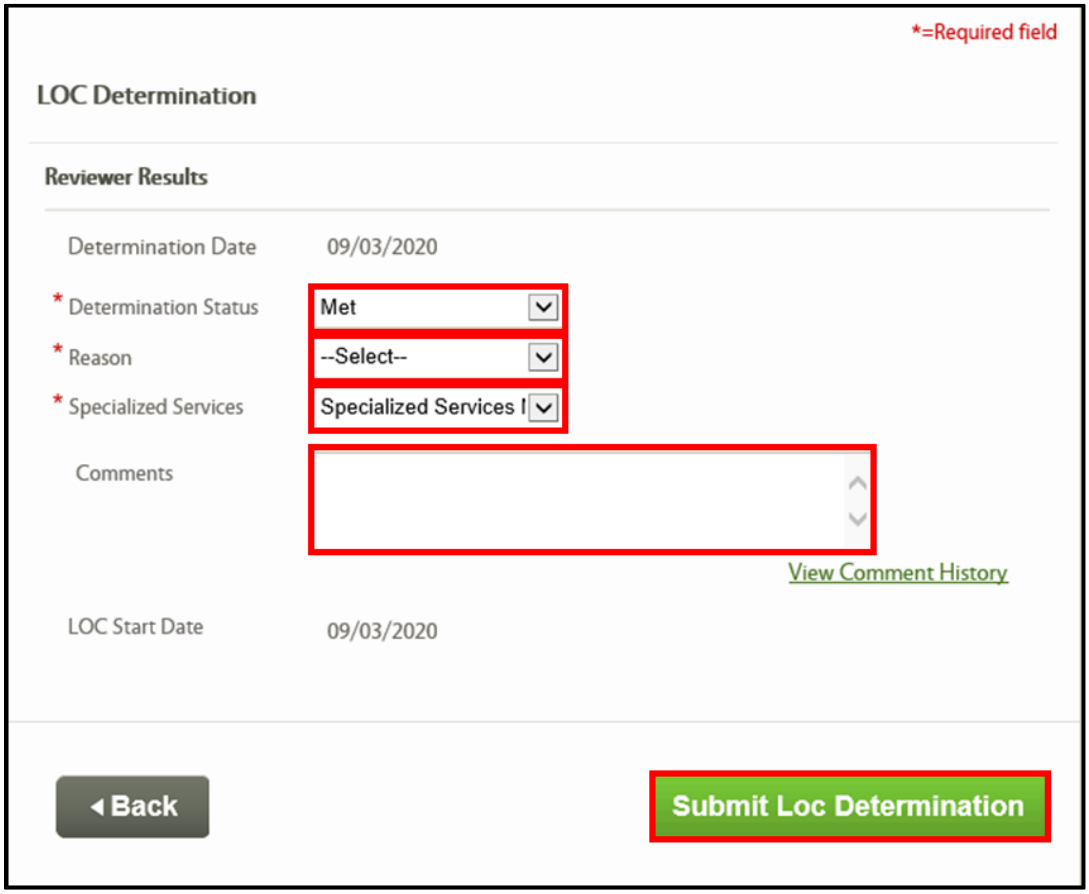
27. Click **Next**.
    - If **"No, this is not a response to referral. Proceed to recommendation/determinations."** is selected by CMHCs KLOCS navigates to the **LOC Determination** screen.



28. On the **LOC Determination** screen, the *Determination Date* pre-populates.
29. Select the "**Appropriate Determination Status**" from the *Determination Status* drop-down.
30. Select the "**Appropriate Reason**" from the *Reason* drop-down.
    - The *Reason* field is mandatory for all three LOC determination statuses (Met, Not Met, Pended).
31. If applicable, select the "**Specialized Services Required**" or "**Specialized Services Not Required**" from the *Specialized Services* field drop-down.
    - The *Specialized Services* field is only enabled when the *Determination Status* field is marked as "Met".
32. In the *Comments* field, CMHCs should enter the **appropriate details explaining the LOC determination**, making sure to include details for any Specialized Services recommendations.

Please Note: The *Comments* field is optional when the LOC Determination Status is "Met". If the LOC Determination Status is marked as "Not Met" or "Pended", the *Comments* field is mandatory.

33. The date pre-populates for the *LOC Start Date* field.
34. Click **Submit LOC Determination** to navigate to the **Dashboard** screen.



Once CMHCs determine the LOC as Met for PASRR Level II – ID-RC/Dual applications, a recommendation is sent to the DBHDID Committee. The DBHDID Committee will make the final LOC Determination.

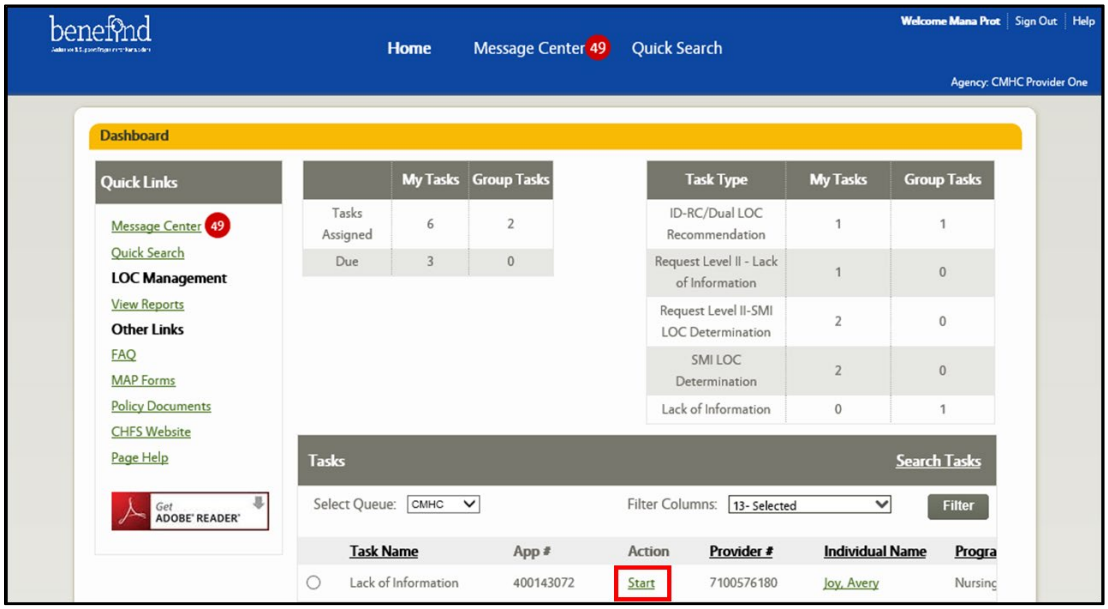
3.4.3 Lack of Information (LOI) Task in KLOCS

If the DBHDID Committee is unable to determine LOC due to a lack of information or because the wrong information was provided, the Lack of Information (LOI) Task generates for CMHCs. The LOI Task notifies CMHCs to update the PASRR Level II LOC application and add the information requested by the DBHDID Committee.

To complete the LOI Task, CMHCs follow the same process used to complete the ID-RC/Dual LOC Recommendation Task. However, CMHCs in addition must provide the missing or updated information as requested from the DBHDID Committee.

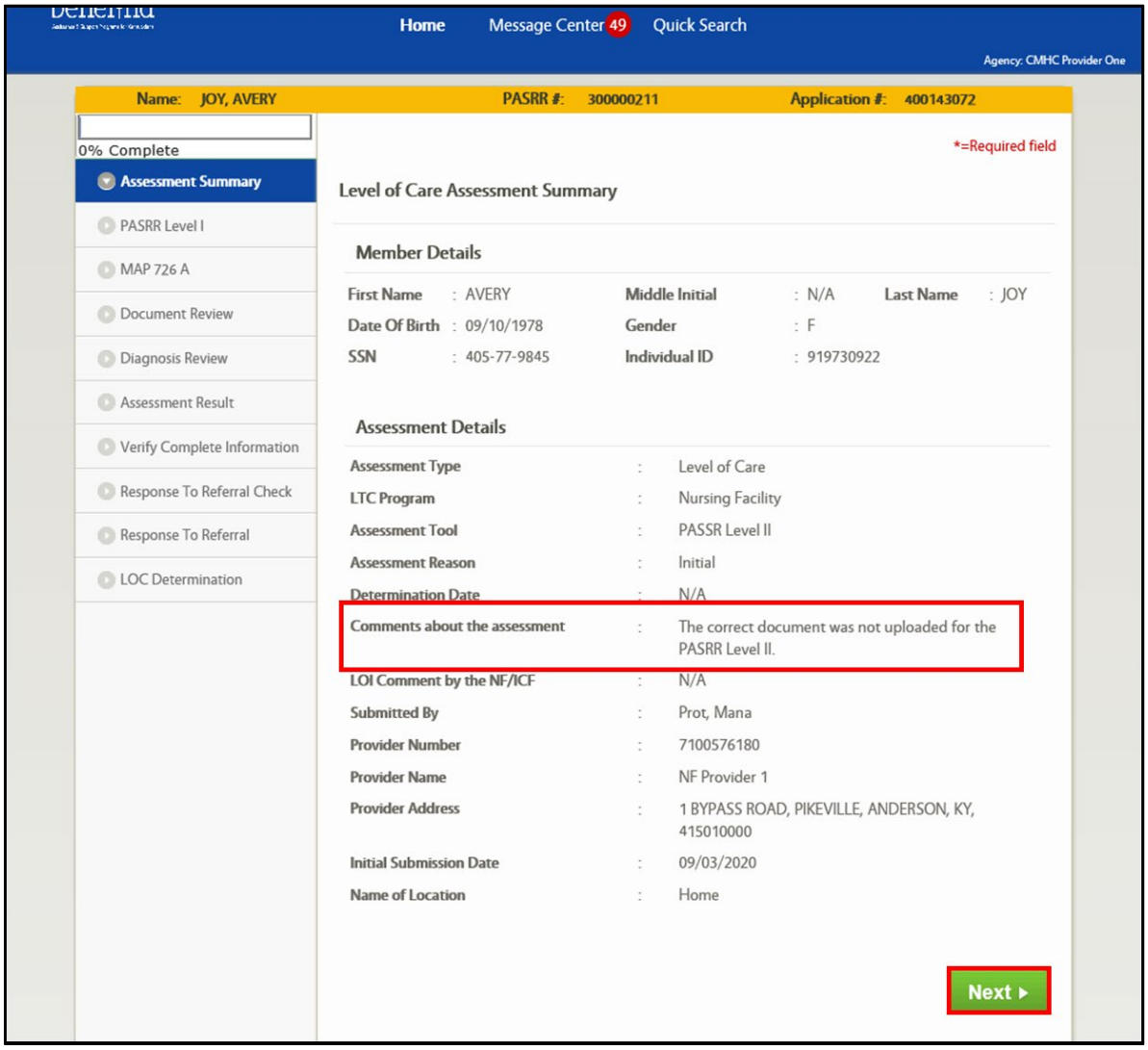
To begin the Lack of Information (LOI) Task, CMHCs complete the following steps:

1. On the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the *Lack of Information* Task under the *Task* section.



2. On the **Level of Care Assessment Summary** screen, CMHCs should review the *Comments about the assessment* under the *Assessment Details* section. This allows CMHCs to see why the DBHDID Committee returned the PASRR Level II LOC application to trigger the LOI Task.

Please Note: After reviewing *Comments about the assessment*, CMHCs are able to write comments in response to the DBHDID Committee while completing the LOI Task on the **Verify Complete Information** screen.

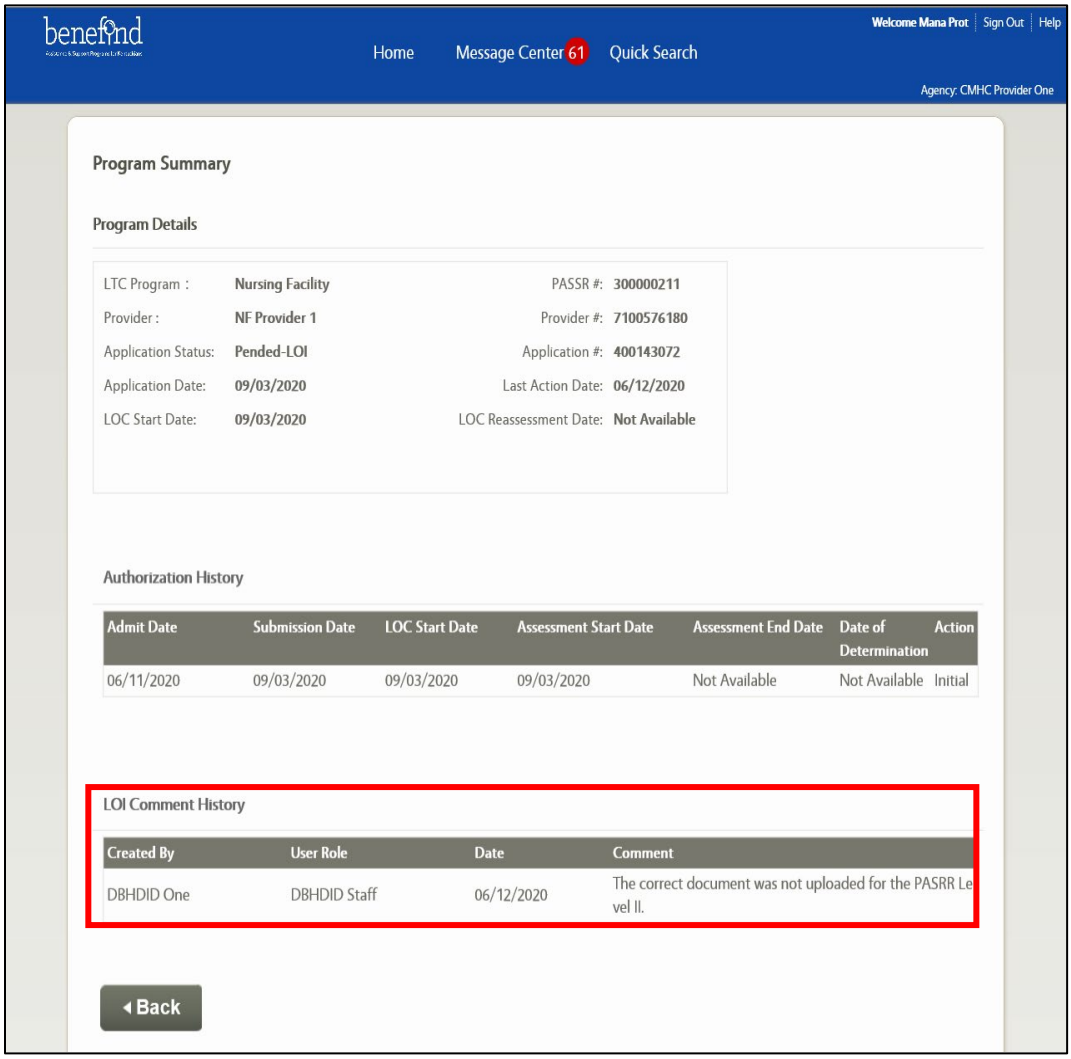


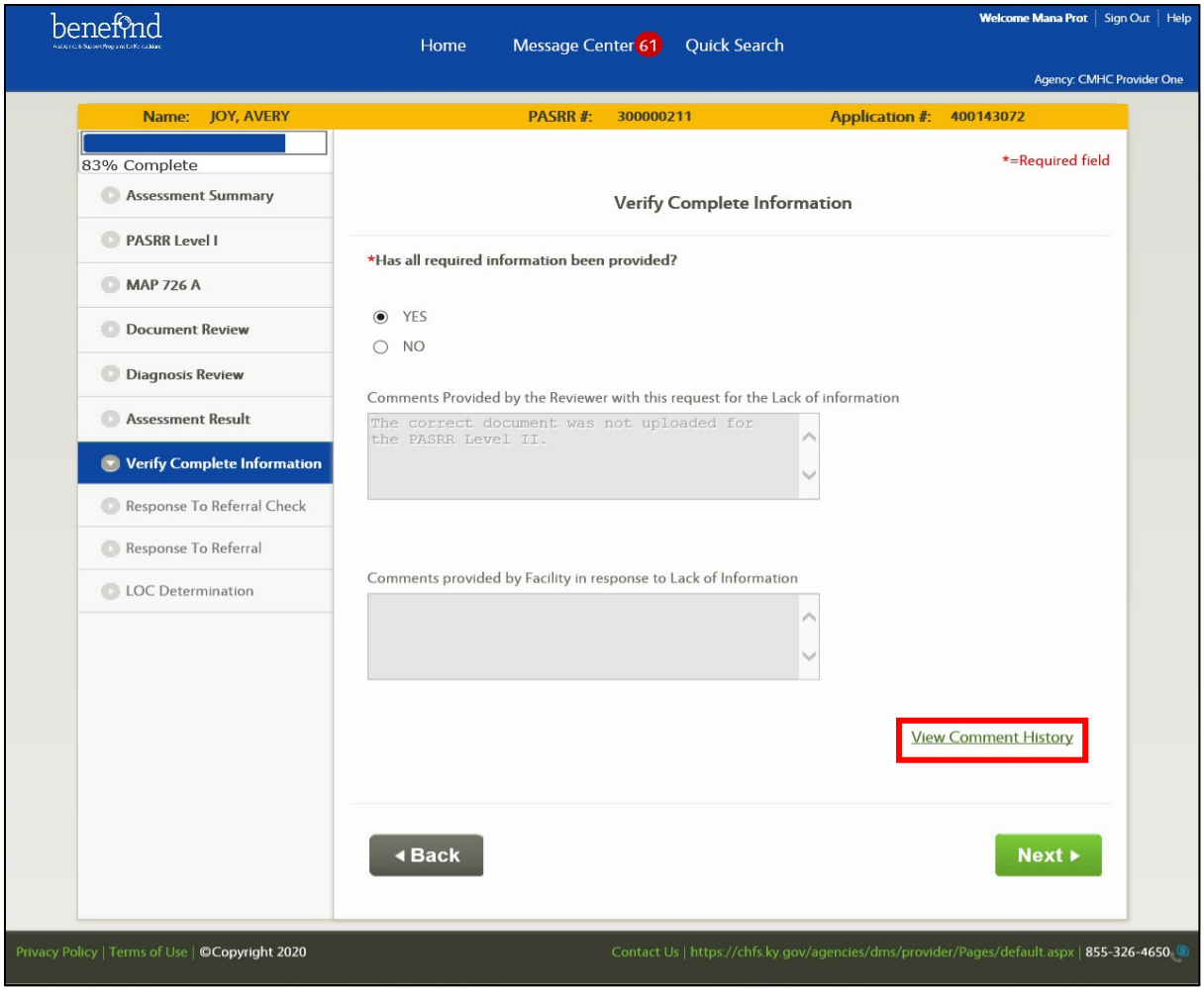
Refer To: The **ID-RC/Dual LOC Recommendation Task in KLOCS** section of this User Manual and follow Steps 3 through 34 to complete the Lack of Information (LOI) Task.

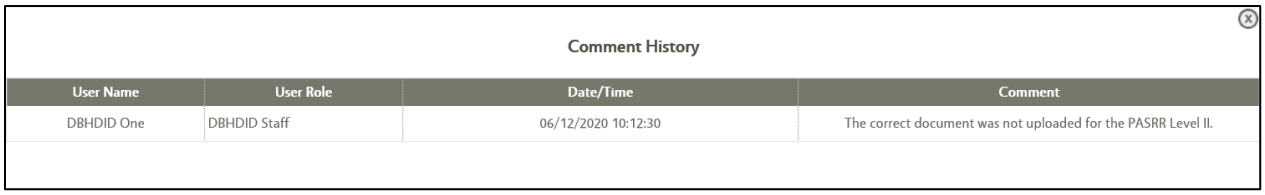
3.4.3.1 LOI Comments History

CMHCs have the capability to respond to DBHDID comments for the LOI Task on the **Verify Complete Information** screen as well as view LOI comment history.

CMHCs may view LOI Comment History on the **Program Summary** screen or by clicking **View Comment History** on the **Verify Complete Information** screen.




benefind
Home
Message Center 61
Quick Search
Welcome Mana Prot | Sign Out | Help
Agency: CMHC Provider One
Name: JOY, AVERY
PASRR #: 300000211
Application #: 400143072
83% Complete
Assessment Summary
PASRR Level I
MAP 726 A
Document Review
Diagnosis Review
Assessment Result
Verify Complete Information
Response To Referral Check
Response To Referral
LOC Determination
*=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
The correct document was not uploaded for the PASRR Level II.
Comments provided by Facility in response to Lack of Information
View Comment History
Back
Next
Privacy Policy | Terms of Use | ©Copyright 2020
Contact Us | https://chfs.ky.gov/agencies/dms/provider/Pages/default.aspx | 855-326-4650


Comment History
User Name
User Role
Date/Time
Comment
DBHDID One
DBHDID Staff
06/12/2020 10:12:30
The correct document was not uploaded for the PASRR Level II.

3.4.4 Request Level II (Significant Change) – SMI LOC Determination Task in KLOCS

The NF is required to initiate a significant change in KLOCS, within fourteen (14) calendar days of a change, for:

1.Individuals who previously did not meet PASRR criteria but now meet due to a new SMI diagnosis or validation; OR

2.Individuals who were previously identified as meeting PASRR criteria, have a change in their mental or physical condition in a manner that affects their need for specialized services, nursing facility level of care, or recommended services of lesser intensity; OR

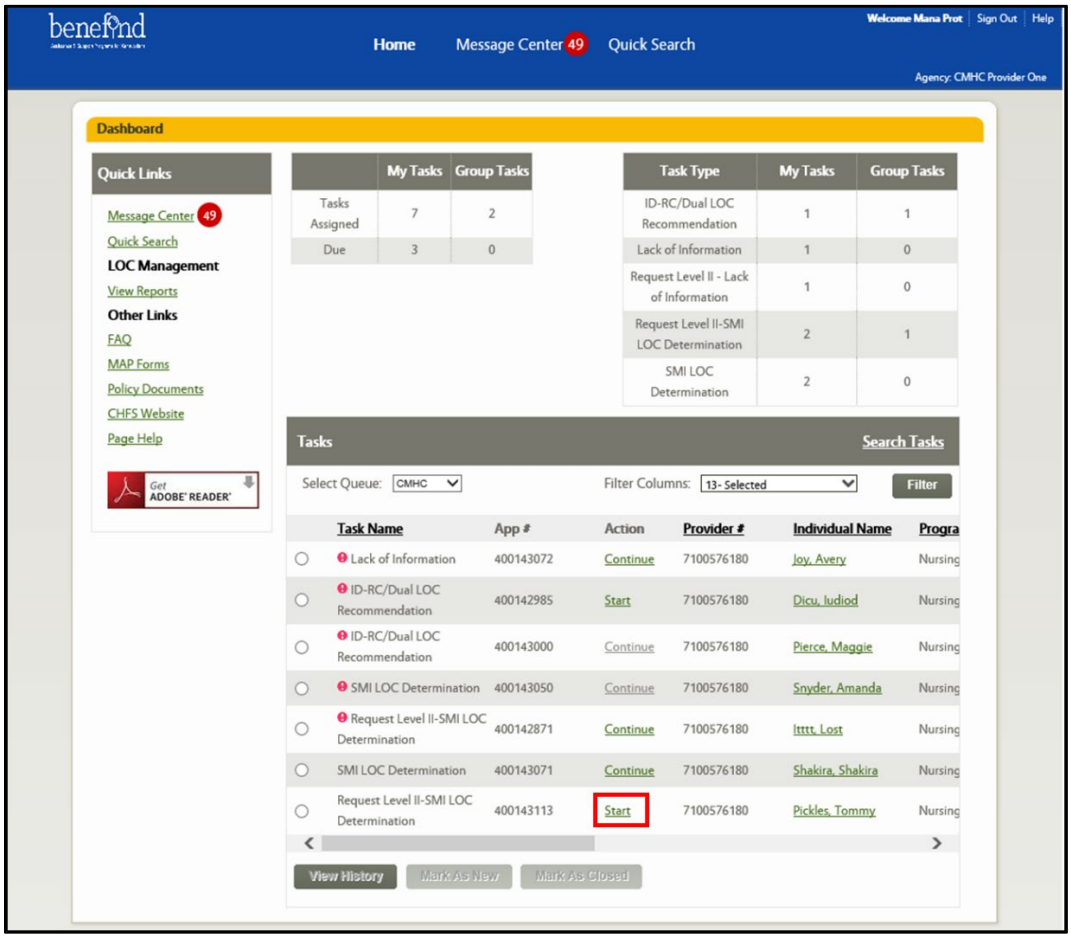
3.When a PASRR, or potential PASRR, Individual has a change that does not meet the requirements to refer to the CMHC for a Level II, the NF notes and explains the change in Section 3 on the **Significant Change** screen in KLOCS.

Once the NF requests PASRR Level II for Individuals due to a significant change caused by a SMI, the Request Level II – SMI LOC Determination Task generates for CMHCs.

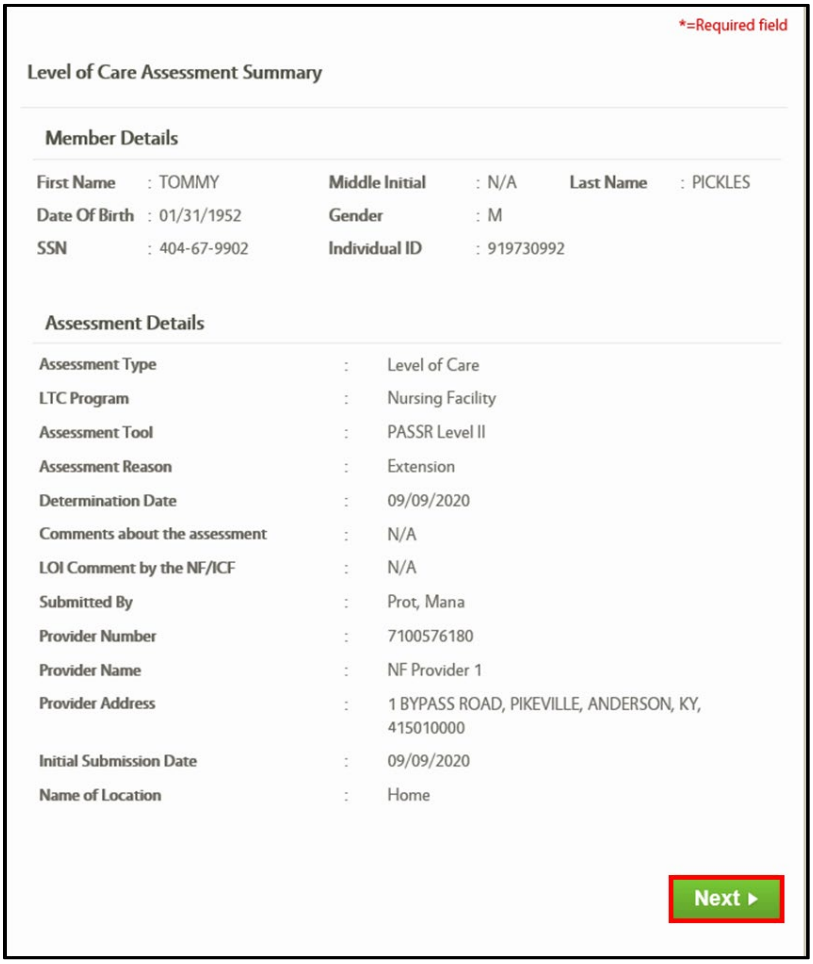
Please Note: To complete the Request Level II – SMI LOC Determination Task, CMHCs follow the same process used to complete the SMI LOC Determination Task.

To begin the Request Level II – SMI LOC Determination Task, CMHCs complete the following steps:

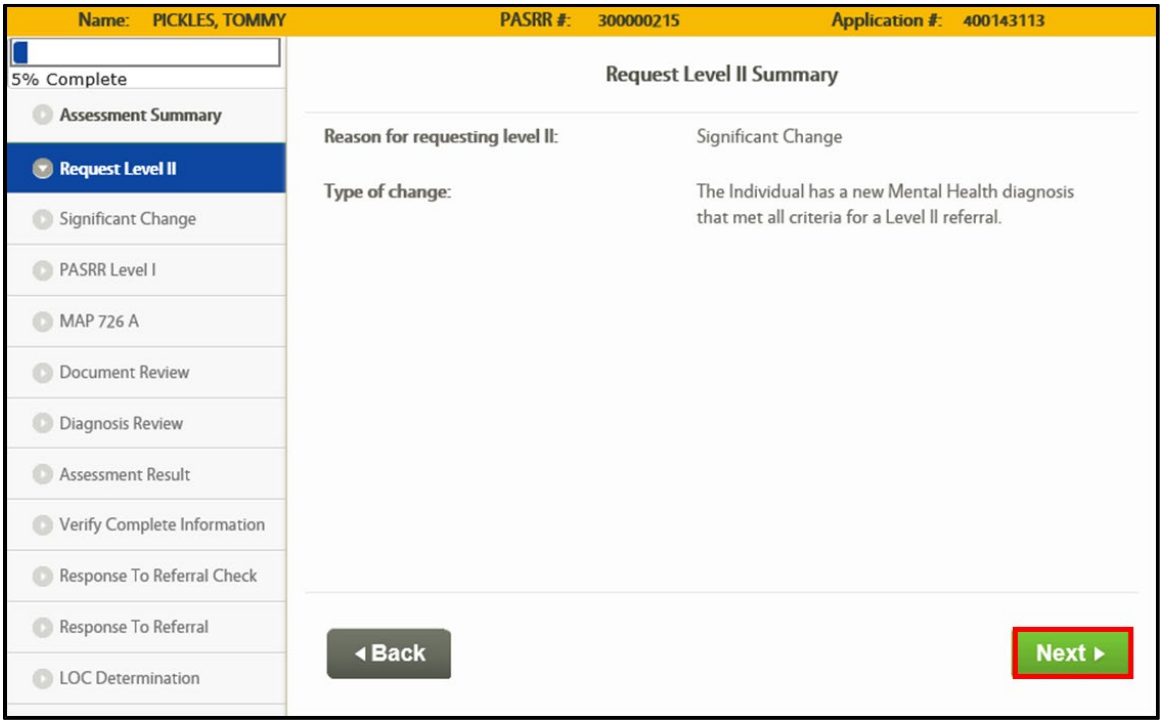
1. On the *Task* section on the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the *Request Level II - SMI LOC Determination* Task.



2. The **Level of Care Assessment Summary** screen displays. Click **Next**.



3. The **Request Level II Summary** screen displays. Click **Next**.



4. The **Significant Change** screen displays and is read-only for CMHCs. Click **Next**.
    - This screen consists of three sections: Change in Diagnosis/Condition, Designation, and Signature.

Significant Change

*=Required field

"Significant Change" means that the individual's mental or physical condition has changed significantly in a manner that affects his/her need for specialized services, or nursing facility level of care. If any of the following events have occurred, please select the type of change.

Section 1: Change in Diagnosis/Condition

☑ The individual has a new mental health diagnosis that caused significant difficulty in at least 1 of these areas:

Interpersonal functioning such as serious difficulty interacting with others, difficulty communicating with others, altercations, evictions, unstable employment, frequent isolation, avoids others, or fear of strangers.

Concentration, persistence and pace such as serious difficulty in focusing and concentrating, requiring assistance with completing tasks, and the inability to complete simple tasks within an established time period without assistance.

Adaption to change that shows serious difficulty adapting to changes involving work, school, family, or social interactions through agitation, self-harm, suicidal/homicidal ideation, physical violence or threats, appetite disturbances, delusions, hallucinations, serious loss of interest, tearfulness, irritability, or intervention by mental health or judicial system.

Due to the diagnosis and related impairments, required intensive psychiatric treatment (more intensive than outpatient care) or experienced an episode of significant disruption to their normal living situation for which supportive services were required to maintain functioning.

☐ The individual has a new Intellectual Disability diagnosis with reason to believe that onset was prior to age 18 with deficits in both:

Intellectual functioning such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience; and

Adaptive functioning such as failure to meet developmental and sociocultural standards for personal independence and social responsibility and limited independent functioning in one or more activities of daily life such as – communication, social participation, and independent living; and across multiple environments, such as home, school, work, and community.

☐ The individual has a new Related Condition diagnosis such as cerebral palsy, Down Syndrome, fetal alcohol syndrome, seizure disorder, and traumatic brain injury with reason to believe that onset prior to age 22.

This diagnosis results in substantial functional limitations in 3 or more of the following areas of major life activities that requires treatment or services similar to those required by persons with an intellectual disability: self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living.

☐ The PASRR SMI resident has a medical condition which has greatly declined.

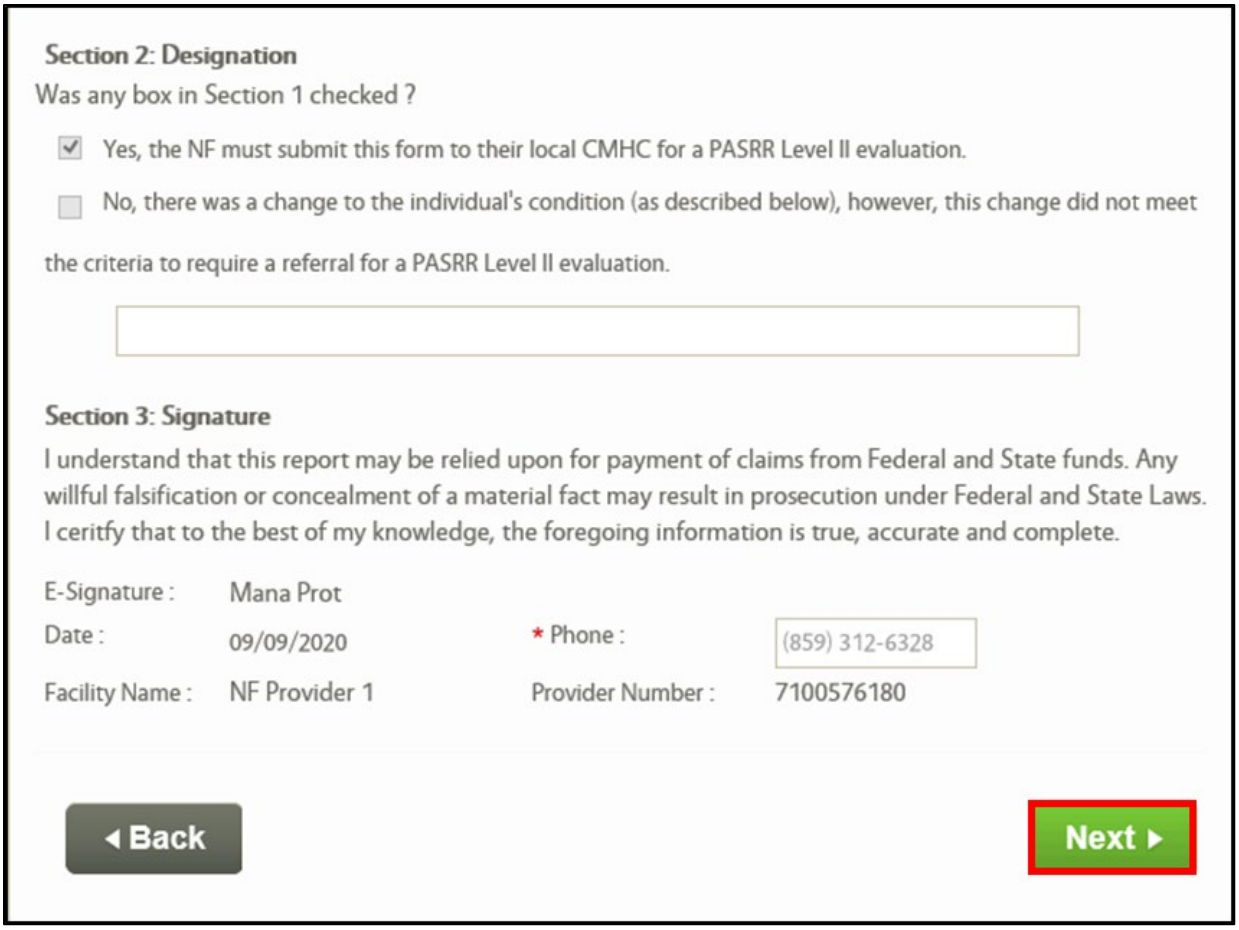
☐ The PASRR SMI resident has a medical condition which has greatly improved.

☐ The PASRR ID/RC resident has a medical condition which has greatly declined.

☐ The PASRR ID/RC resident has a medical condition which has greatly improved.

If there is a box in section 1 checked, then describe the Significant Change and its effect on the Nursing Facility Resident: *

Difficulty interacting/communicating with others. He has become verbally abusive and aggre:



Refer To: The **SMI LOC Determination in KLOCS** section of this User Manual and follow Steps 3 through 32 to complete the Request Level II – SMI LOC Determination.

Please Note: On the **Assessment Result** screen, under the *Assessment Details* section, the *Assessment Reason* will pre-populate as **Request Level II.**

3.4.5 Request Level II (Significant Change) – ID-RC/Dual Task in KLOCS

The NF is required to initiate a significant change in KLOCS, within fourteen (14) calendar days of a change, for:

1.Individuals who previously did not meet PASRR criteria but now meet due to a new ID-RC/Dual diagnosis or validation; OR

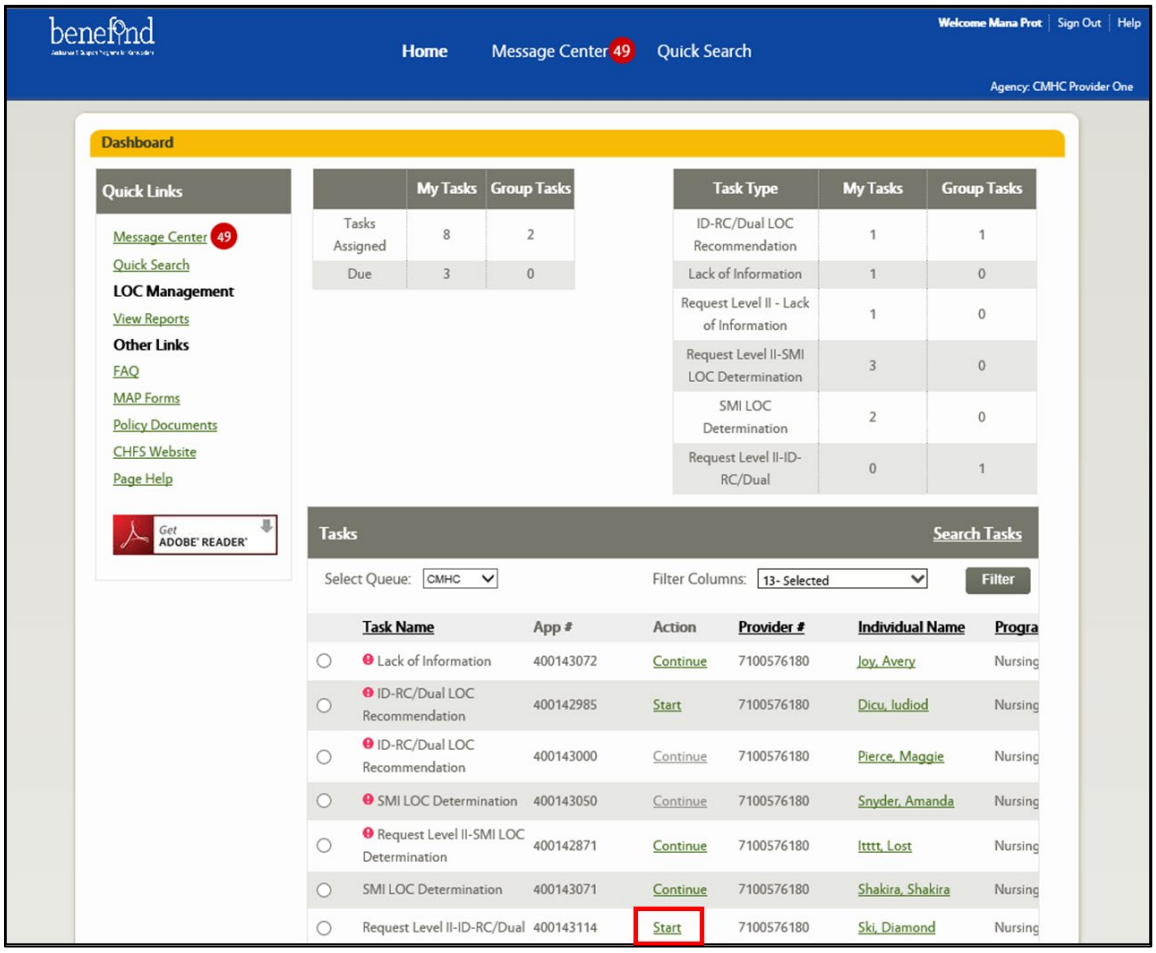
2.Individuals who were previously identified as meeting PASRR criteria, have a change in their mental or physical condition in a manner that affects their need for specialized services, nursing facility level of care, or recommended services of lesser intensity; OR

3.When a PASRR, or potential PASRR, Individual has a change that does not meet the requirements to refer to the CMHC for a Level II, the NF notes and explains the change in Section 3 on the **Significant Change** screen in KLOCS.

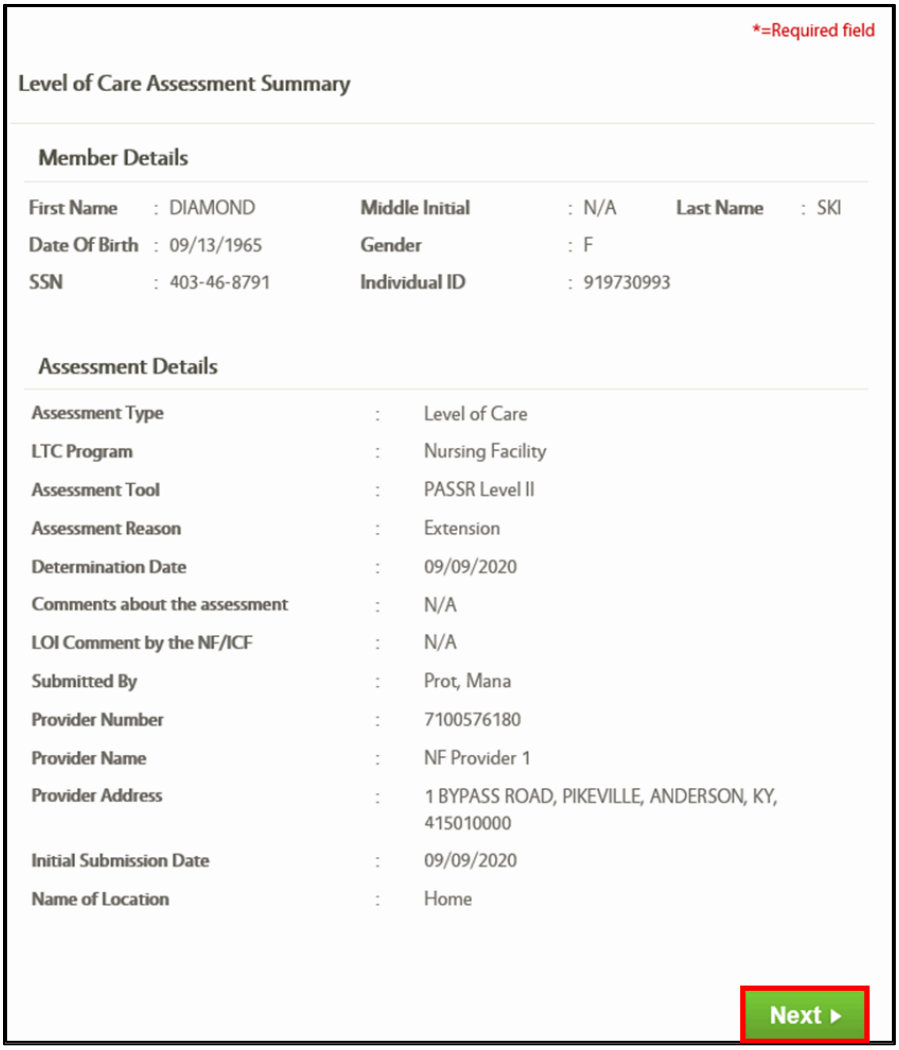
Once the NF requests PASRR Level II for Individuals due to a significant change caused by ID or RC, the Request Level II – ID-RC/Dual Task generates for CMHCs. To complete the Request Level II – ID/RC/Dual Task, CMHCs will follow the same process used to complete the ID-RC/Dual LOC Recommendation Task.

To begin the Request Level II – ID-RC/Dual Task, CMHCs complete the following steps:

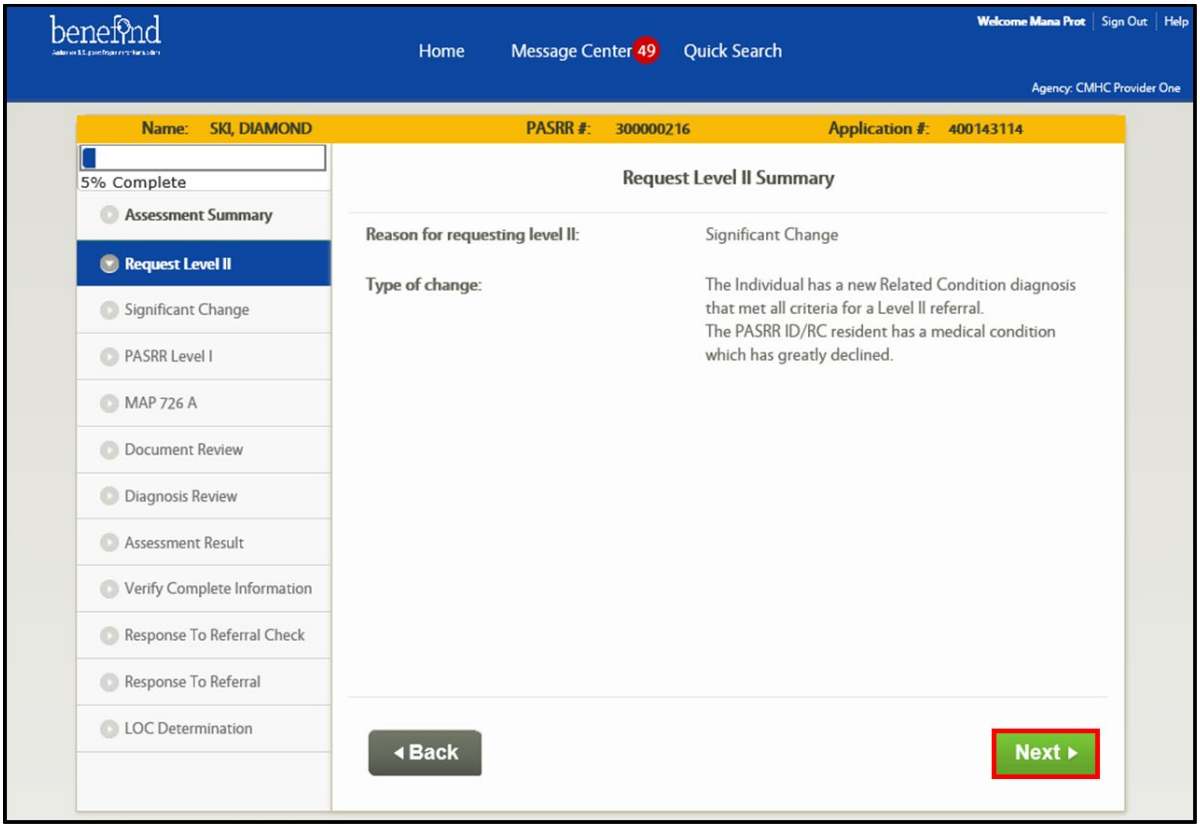
1. On the *Task* section on the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the *Request Level II – ID-RC/Dual* Task under the *Task* section.



2. The **Level of Care Assessment Summary** screen displays. Click **Next**.



3. The **Request Level II Summary** screen displays. Click **Next**.



4. The **Significant Change** screen displays and is read-only for CMHCs. Click **Next**.

    a. This screen consists of three sections: Change in Diagnosis/Condition, Designation, and Signature.

Significant Change

*=Required field

"Significant Change" means that the individual's mental or physical condition has changed significantly in a manner that affects his/her need for specialized services, or nursing facility level of care. If any of the following events have occurred, please select the type of change.

Section 1: Change in Diagnosis/Condition

☐ The individual has a new mental health diagnosis that caused significant difficulty in at least 1 of these areas:

Interpersonal functioning such as serious difficulty interacting with others, difficulty communicating with others, altercations, evictions, unstable employment, frequent isolation, avoids others, or fear of strangers.

Concentration, persistence and pace such as serious difficulty in focusing and concentrating, requiring assistance with completing tasks, and the inability to complete simple tasks within an established time period without assistance.

Adaption to change that shows serious difficulty adapting to changes involving work, school, family, or social interactions through agitation, self-harm, suicidal/homicidal ideation, physical violence or threats, appetite disturbances, delusions, hallucinations, serious loss of interest, tearfulness, irritability, or intervention by mental health or judicial system.

Due to the diagnosis and related impairments, required intensive psychiatric treatment (more intensive than outpatient care) or experienced an episode of significant disruption to their normal living situation for which supportive services were required to maintain functioning.

☐ The individual has a new Intellectual Disability diagnosis with reason to believe that onset was prior to age 18 with deficits in both:

Intellectual functioning such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience; and

Adaptive functioning such as failure to meet developmental and sociocultural standards for personal independence and social responsibility and limited independent functioning in one or more activities of daily life such as – communication, social participation, and independent living; and across multiple environments, such as home, school, work, and community.

☑ The individual has a new Related Condition diagnosis such as cerebral palsy, Down Syndrome, fetal alcohol syndrome, seizure disorder, and traumatic brain injury with reason to believe that onset prior to age 22.

This diagnosis results in substantial functional limitations in 3 or more of the following areas of major life activities that requires treatment or services similar to those required by persons with an intellectual disability: self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living.

☐ The PASRR SMI resident has a medical condition which has greatly declined.

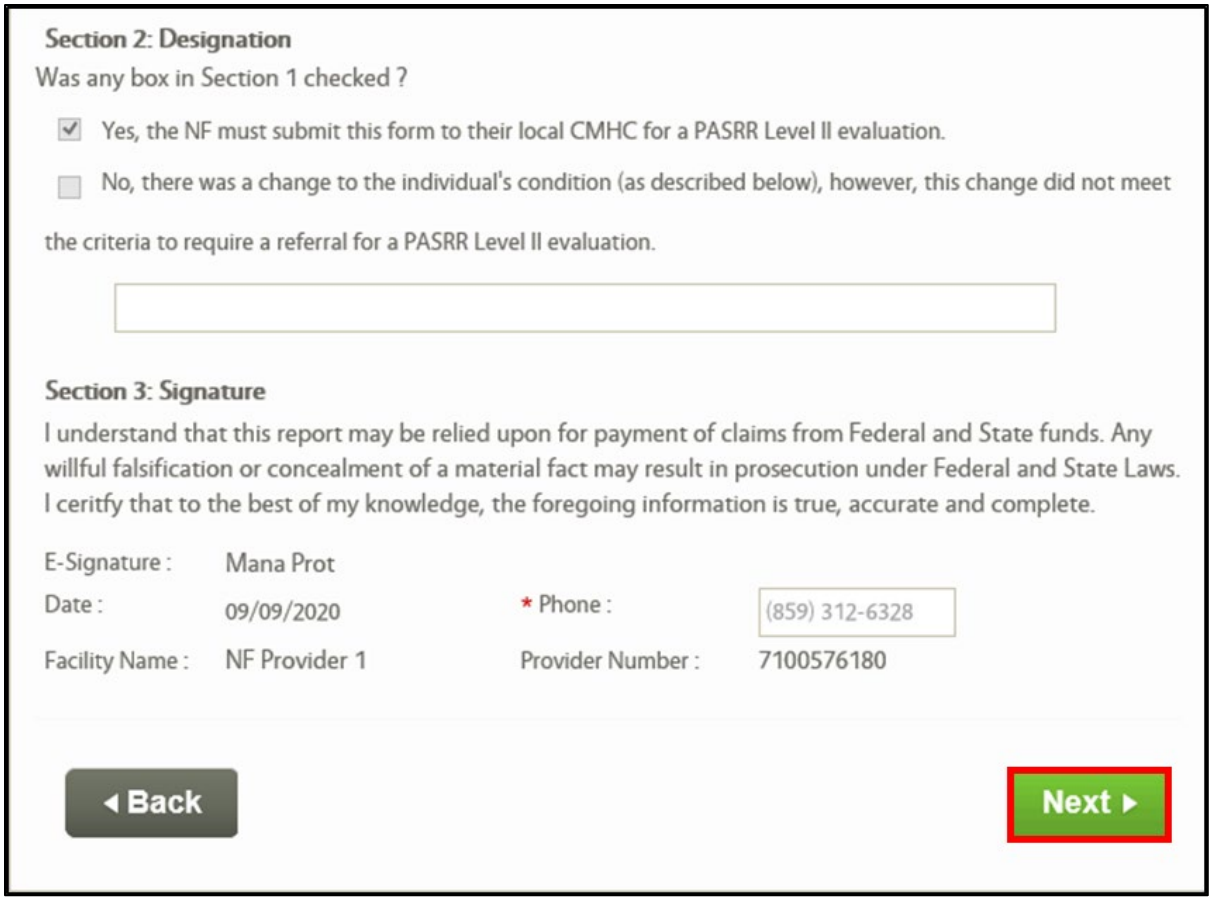
☐ The PASRR SMI resident has a medical condition which has greatly improved.

☑ The PASRR ID/RC resident has a medical condition which has greatly declined.

☐ The PASRR ID/RC resident has a medical condition which has greatly improved.

If there is a box in section 1 checked, then describe the Significant Change and its effect on the Nursing Facility Resident: *

Seizures have been more frequent in occurance



Refer To: The **ID-RC/Dual LOC Recommendation Task in KLOCS** section in this User Manual and follow Steps 3 through 34 to complete the Request Level II – ID-RC/Dual Task.

Please Note: On the **Assessment Result** screen, under the *Assessment Details* section, the *Assessment Reason* will pre-populate as **Request Level II.**

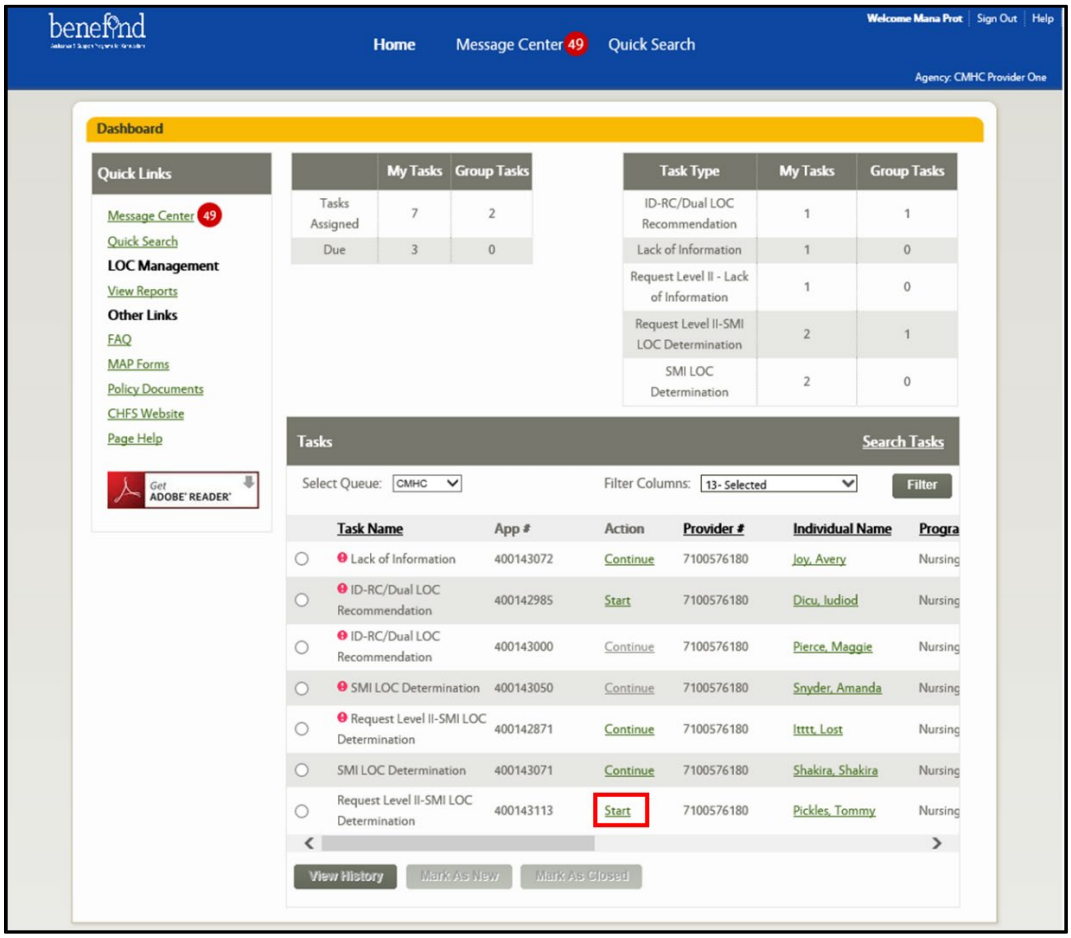
3.4.5.1 Request Level II – Provisional Admission

If an Individual exceeds the approved number of days for Provisional Admission, the NF is required to request Level II.

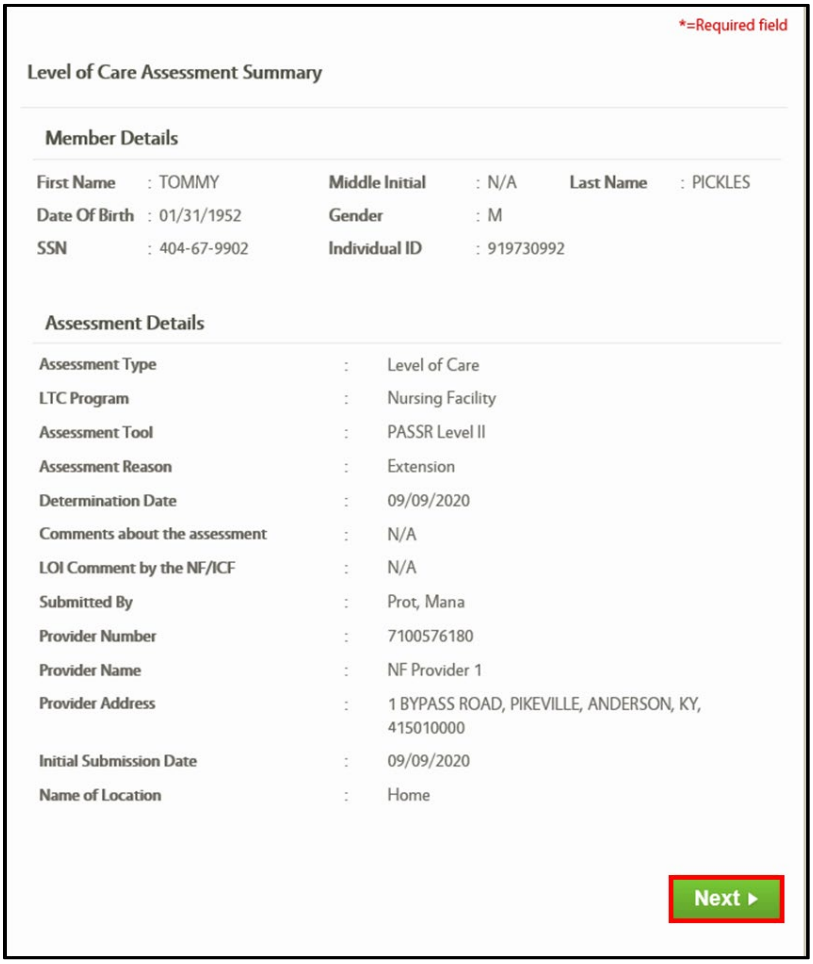
To begin the Request Level II Task, CMHCs complete the following steps:

1. On the *Task* section on the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the *Request Level II - SMI LOC Determination* Task or *Request Level II – ID-RC/Dual* Task.

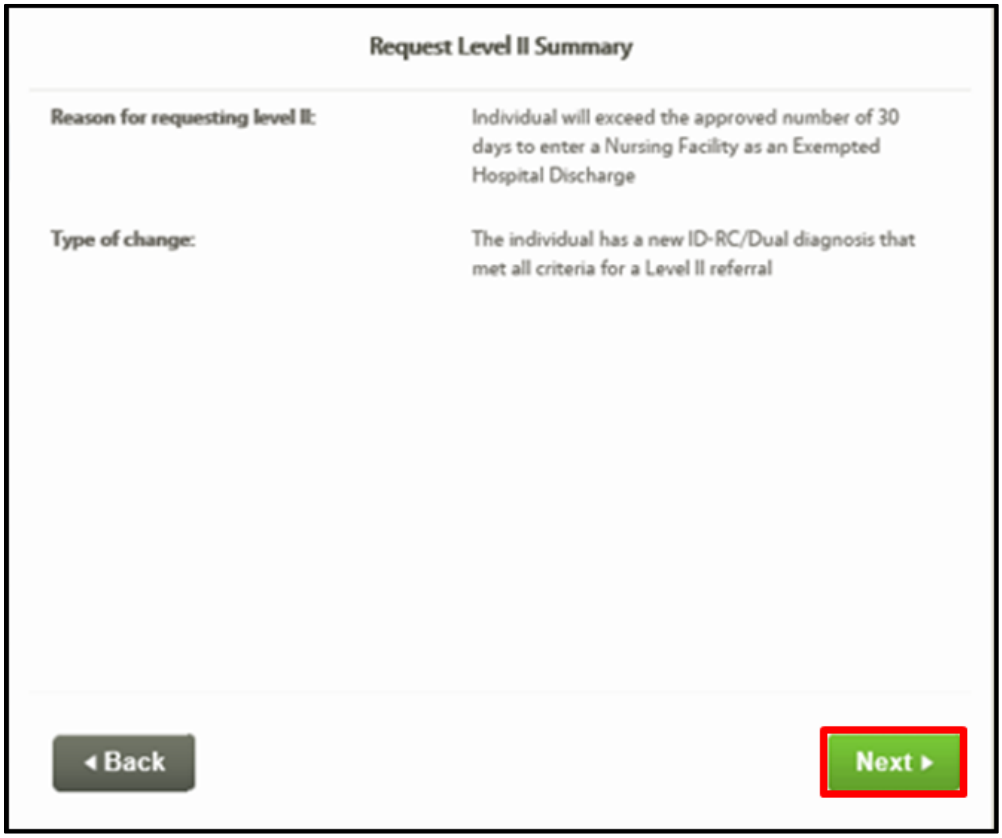
Please Note: When Providers Request Level II for a Significant Change or due to an Individual exceeding the approved number of days for Provisional Admission, the task name for both the Request Level II - SMI LOC Determination and the Request Level II – ID-RC/Dual are the exact same.



2. The **Level of Care Assessment Summary** screen displays. Click **Next**.



3. The **Request Level II Summary** screen displays. Click **Next**.



Refer To: The **SMI LOC Determination in KLOCS** section of this User Manual and follow Steps 3 through 32 to complete the Request Level II – SMI LOC Determination Task.

Or the **ID-RC/Dual LOC Recommendation Task in KLOCS** section in this User Manual and follow Steps 3 through 34 to complete the Request Level II – ID-RC/Dual Task.

3.4.6 Response to Referral: Yes Scenario

If an Individual does not meet PASRR criteria for either a PASRR Level II – SMI or PASRR Level II – ID-RC/Dual LOC applications, the Response to Referral Task generates for the PRO. CMHCs initiate the Response to Referral Task for the PRO by indicating this information on the **Response to Referral Check** and the **Response to Referral** screens.

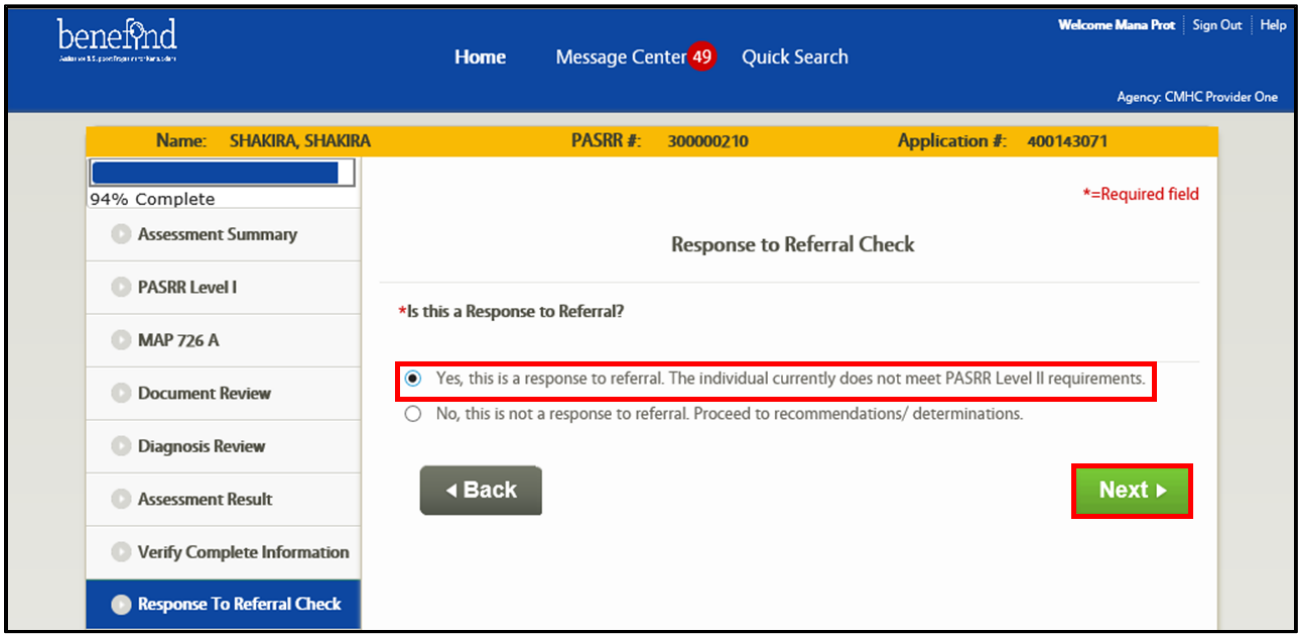
To initiate the Response to Referral Task for PRO, CMHCs complete the following steps:

Refer To: The **SMI LOC Determination Task in KLOCS** section of this User Manual and follow Steps 1 through 23 to start the Response to Referral Task for the PRO.

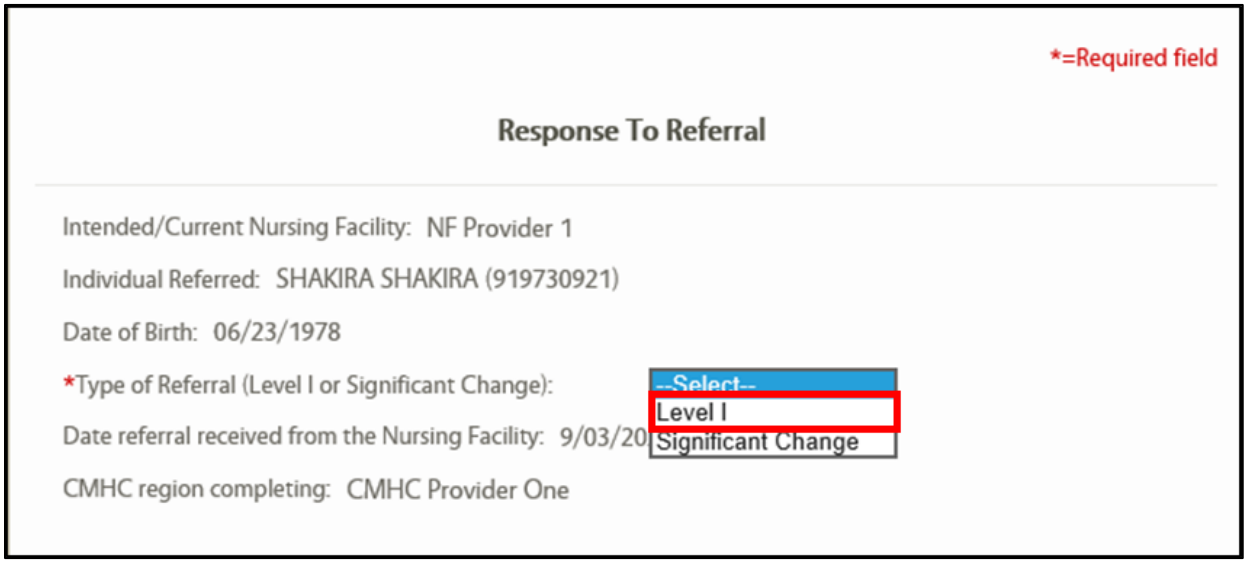
Or the **ID-RC/Dual LOC Recommendation Task in KLOCS** section of this User Manual and follow Steps 1 through 25 to start the Response to Referral Task for the PRO.

1. On the **Response to Referral Check** screen, select "**Yes, this is a response to referral. The individual currently does not meet PASRR Level II requirements"** for *Is this a Response to Referral?*

2. Click **Next**.



3. The **Response to Referral** screen displays. Select "**Level I**" from the *Type of Referral (Level I or Significant Change)* drop-down.



Please Note: KLOCS pre-populates details for *Intended/Current Nursing Facility*, *Individual Referred*, *Date of Birth*, *Date Referral Received from the Nursing Facility*, and *CMHC Region Completing*.

4. For *The evaluator has gathered all available information and documentation and reviewed the referral and the current history and physical (including medications). Based on a review of all records, the evaluator found that at this time the Individual* section, **select all that applies** for the following:

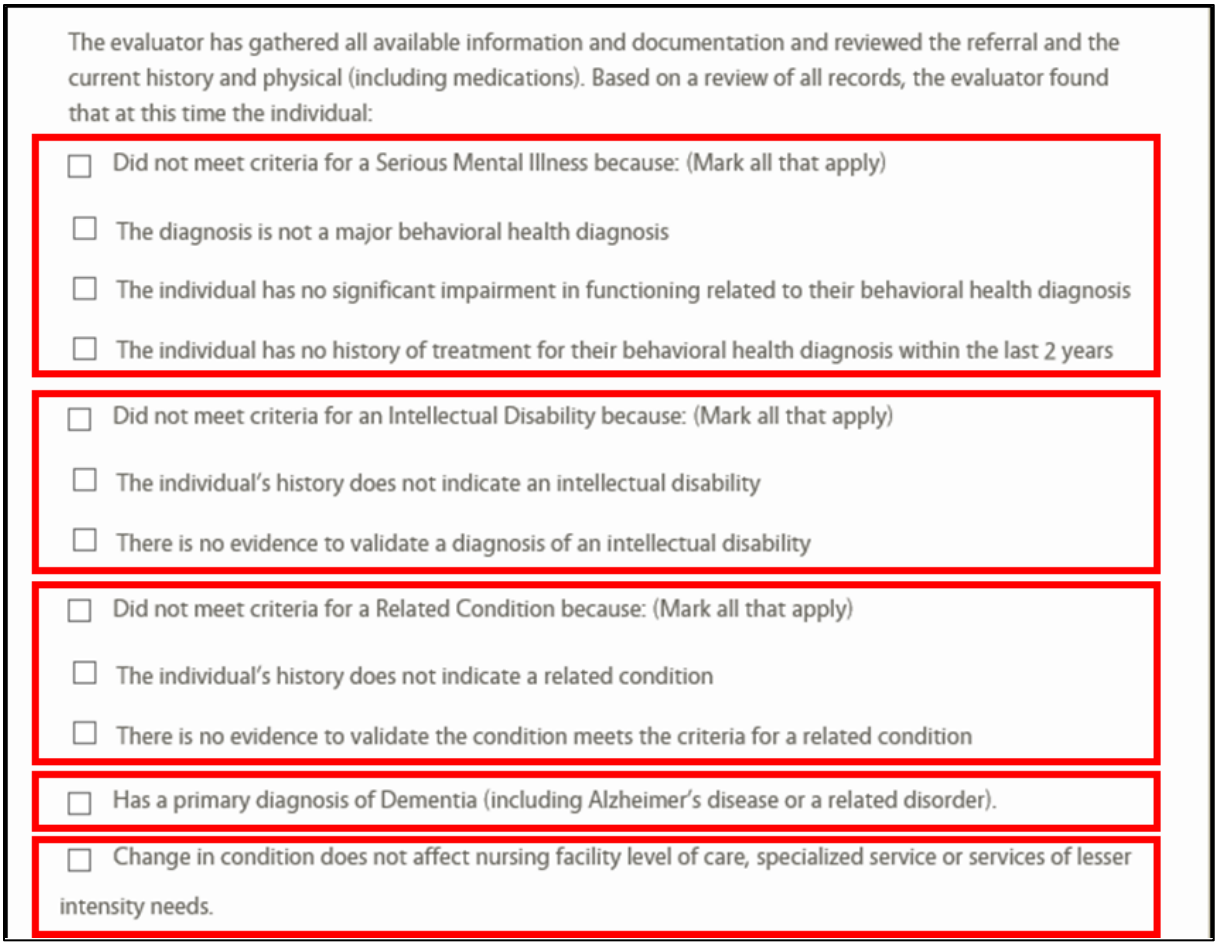
    a. **Did not meet criteria for a Serious Mental Illness because:** (Mark all that apply)

    b. **Did not meet criteria for an Intellectual Disability because:** (Mark all that apply)

    c. **Did not meet criteria for a Related Condition because:** (Mark all that apply)

    d. **Has a primary diagnosis of Dementia (including Alzheimer's disease or a related disorder).**

    e. **Change in condition does not affect nursing facility level of care, specialized service or service of lesser intensity needs.**



The evaluator has gathered all available information and documentation and reviewed the referral and the current history and physical (including medications). Based on a review of all records, the evaluator found that at this time the individual:

- ☐ Did not meet criteria for a Serious Mental Illness because: (Mark all that apply)
  - ☐ The diagnosis is not a major behavioral health diagnosis
  - ☐ The individual has no significant impairment in functioning related to their behavioral health diagnosis
  - ☐ The individual has no history of treatment for their behavioral health diagnosis within the last 2 years
- ☐ Did not meet criteria for an Intellectual Disability because: (Mark all that apply)
  - ☐ The individual's history does not indicate an intellectual disability
  - ☐ There is no evidence to validate a diagnosis of an intellectual disability
- ☐ Did not meet criteria for a Related Condition because: (Mark all that apply)
  - ☐ The individual's history does not indicate a related condition
  - ☐ There is no evidence to validate the condition meets the criteria for a related condition
- ☐ Has a primary diagnosis of Dementia (including Alzheimer's disease or a related disorder).
- ☐ Change in condition does not affect nursing facility level of care, specialized service or services of lesser intensity needs.

Please Note: If **Did not meet criteria for a Serious Mental Illness because** is selected, at least one option or all the options that apply in corresponding boxes must be checked, if applicable.

If **Did not meet criteria for an Intellectual Disability because** is selected, at least one or all the options that apply in corresponding boxes must be checked, if applicable.

If **Did not meet criteria for Related Condition because** is selected, at least one or all of the options that apply in corresponding boxes must be checked, if applicable.

5. The *E-Signature* pre-populates with the name of the current User logged into KLOCS.
6. The *Date* pre-populates with the current date.
7. Click **Next** to navigate to the **Dashboard**.

Once CMHCs click **Next** on the **Response to Referral** screen, this action closes out the task for CMHC, and generates a task for the PRO to conduct the Initial LOC Review.

Please Note: Depending on the PASRR Level II application review outcome, the yes scenario for Response to Referral, may apply to the following CMHC tasks:

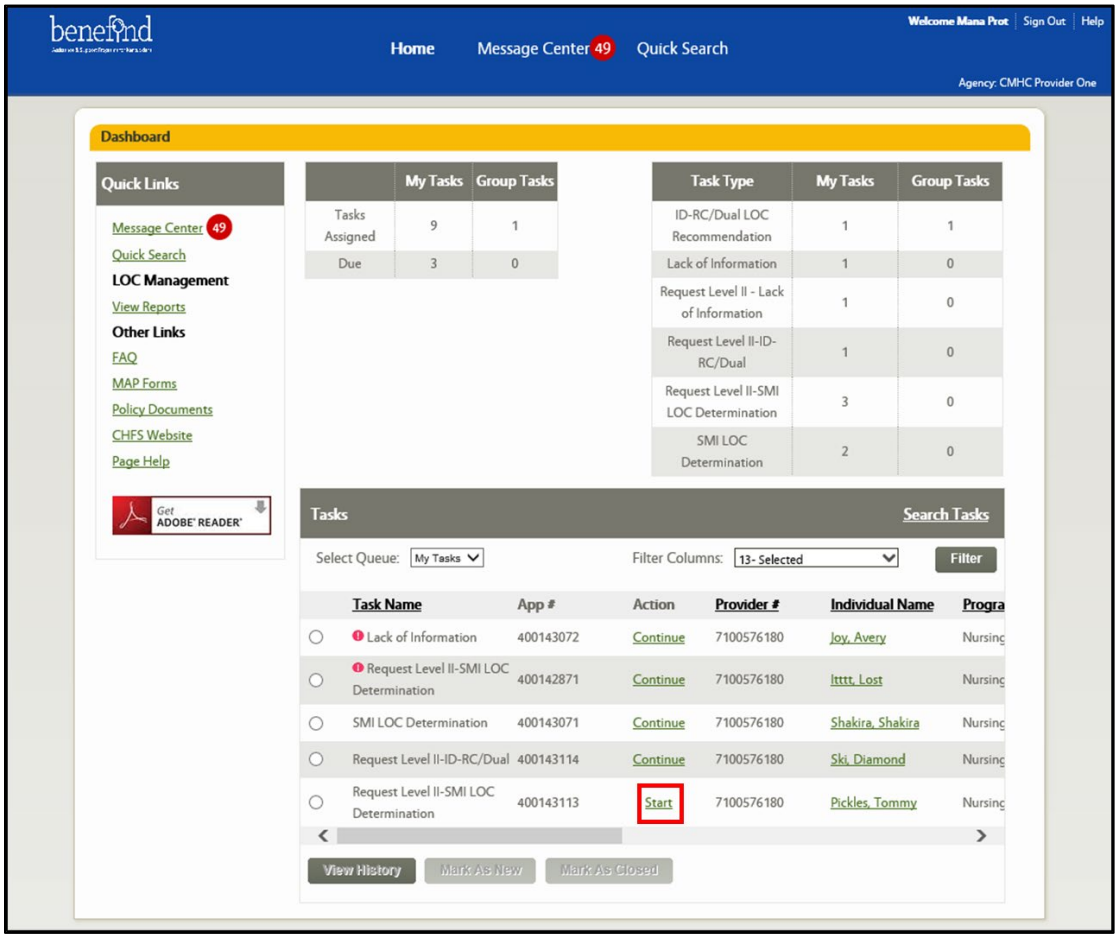
- SMI LOC Determination Task
- ID-RC/Dual Recommendation Task
- Request Level II – SMI LOC Determination Task
- Request Level II – ID-RC/Dual Task

3.4.7 Request Level II – Lack of Information (LOI) Task for NF

If Providers do not provide enough information or provides inaccurate information for CMHCs to make a LOC determination after reviewing the request, CMHCs may generate a Request Level II – Lack of Information (LOI) Task for the Provider. This task is triggered in KLOCS when CMHCs enter information on the **Verify Complete Information** screen.

To initiate the Request Level II – Lack of Information (LOI) Task for NF Providers, CMHCs complete the following steps:

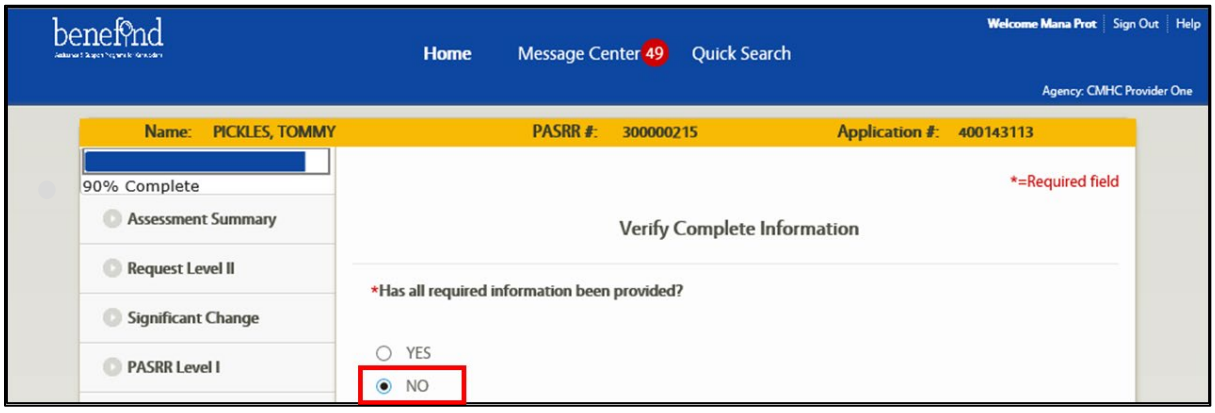
1. Under the *Task* section on the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the *Request Level II - SMI LOC Determination* Task or the *Request Level II – ID-RC/Dual* Task.



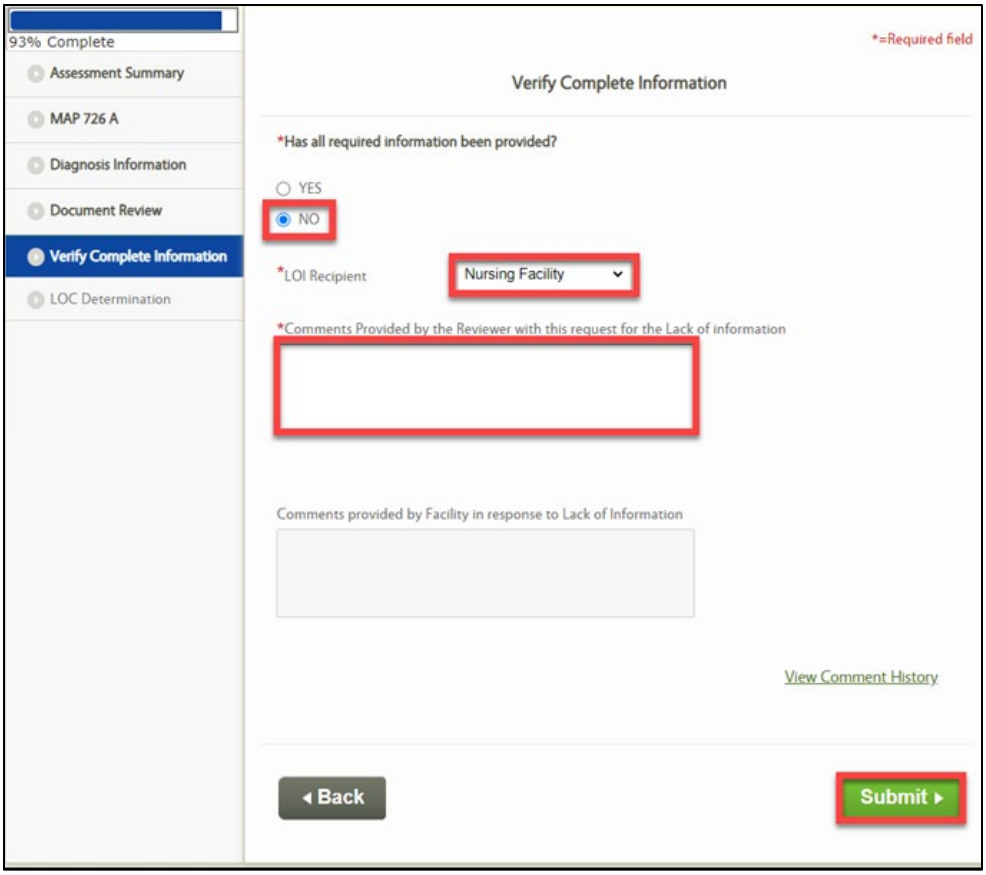
Refer To: The **SMI LOC Determination Task in KLOCS** section of this User Manual and follow Steps 2 through 21 to initiate the Request Level II – Lack of Information (LOI) Task for Providers.

Or the **ID-RC/Dual LOC Recommendation Task in KLOCS** section of this User Manual and follow Steps 2 through 23 to initiate the Request Level II – Lack of Information (LOI) Task for Providers.

2. On **Verify Complete Information** screen, select **No** for *Has all required information been provided?*
3. Additional fields display on the **Verify Complete Information** screen.



4. For the *LOI Recipient* select **Nursing Facility**.
5. In the *Comment provided by the Reviewer with this request for the Lack of Information Box*, CMHCs should enter **specific details for the NF on what information is missing or incorrect**.
6. Click **Submit**.



Once CMHCs click **Submit** on the **Verify Complete Information** screen, the Request Level II – Lack of Information (LOI) Task generates for the NF Provider. Providers must provide the information requested by CMHCs within 14 business days.

Please Note: If the LOI Task is **NOT** completed within 14 business days, Providers must start a **new** application for the Individual.

3.5 Institutionalized Hospice Service Providers (IHP) Tasks for CMHC

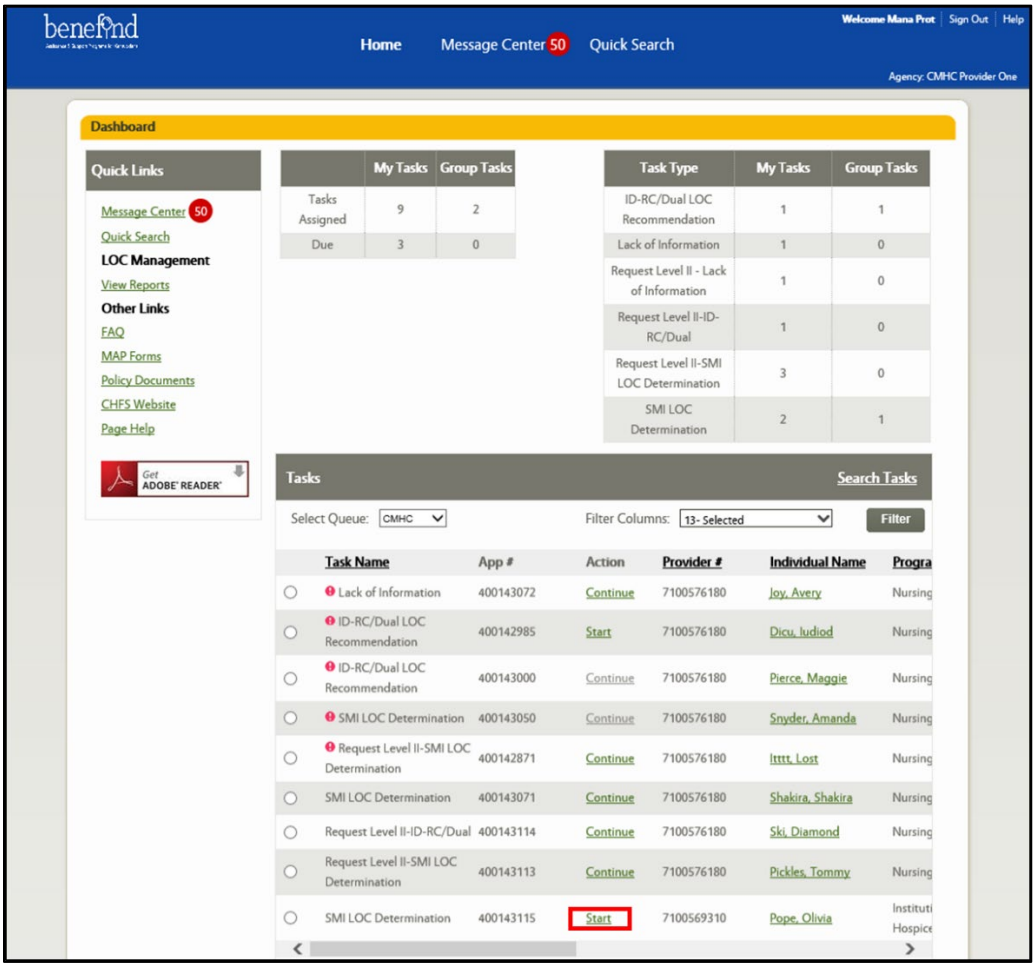
CMHCs may receive tasks to review Institutionalized Hospice Service Providers (IHP) LOC applications in KLOCS. Additionally, CMHCs may generate tasks for the appropriate agency when reviewing Institutionalized Hospice Service Providers (IHP) LOC applications in KLOCS.

3.5.1 SMI LOC Determination for IHP

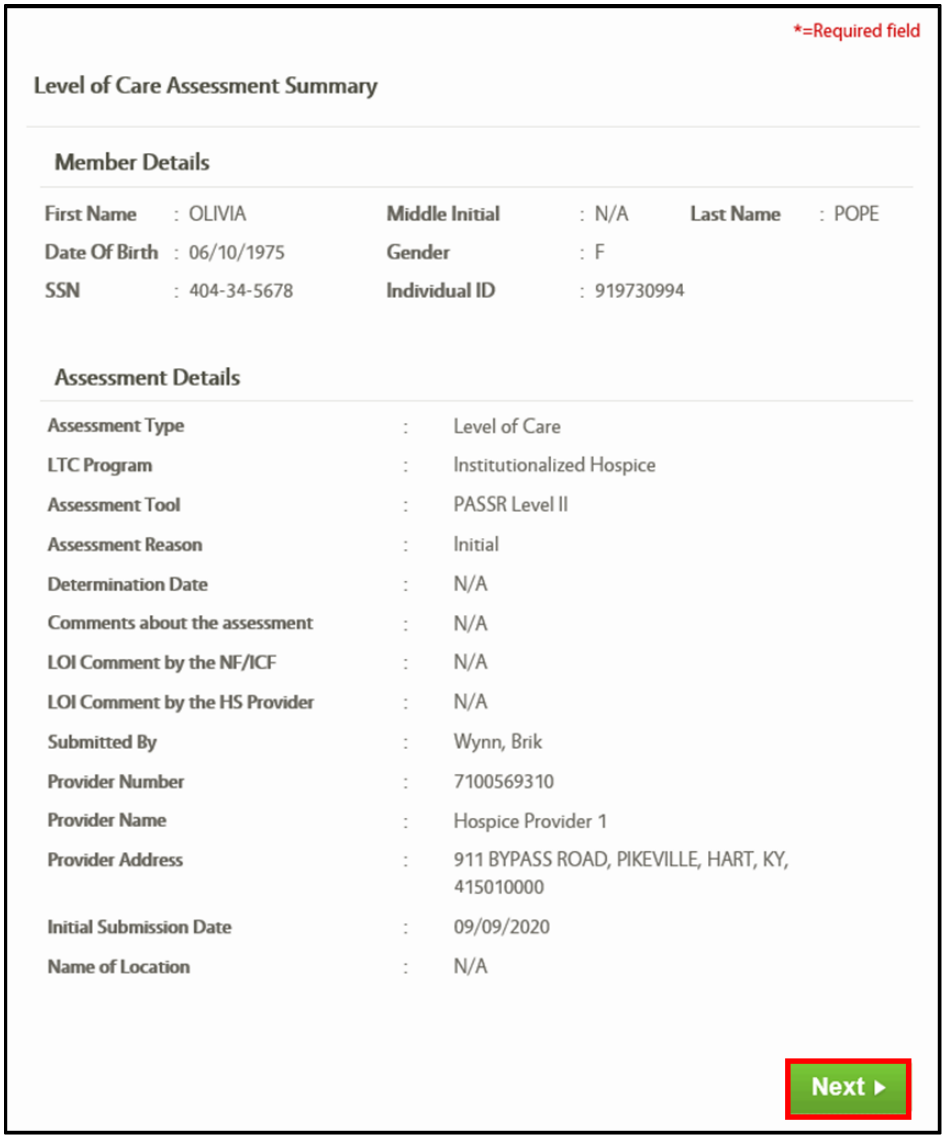
CMHCs receive Serious Mental Illness (SMI) LOC Determination Tasks once Hospice Providers submits an IHP LOC application and NF Providers enters information on the **MAP 409: PASRR Level I** screens for Mental Illness and Diagnosis.

To begin the SMI LOC Determination Task for IHP, CMHCs complete the following steps:

1. On the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the *SMI LOC Determination Task* under the *Task* section.



2. The **Level of Care Assessment Summary** screen displays. After reviewing the assessment details entered by the NF, click **Next**.



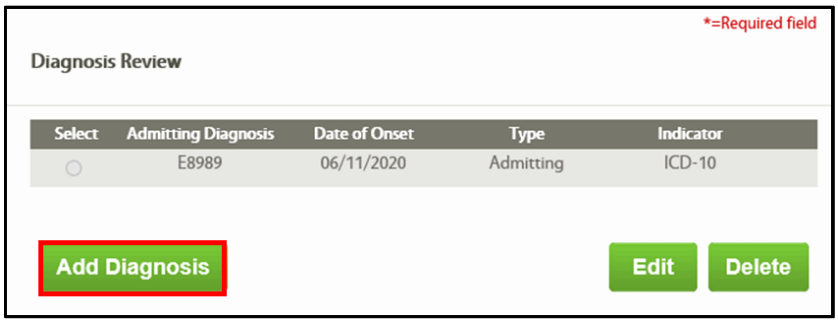
2. The **MAP 409: PASRR Level I** screen displays read-only information. After reviewing all the screens, click **Next**.

    - The **MAP 409: PASRR Level I** screen consist of six sections, which in KLOCS displays as six different screens: The **Individual's Admission Information**, **Mental Illness**, **Intellectual Disability (ID)**, **Related Condition (RC)**, **Exempted or Delayed Level II Referrals**, and **Signatures**.

Refer To: The **SMI LOC Determination Task in KLOCS** or **ID-RC/Dual Recommendation Task in KLOCS** sections of this User Manual to view the **MAP 409: PASRR Level I** screens.

3. On the **Diagnosis Review** screen, although an admitting diagnosis from the admitting NF displays, CMHCs are <u>required</u> to add a PASRR diagnosis.

   a. Click **Add Diagnosis**, additional fields are triggered and display under the *Diagnosis Review* section.

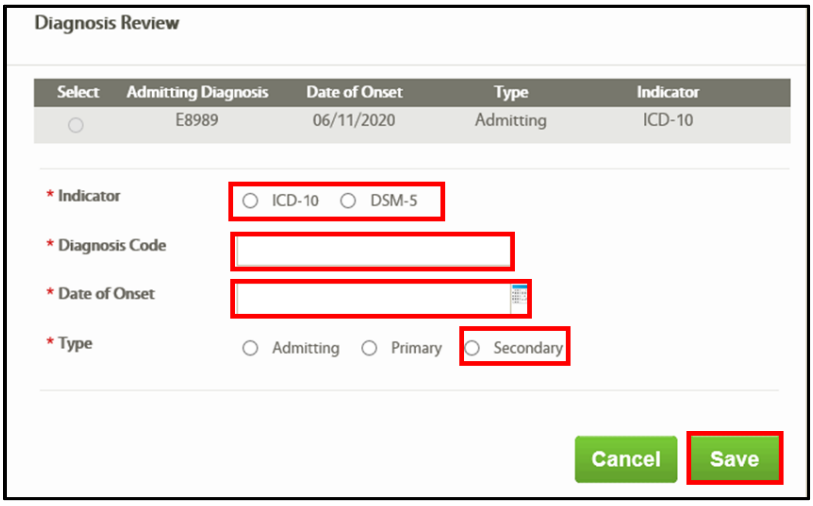


   b. Select if the diagnosis is based on **ICD-10** or **DSM-5** codes and enter the **Diagnosis Code** in the *Diagnosis Code* field.

   c. Enter the **Date of Onset**.

   d. Select **Secondary** in the *Type* field to indicate the code is for the PASRR diagnosis.

4. Click **Save**.



5. The PASRR diagnosis details populates under the Admitting Diagnosis once CMHCs select Save. Click **Next**.

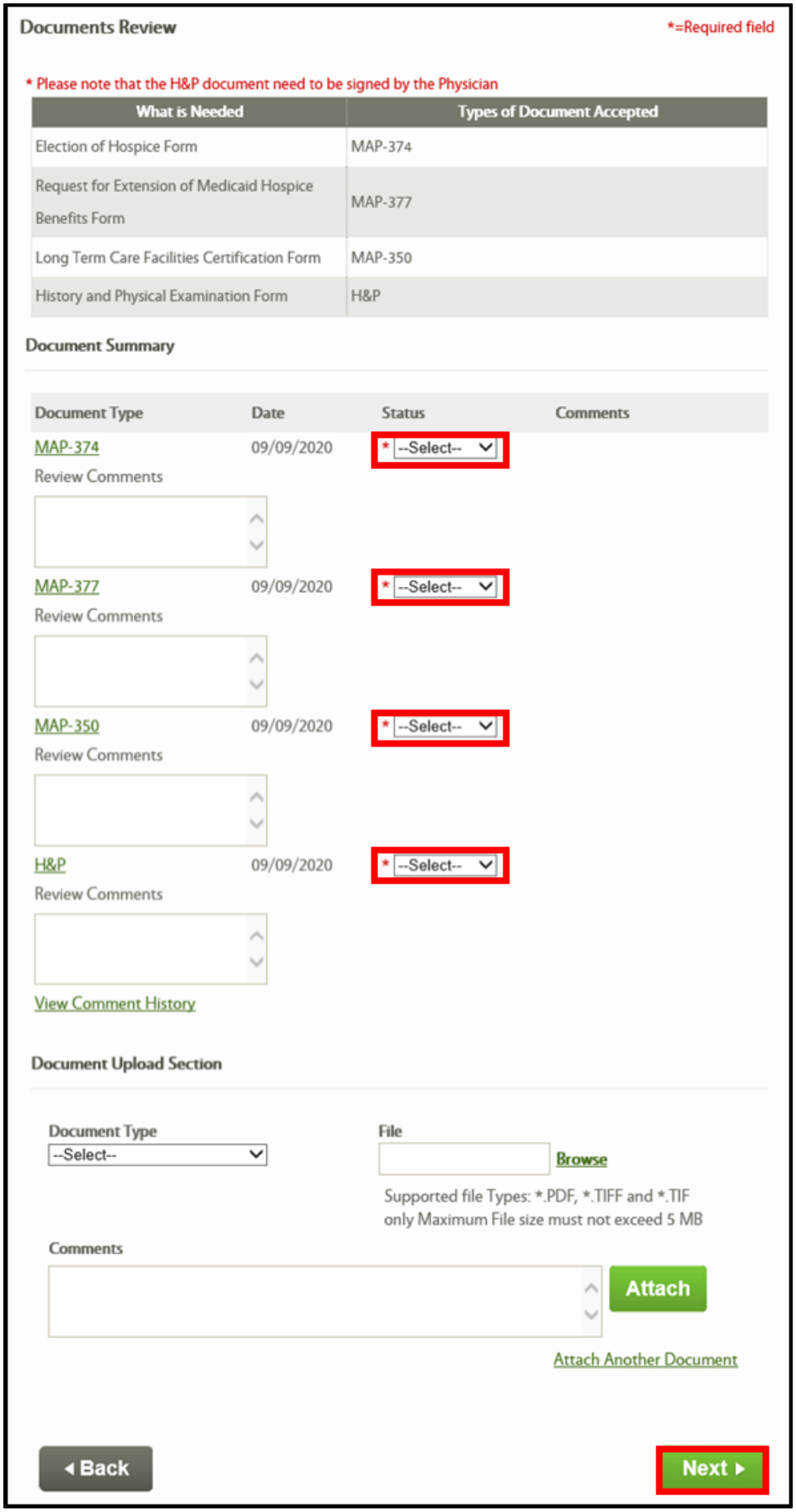
6. The **Document Review** screen displays. To view a PDF version of the document uploaded by Providers, click the **Appropriate Document hyperlink** under the *Document Review Summary* section. After reviewing the document, close the PDF.

7. Select "**Complete**" or "**Invalid**" from the *Status* drop-down.

    - If information is missing from the uploaded document or if the wrong document was uploaded, select **Invalid** for the Status. Enter **appropriate comments** that explain why the document is determined Invalid.

Please Note: Steps 6 and 7 should be repeated for each document if multiple documents have been uploaded.

8. Click **Next**.


Documents Review
*=Required field
* Please note that the H&P document need to be signed by the Physician
What is Needed
Types of Document Accepted
Election of Hospice Form
MAP-374
Request for Extension of Medicaid Hospice Benefits Form
MAP-377
Long Term Care Facilities Certification Form
MAP-350
History and Physical Examination Form
H&P
Document Summary
Document Type
Date
Status
Comments
MAP-374
09/09/2020
--Select--
Review Comments
MAP-377
09/09/2020
--Select--
Review Comments
MAP-350
09/09/2020
--Select--
Review Comments
H&P
09/09/2020
--Select--
Review Comments
View Comment History
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
Back
Next

9. On the **Assessment Results** screen, under the *Assessment Details* section the *Assessment Type* and *Assessment Tool* fields pre-populate.

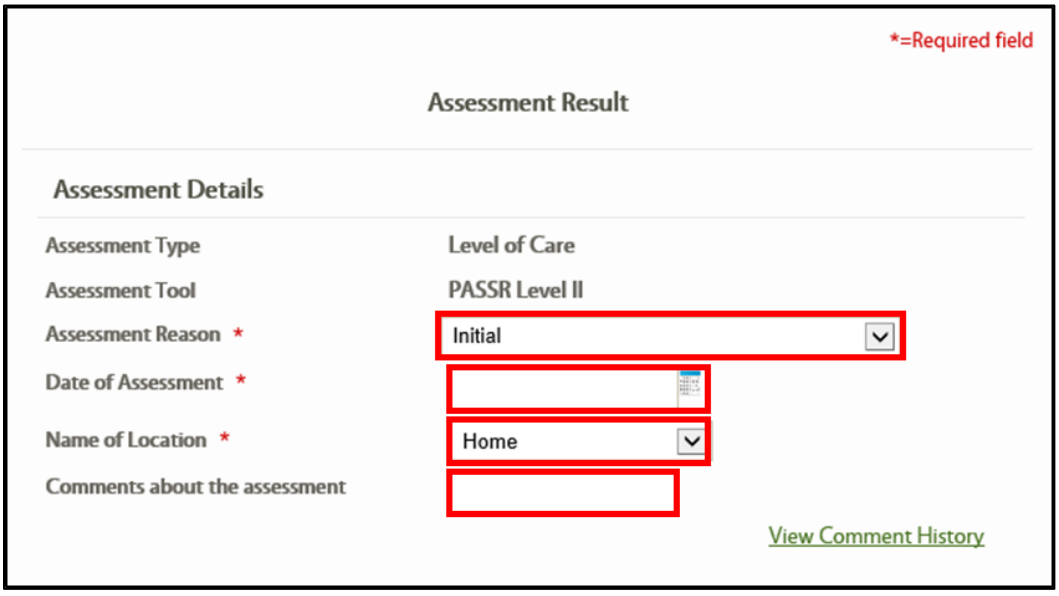
10. Select the "**Appropriate Reason**" from the *Assessment Reason* field drop-down.

11. Enter the **Date** in the *Date of Assessment* field.

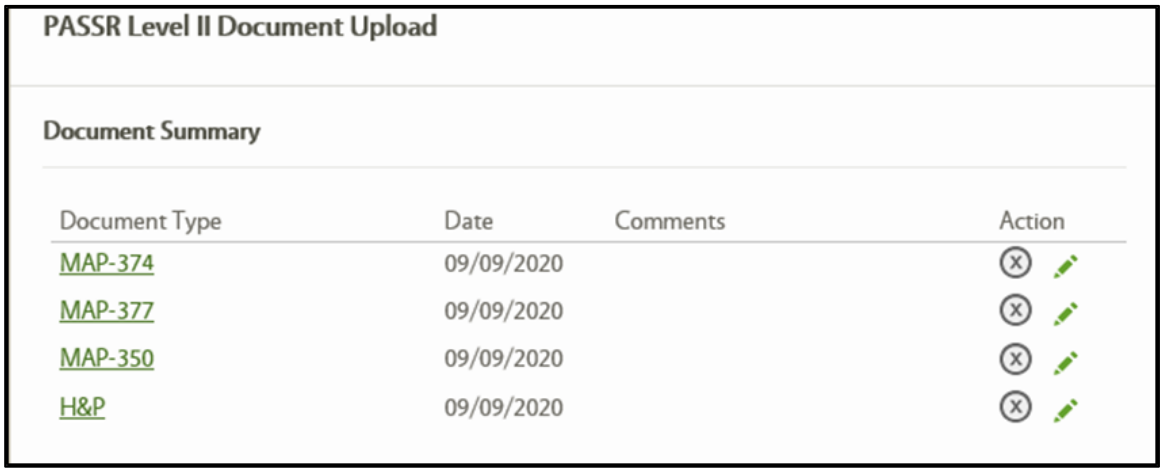
Please Note: The Date of Assessment may only be past dates or the current date. This date cannot be a date in the future.

12. In the *Name of Location* field, select the "**Appropriate Location**" from the drop-down.

13. (Optional) In the *Comments about the assessment* field, CMHCs may enter any details about the assessment.



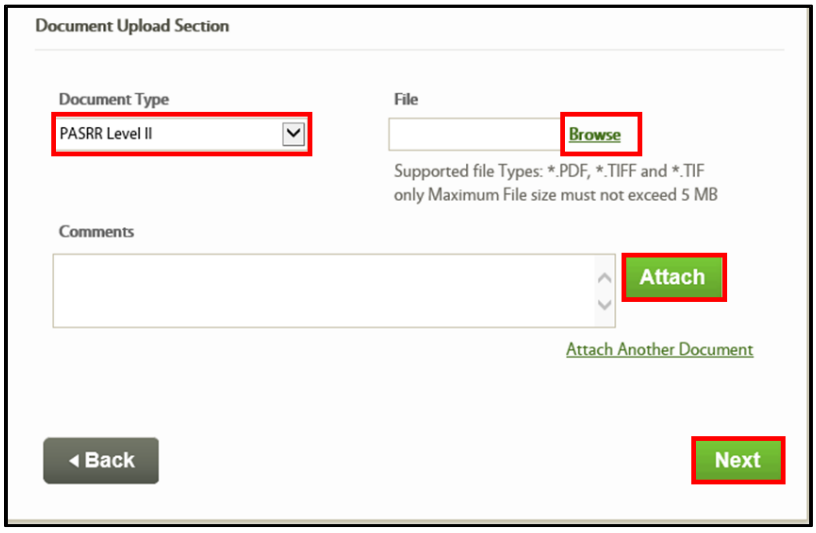
14. Under the *PASRR Level II Document Upload* section, the *Document Summary* section displays the same uploaded documents from the **Document Review** screen.



15. Select "**PASRR Level II**" from the *Document Type* field drop-down under the *Document Upload* section.

Please Note: If applicable, CMHCs should select "**PASRR Level II Supporting Documentation**" or "**OTHER**" as the **Documentation Type** when uploading PASRR Level II Supporting documents or Other documents.

16. Click **Browse**.
17. The Choose File to Upload pop-up displays. Select the **Appropriate Document** and click **Open**.
18. Click **Attach**.



19. Click **Next**.

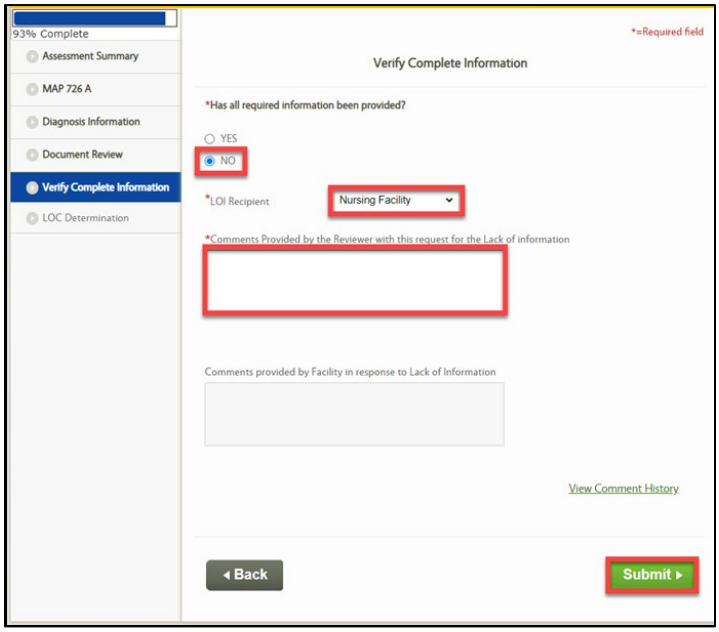
Please Note: If applicable, for PASRR Level II Supporting documents or Other documents, CMHCs should indicate the appropriate **Document Type** when following steps 15 through 18.

If Steps 15 through 18 are not completed by CMHCs during the SMI LOC Determination Task, KLOCS does not allow CMHCs to proceed with the review process. An error message displays stating:

"Please upload PASSR Level II Document".

20. The **Verify Complete Information** screen displays. Select **Yes** or **No** for *Has all required information been provided?*

    - If **No** is selected, KLOCS enables a mandatory comment box for CMHCs to enter additional details on what information is missing. The *LOI Recipient* field enables. From the *LOI Recipient* drop-down, select "**Nursing Facility"**. KLOCS generates the Lack of Information (LOI) Task for the admitting NF.



21. Click **Submit** if **No** was selected or **Next** if **Yes** was selected.

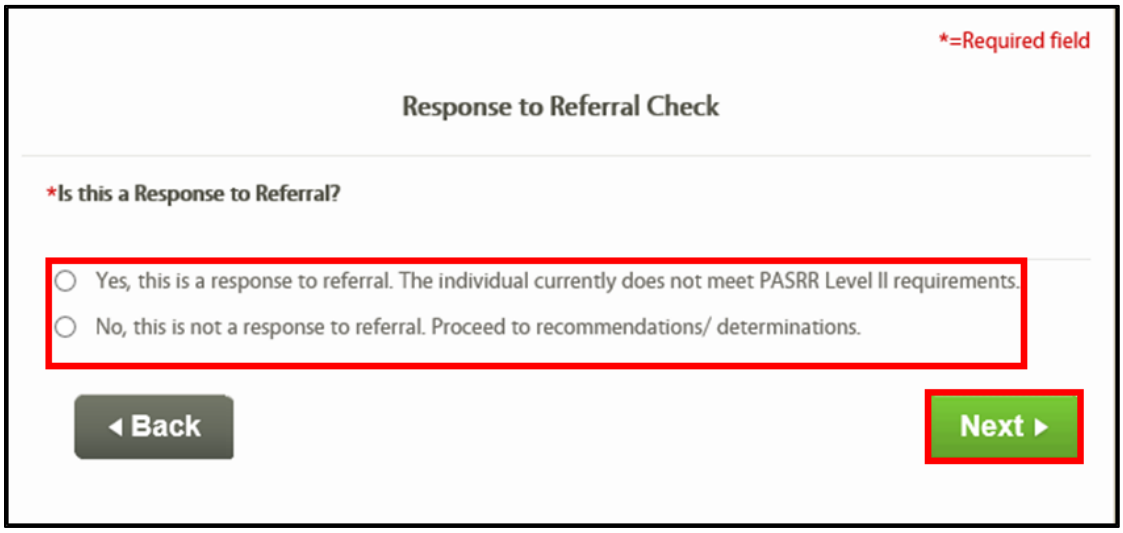
    - If **No** is selected, CMHCs are unable to determine LOC. KLOCS navigates back to the **Dashboard** screen.

- If **Yes** is selected, KLOCS navigates to the **Response to Referral Check** screen.

22. On the **Response to Referral Check** screen, select the **appropriate answer** for *Is this a Response to Referral?* question.
    - If "**Yes, this is a response to referral. The Individual does not meet PASRR Level II requirements**" is selected, this indicates the Individual currently does not meet PASRR criteria. KLOCS navigates to the **Response to Referral** screen.

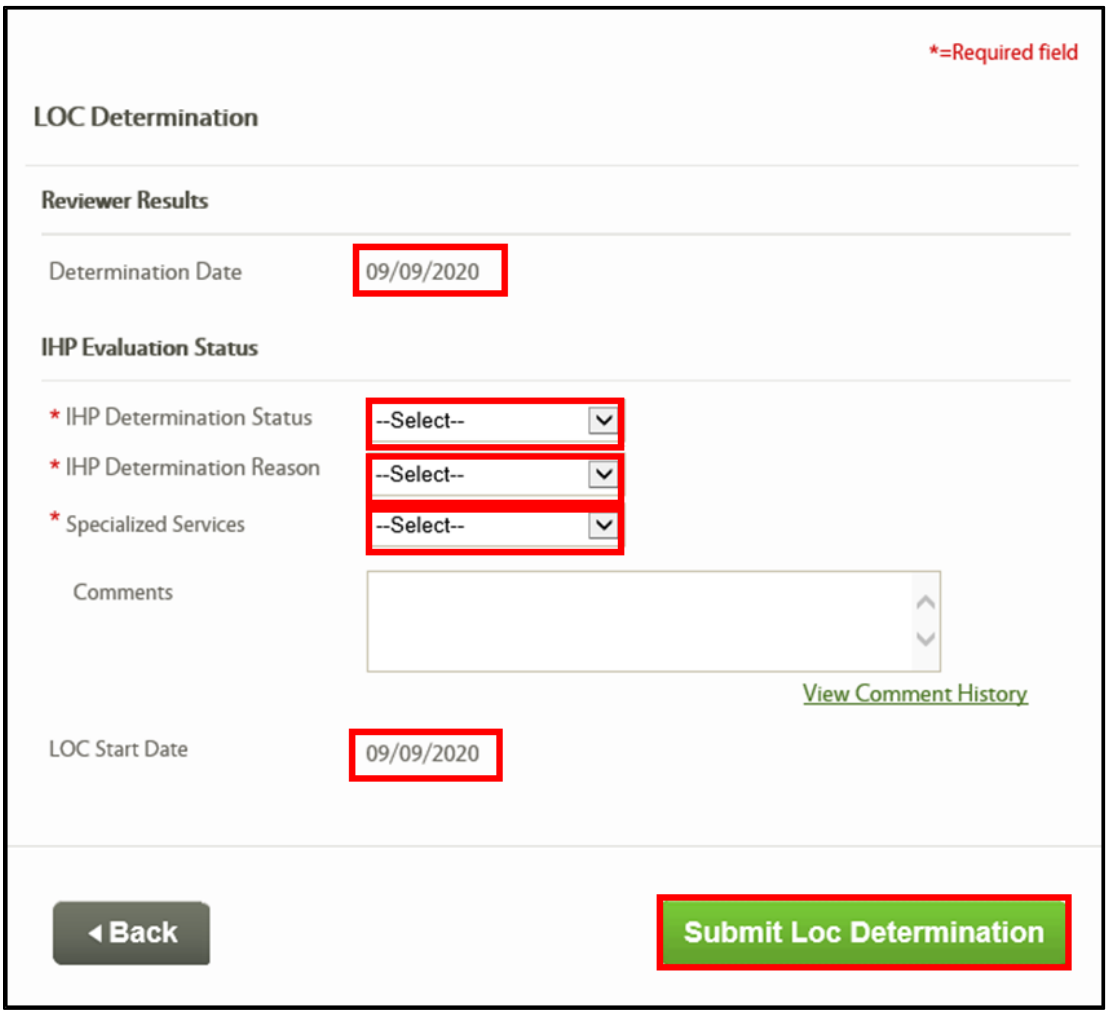
Refer To: The **Response to Referral Task for IHP** section of this User Manual and follow Steps 1 through 8 to complete a Response to Referral if the outcome is "**Yes**".

23. Click **Next**.
    - If **"No, this is not a response to referral. Proceed to recommendation/determinations."** is selected by CMHCs KLOCS navigates to the **LOC Determination** screen.



24. On the **LOC Determination** screen, under the *Reviewer Results* section, the *Determination Date* pre-populates.
25. Under the *IHP Evaluation Status* section, select the "**Appropriate IHP Determination Status**" from the *IHP Determination Status* drop-down.
26. Select the "**Appropriate IHP Determination Reason**" from the *IHP Determination Reason* drop-down.
27. Select the "**Appropriate Reason**" from the *Reason* drop-down.
    - This field is mandatory for all three LOC determinations (Met, Not Met or Pended).
28. If applicable, select "**Specialized Services Required**" or "**Specialized Services Not Required**" from the *Specialized Services* drop-down.
    - The *Specialized Services* field only displays once the *IHP Determination Status* is marked as Met.
29. In the *Comments* box, CMHCs should enter **details explaining the LOC determination**.
    - This field is not mandatory when the LOC Determination status is Met. If the LOC Determination status is Not Met or Pended, the *Comments Box* field becomes mandatory.

30. The *LOC Start Date* pre-populates.
31. Click **Submit LOC Determination**. KLOCS navigates back to the **Dashboard**.



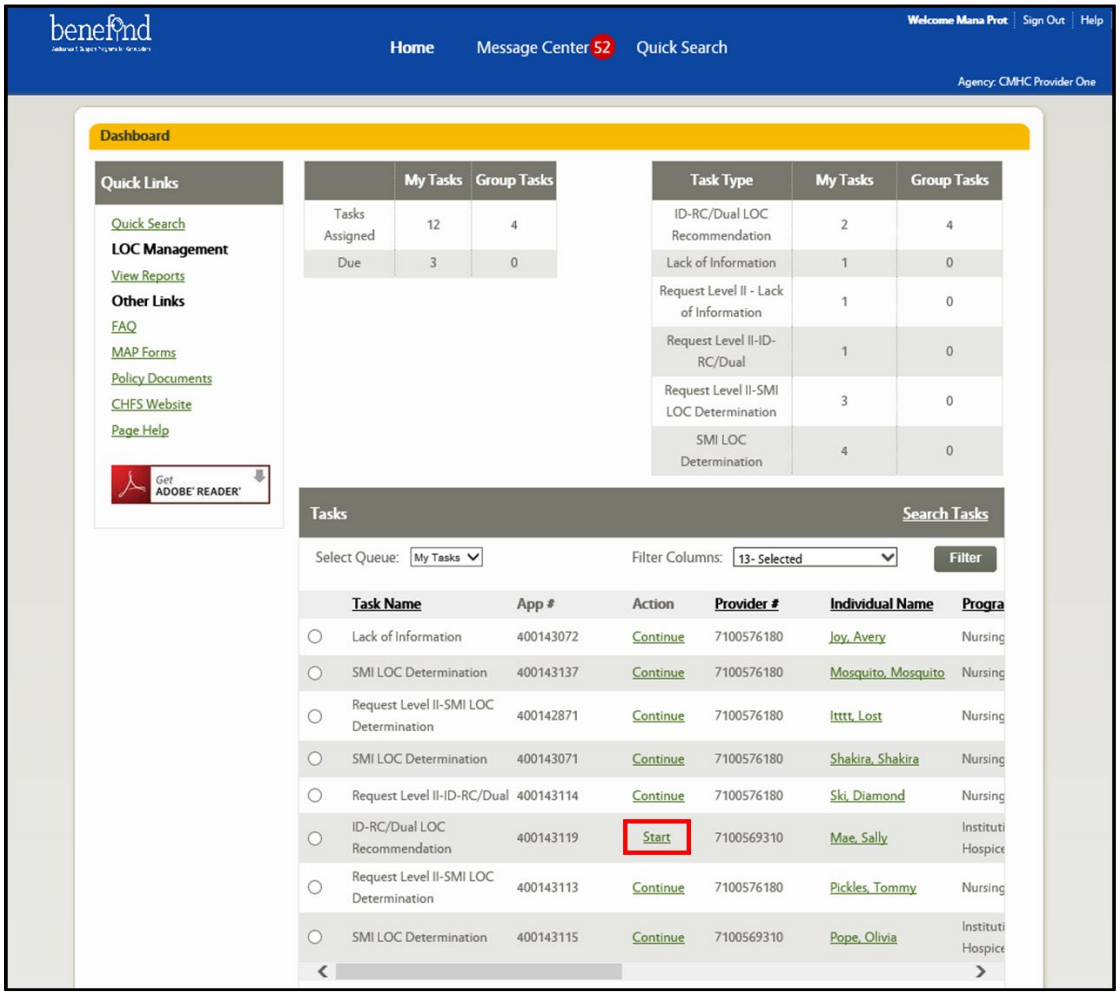
Once CMHCs submit the LOC Determination, the IHP – SMI LOC Determination Task closes and a recommendation is sent to the Hospice PRO. Once the Hospice PRO receives this recommendation, the Hospice PRO is responsible for reviewing the IHP – SMI LOC application and determining the final LOC.

3.5.2 ID-RC/Dual LOC Recommendation Task for IHP Applications

When CMHCs receive the Intellectual Disability (ID)-Related Condition (RC)/ Dual LOC Recommendation Task for an IHP application, the process to complete this task is the same process used to complete the Serious Mental Illness (SMI) LOC Determination Task for IHP applications. Although the Hospice PRO determines the final LOC for IHP applications, the key difference is for the ID-RC/Dual Recommendation Task for IHP, DBHDID must first review the recommendation before it is sent to the Hospice PRO.

To begin the ID-RC LOC Recommendation Task for IHP applications, CMHCs complete the following steps:

1. On the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the *ID-RC/Dual LOC Recommendation* Task under the *Task* section.



Refer To: The **SMI LOC Determination for IHP** section of this User Manual and follow Steps 2 through 31 to complete the ID-RC/Dual LOC Recommendation Task for IHP applications.

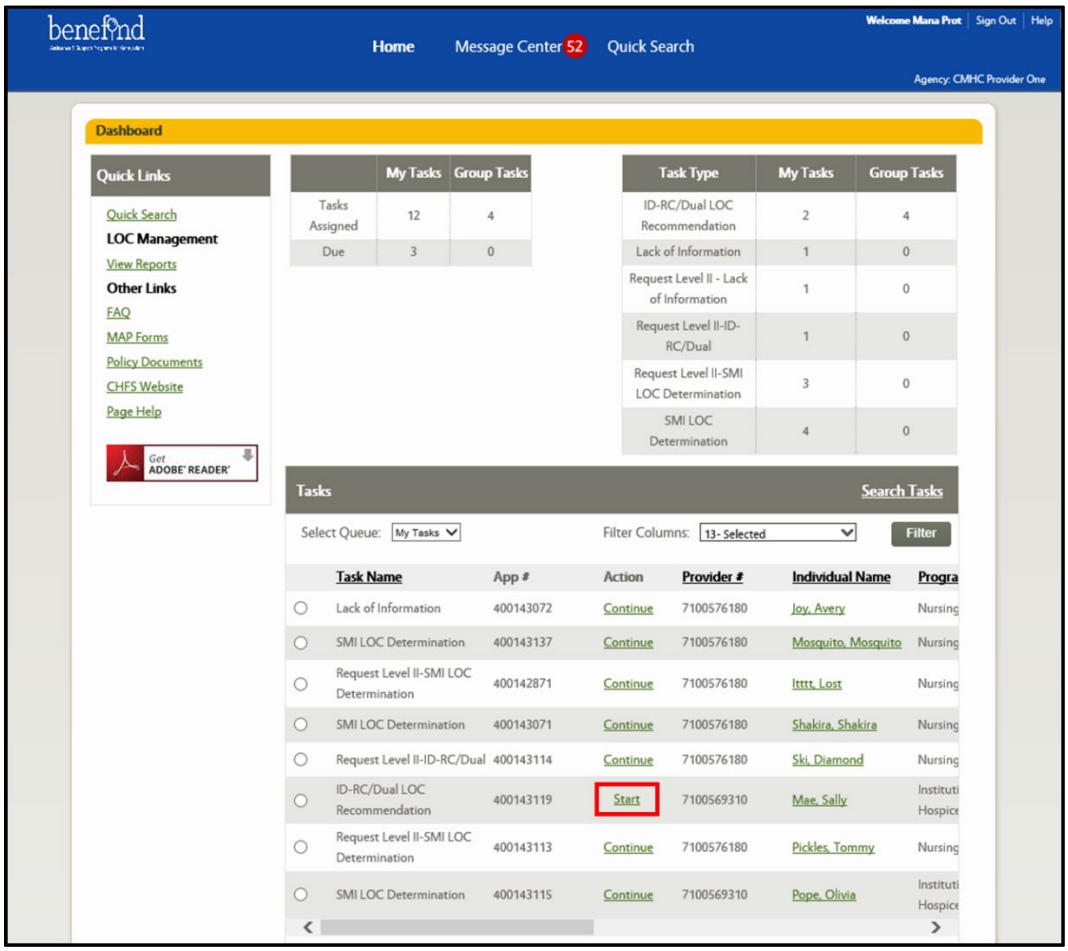
Once CMHCs submit the LOC Determination, the ID-RC/Dual LOC Recommendation Task is closed for CMHCs, and a recommendation is sent to DBHDID. Once DBHDID receives this recommendation, DBHDID is responsible for reviewing the ID-RC/Dual LOC IHP application and sending a recommendation to the Hospice PRO for final LOC Determination.

3.5.3 Lack of Information (LOI) Task for IHP

While reviewing an IHP LOC application, CMHCs may conclude that the Nursing Facility (NF) Provider and/or the Institutionalized Hospice Service Provider did not provide enough information to make the LOC determination. CMHCs may generate a Lack of Information (LOI) Task for Providers to provide additional information.

To initiate a Lack of Information (LOI) Task for Providers, CMHCs complete the following steps:

1. On the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the appropriate *SMI LOC Determination Task* or *ID-RC/Dual LOC Recommendation Task* under the Task section.

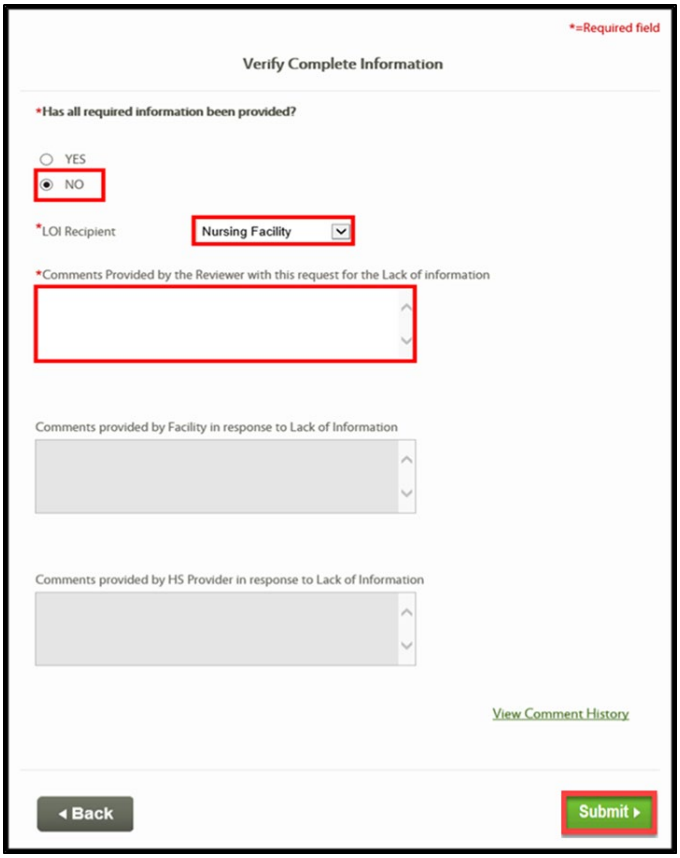


Refer To: The **SMI LOC Determination for IHP** section of this User Manual and follow steps 2 through 19 to generate the IHP LOI Task for Providers.

2. Once the **Verify Complete Information** screen displays. Select **No** for *Has all required information been provided?*

Please Note: Once CMHCs select **No**, additional fields display on the **Verify Complete Information** screen. Details entered on this screen initiates the LOI Task for Providers.

3. Select "**Nursing Facility"** for the *LOI Recipient* field.
4. Enter the **appropriate details about what information is missing** in the *Comments Provided by the Reviewer with this request for the Lack of Information* box.
5. Click **Submit**. KLOCS navigates to the **Dashboard** screen.



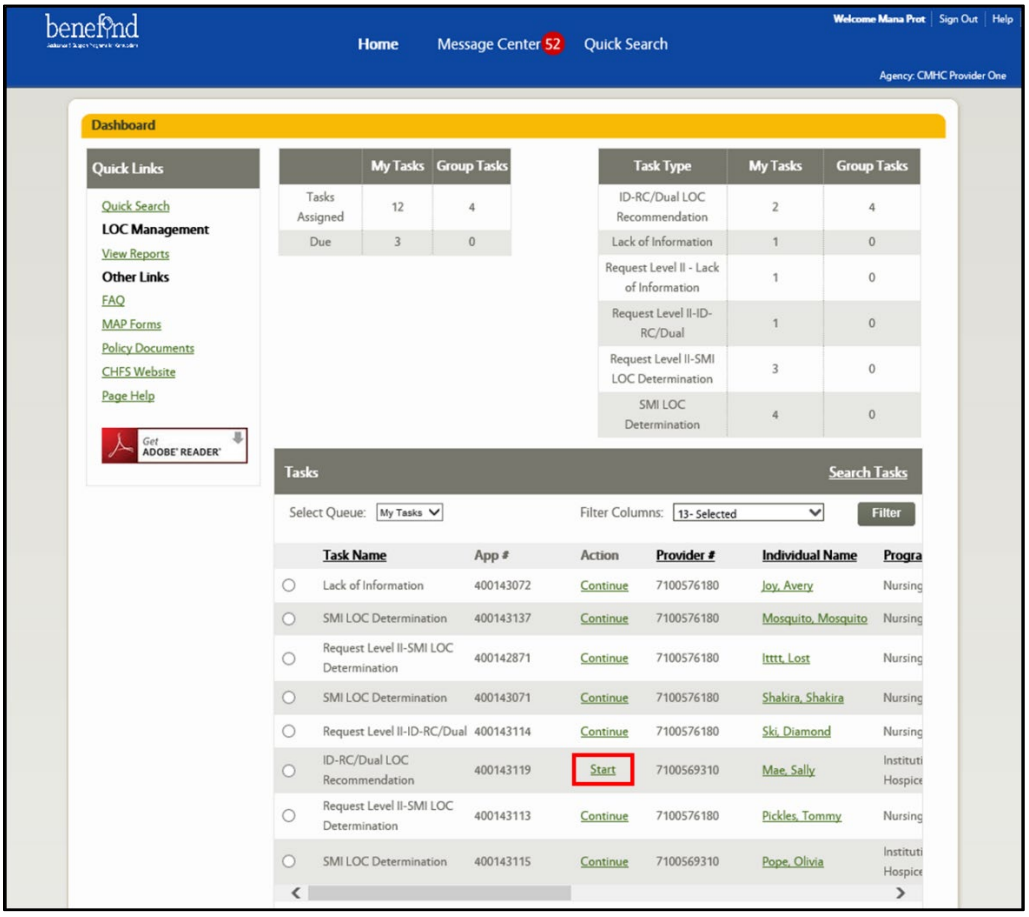
Once CMHCs select **Submit** on the **Verify Complete Information** screen, the SMI LOC Determination Task or the ID-RC/Dual LOC Recommendation Task closes for CMHCs and a LOC determination is not made. KLOCS generates the LOI Task for the Nursing Facility (LOI Recipient) selected by CMHCs on the **Verify Complete Information** screen.

3.5.4 Response to Referral Task for IHP

While reviewing an IHP LOC application, CMHCs may conclude that the Individual does not meet PASRR criteria. CMHCs may generate the Response to Referral Task for the Hospice PRO. The Response to Referral Task informs the Hospice PRO that the Individual does not meet PASRR Level II criteria. The Hospice PRO must complete the LOC application review make the LOC determination.

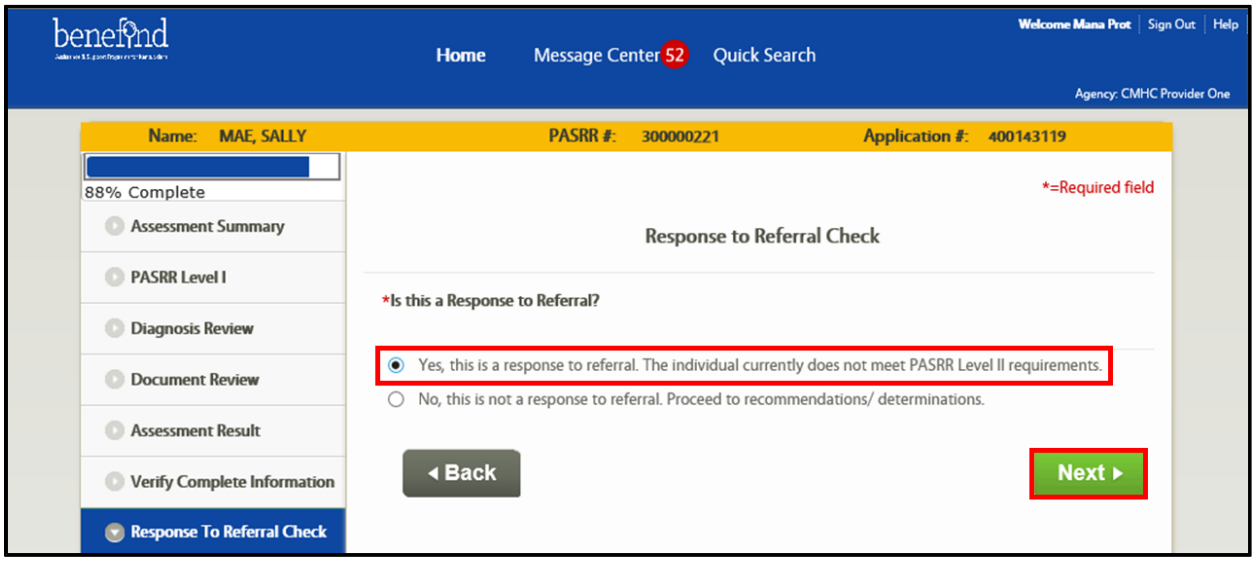
To initiate a Response to Referral Task for the Hospice PRO, CMHCs complete the following steps:

1. On the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the appropriate *SMI LOC Determination Task* or *ID-RC/Dual LOC Recommendation Task* under the Task section.

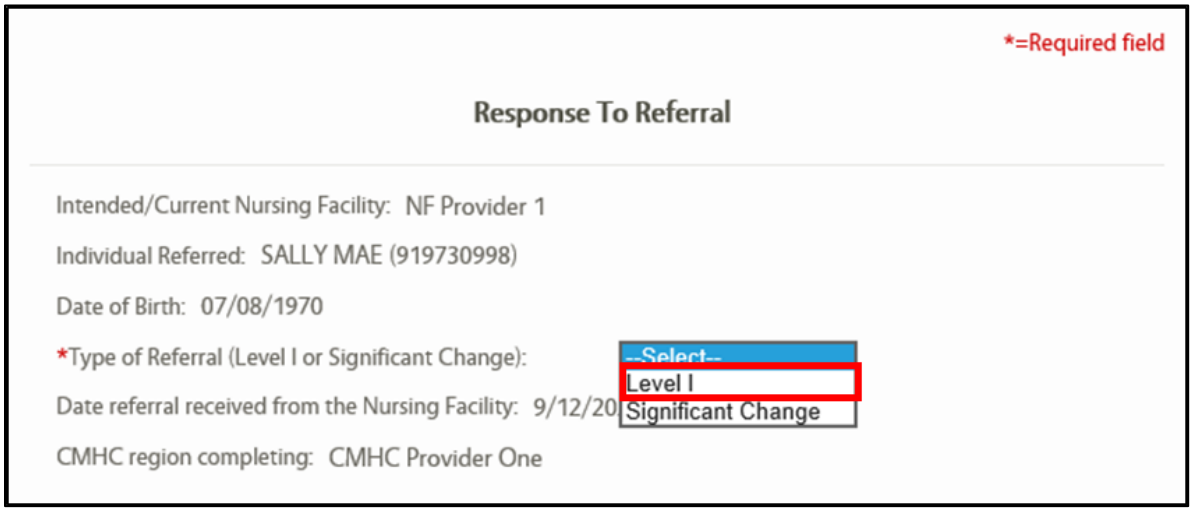


Refer To: The **SMI LOC Determination for IHP** section of this User Manual and follow Steps 2 through 21 to start the Response to Referral Task for IHP.

2. On the **Response to Referral Check** screen, select "**Yes, this is a response to referral. The Individual currently does not meet Level II requirements.**" for the *Is this a Response to Referral?*
3. Click **Next**.

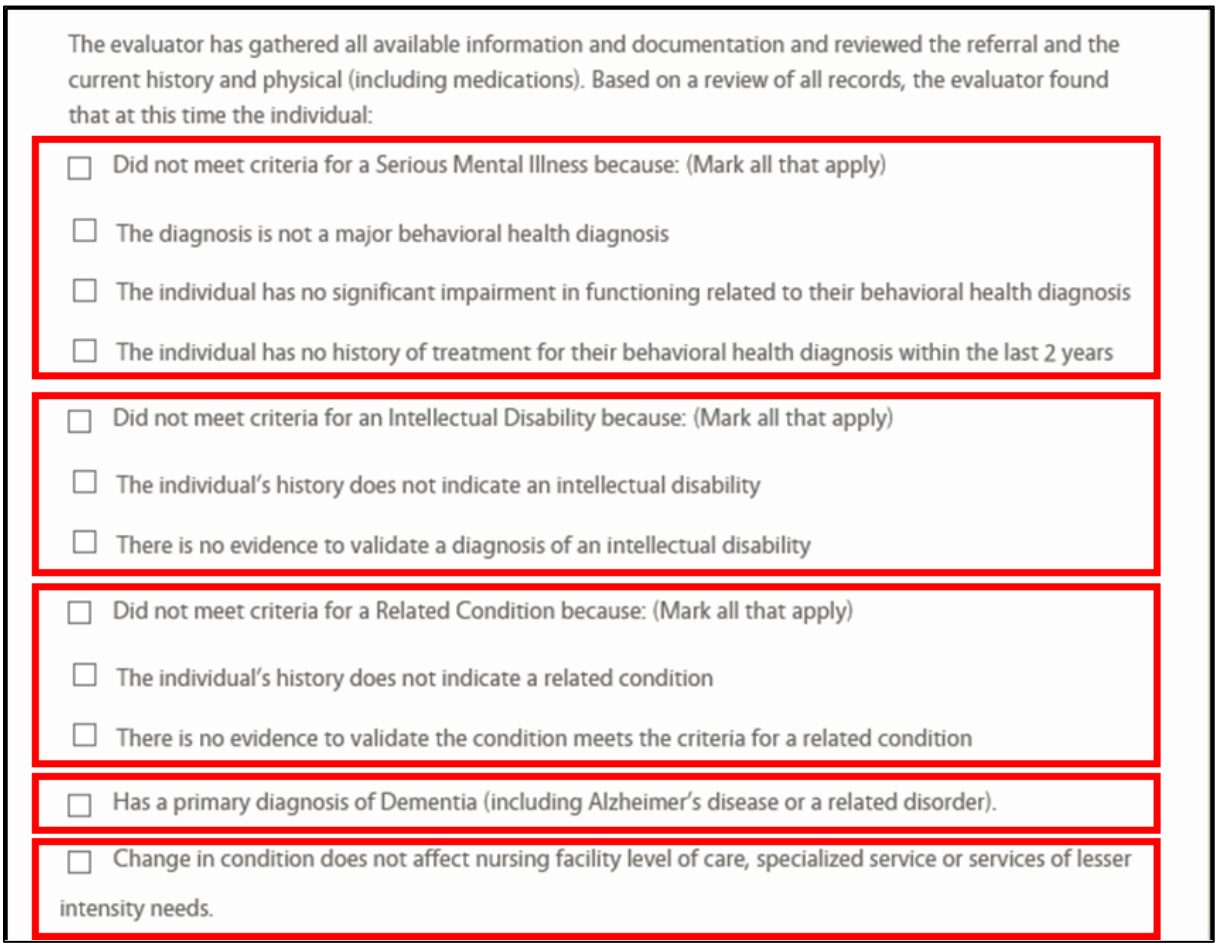


4. The **Response to Referral** screen displays. Select the "**Level I**" from the *Type of Referral (Level I or Significant Change)* drop-down.



Please Note: KLOCS pre-populates details for *Intended/Current Nursing Facility*, *Individual Referred*, *Date of Birth*, *Date Referral Received from the Nursing Facility*, and *CMHC Region Completing*.

5. For *The evaluator has gathered all available information and documentation and reviewed the referral and the current history and physical (including medications). Based on a review of all records, the evaluator found that at this time the Individual* section, **select all that applies** for the following:
    - **Did not meet criteria for a Serious Mental Illness because:** (Mark all that apply)
    - **Did not meet criteria for an Intellectual Disability because:** (Mark all that apply)
    - **Did not meet criteria for a Related Condition because:** (Mark all that apply)
    - **Has a primary diagnosis of Dementia (including Alzheimer's disease or a related disorder)?**
    - **Change in condition does not affect nursing facility level of care, specialized service or service of lesser intensity needs**.


The evaluator has gathered all available information and documentation and reviewed the referral and the current history and physical (including medications). Based on a review of all records, the evaluator found that at this time the individual:

- ☐ Did not meet criteria for a Serious Mental Illness because: (Mark all that apply)
- ☐ The diagnosis is not a major behavioral health diagnosis
- ☐ The individual has no significant impairment in functioning related to their behavioral health diagnosis
- ☐ The individual has no history of treatment for their behavioral health diagnosis within the last 2 years
- ☐ Did not meet criteria for an Intellectual Disability because: (Mark all that apply)
- ☐ The individual's history does not indicate an intellectual disability
- ☐ There is no evidence to validate a diagnosis of an intellectual disability
- ☐ Did not meet criteria for a Related Condition because: (Mark all that apply)
- ☐ The individual's history does not indicate a related condition
- ☐ There is no evidence to validate the condition meets the criteria for a related condition
- ☐ Has a primary diagnosis of Dementia (including Alzheimer's disease or a related disorder).
- ☐ Change in condition does not affect nursing facility level of care, specialized service or services of lesser intensity needs.

Please Note: If **Did not meet criteria for a Serious Mental Illness because** is selected, at least one option or all the options that apply in corresponding boxes must be checked, if applicable.

If **Did not meet criteria for an Intellectual Disability because** is selected, at least one or all the options that apply in corresponding boxes must be checked, if applicable.

If **Did not meet criteria for Related Condition because** is selected, at least one or all of the options that apply in corresponding boxes must be checked, if applicable.

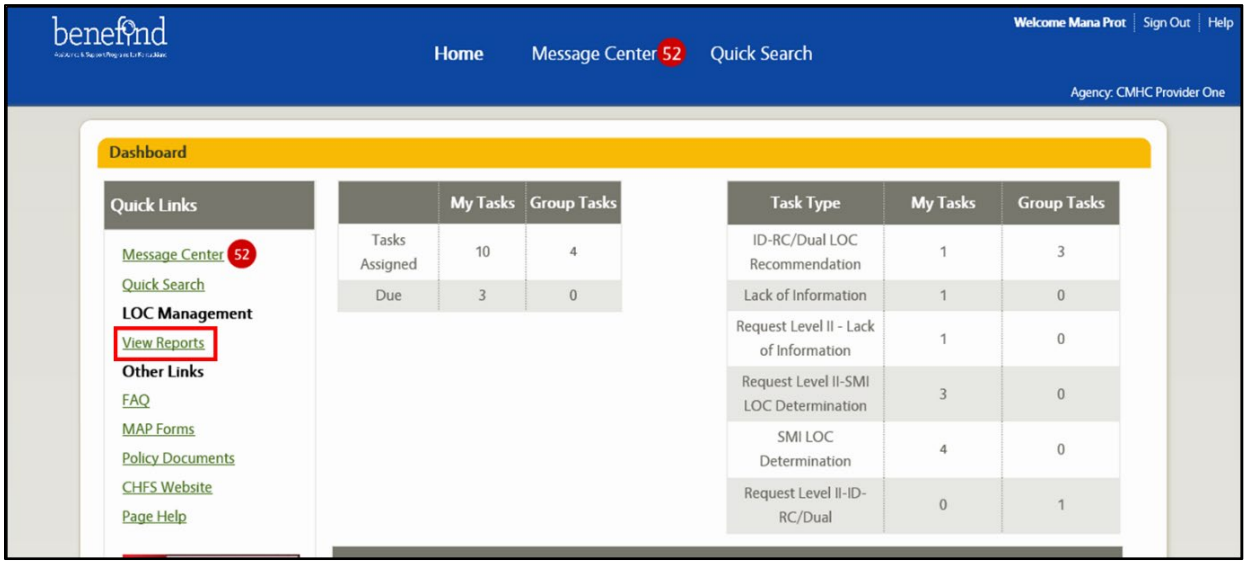
6. The *E-Signature* pre-populates with the name of the current User logged into KLOCS.
7. The *Date* pre-populates with the current date.
8. Click **Next** to navigate to the **Dashboard**.

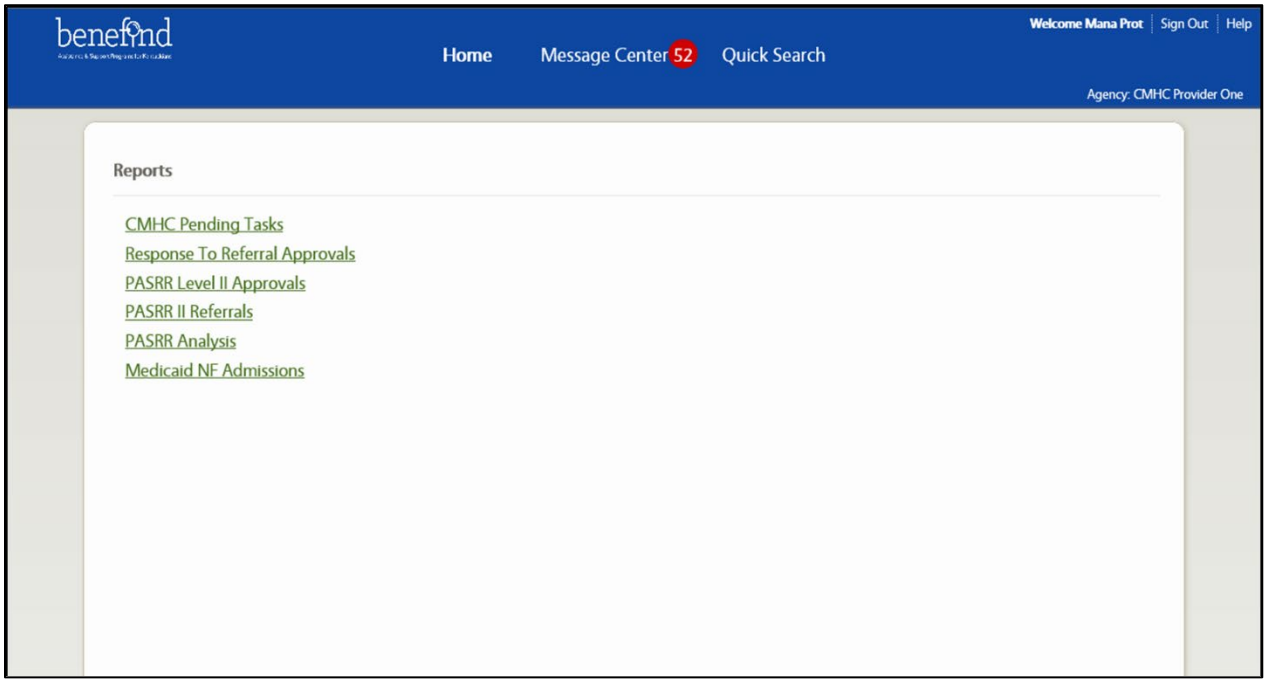
By clicking **Next** on the **Response to Referral** screen, this closes out the SMI LOC Determination Task or the ID-RC/Dual LOC Recommendation Task for CMHCs and generates the Initial LOC Review -Response to Referral Task for the Hospice PRO. The Hospice PRO must complete the LOC application review make the LOC determination.

3.6 CMHC Reports

KLOCS collects and gathers data to generate six different reporting metrics specific to CMHCs.

CMHCs may access these reports from the **Dashboard**, under the *Quick Links* section, by clicking **View Reports**. KLOCS allows for the CMHCs to download all reports in an Excel or PDF document.



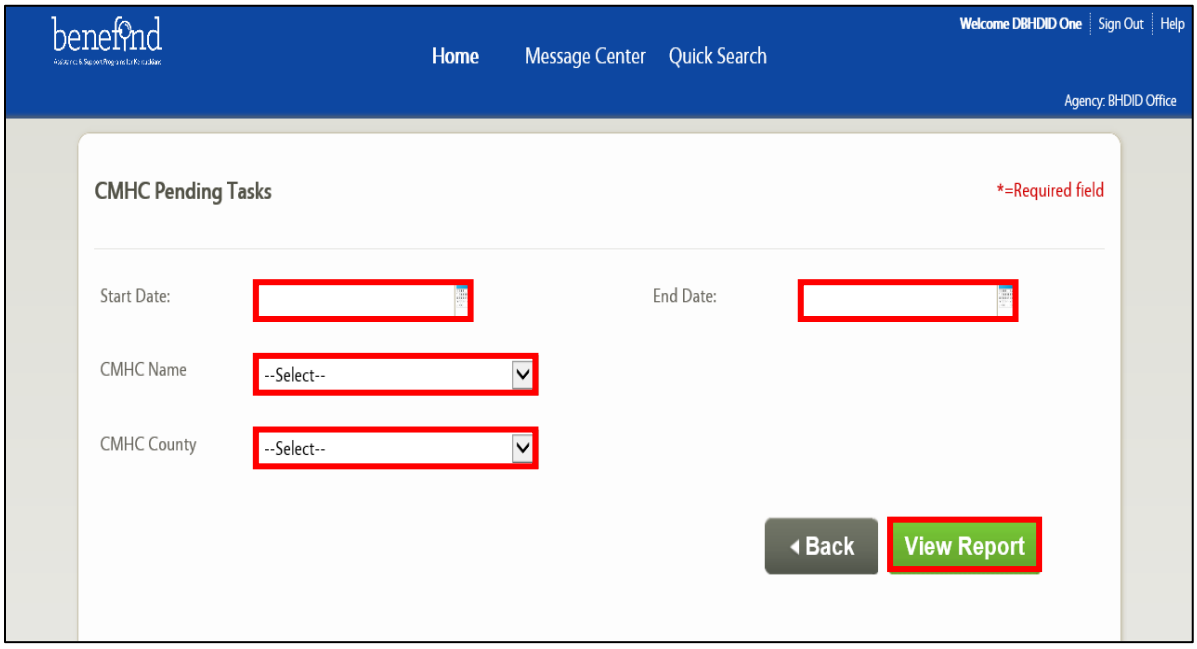


3.6.1 CMHC Pending Tasks Report

CMHCs tasks are county specific depending on the county where the admitting NF is located. The CMHC Pending Tasks Report displays the total number of pending tasks for a selected time period for the specified CMHC. For this report, information is pulled from the Start Date, End Date, CMHC Name, and CMHC County.

To generate the CMHC Pending Tasks Report, CMHCs completes the following steps:

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 the **CMHC Pending Tasks hyperlink** to navigate to the **CMHC Pending Tasks** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. For *CMHC County* select the "**appropriate CMHC County**" from the drop-down.
7. Click **View Report** to generate the CMHC Pending Tasks Report.

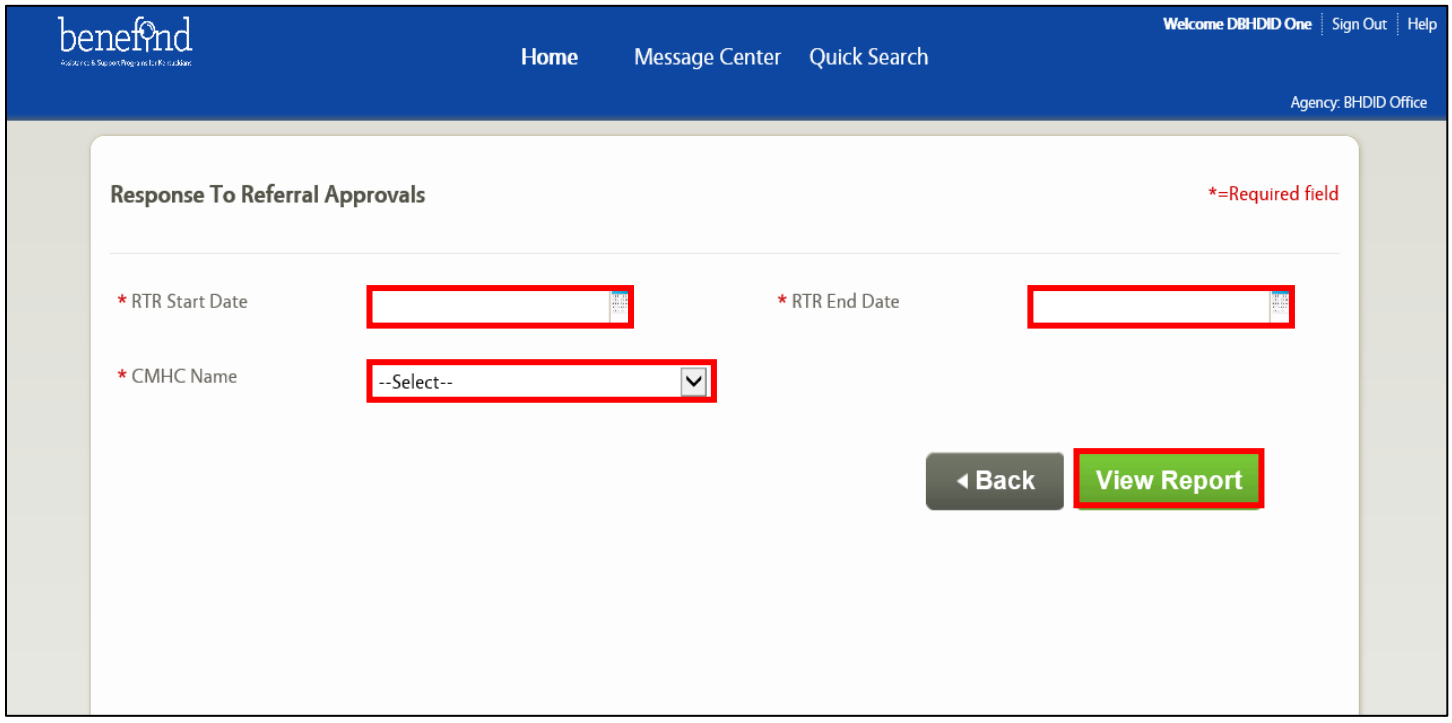


3.6.2 Response to Referral Approvals Report

The Response to Referral Approvals Report displays details about all LOC applications for which the Response to Referrals are completed after DBHDID sends Lack of Information (LOI) Tasks to the respective CMHC. For this report, information is pulled from the RTR Start Date, RTR End Date and CMHC Name.

To generate the Response to Referral Approvals Report, CMHC completes the following steps:

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 the **Response to Referrals Approvals hyperlink** to navigate to the **Response to Referral Approvals** screen.
3. Enter a **Start Date** for *RTR Start Date*.
4. Enter an **End Date** for *RTR End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the Response to Referral Approvals Report.

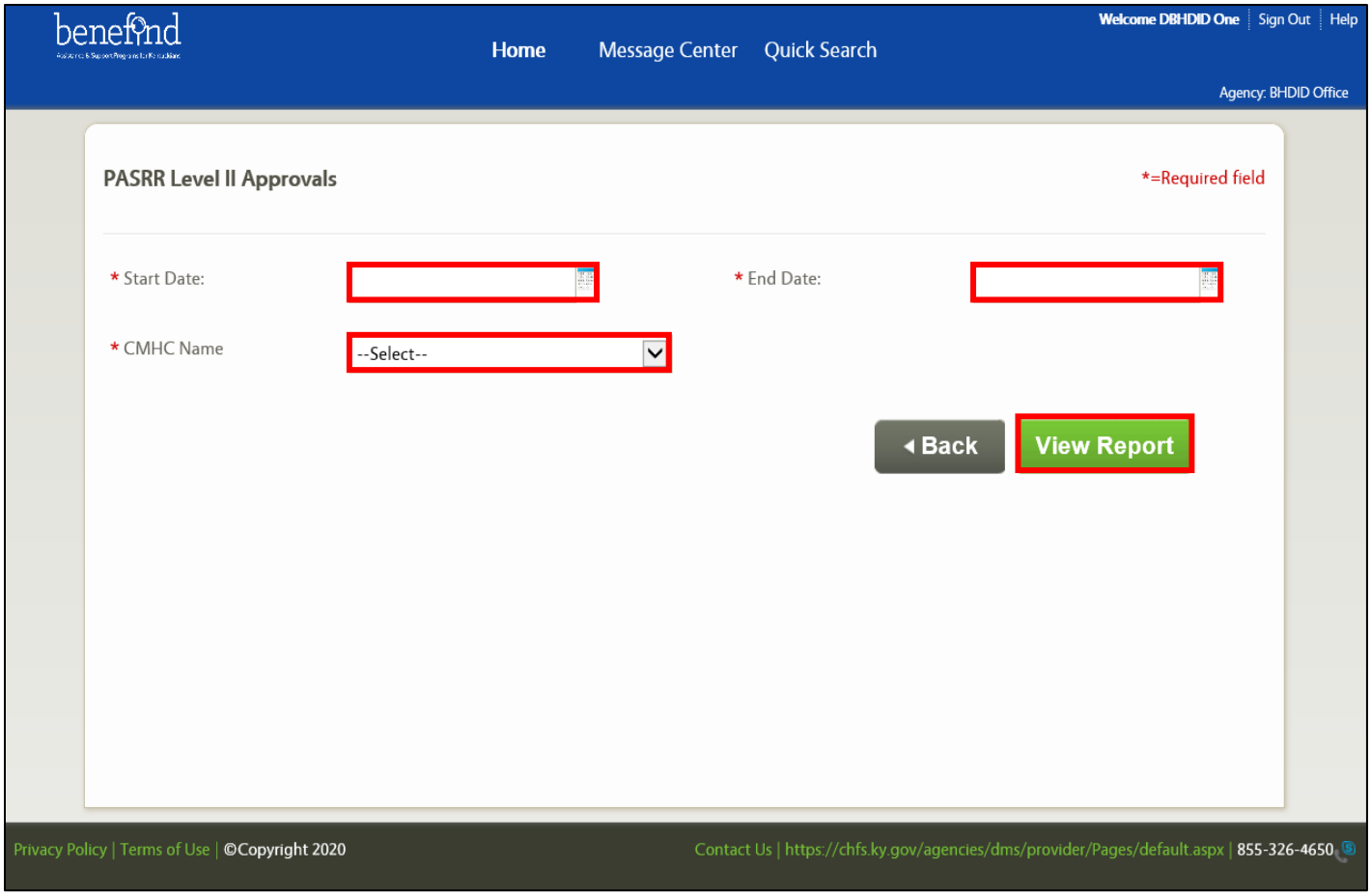


3.6.3 PASRR Level II Approvals Report

The PASRR Level II Approvals Report displays totals of all PASRR Level II approved LOC applications within a specific time period. For this report, information is pulled from the Start Date, End Date and CMHC Name.

To generate the PASRR Level II Approvals Report, CMHC completes the following steps:

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 the **PASRR Level II Approvals hyperlink** to navigate to the **PASRR Level II Approvals** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the PASRR Level II Approvals Report.

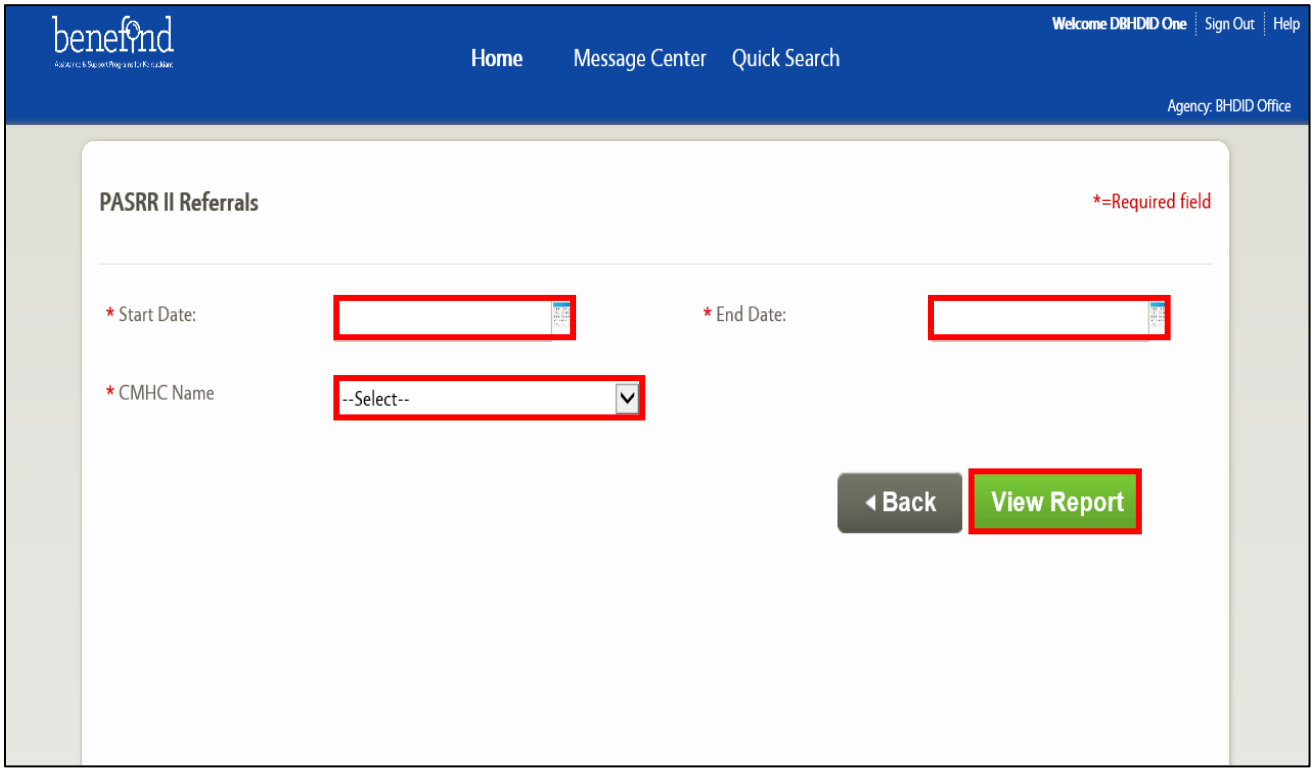


3.6.4 PASRR II Referrals Report

The PASRR II Referrals Report displays details about all LOC applications referred for PASRR II along with the average business days taken to process the PASRR II LOC applications in a given time period. Additionally, the PASRR II Referrals Report also provides details about the status of the LOC and application status of the respective application. For this report, information is pulled from the Start Date, End Date and CMHC Name.

To generate the PASRR II Referrals Report, CMHC completes the following steps:

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 the **PASRR II Referrals hyperlink** to navigate to the **PASRR II Referrals** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the PASRR II Referrals Report.

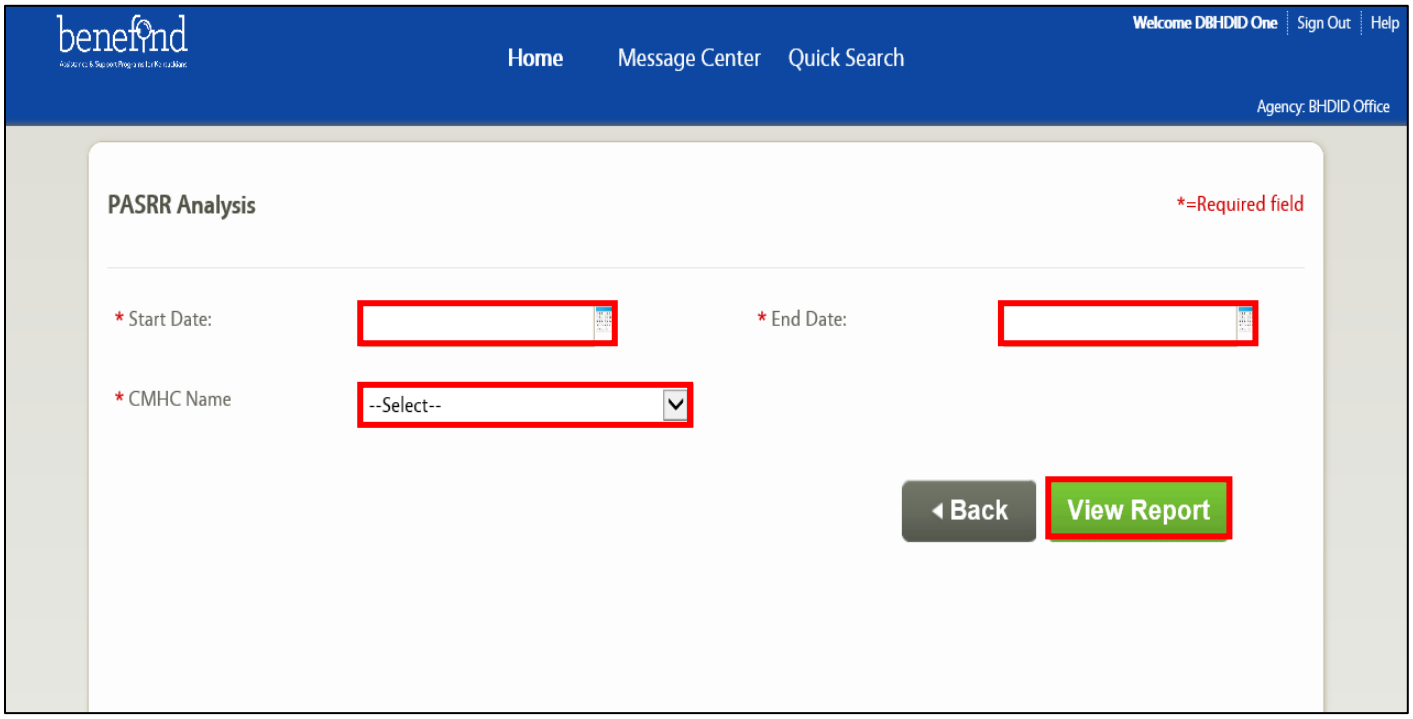


3.6.5 PASRR Analysis Report

The PASRR Analysis Report displays information about all the LOC applications which are referred to PASRR II in a given period of time. This report details how many LOC applications were approved, how many for Selective Service benefits, and how many were sent back due to Response to Referral. For this report, information is pulled from the Start Date, End Date and CMHC Name.

To generate the PASRR Analysis Report, CMHC completes the following steps:

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 the **PASRR Analysis hyperlink** to navigate to the **PASRR Analysis** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the PASRR Analysis Report.

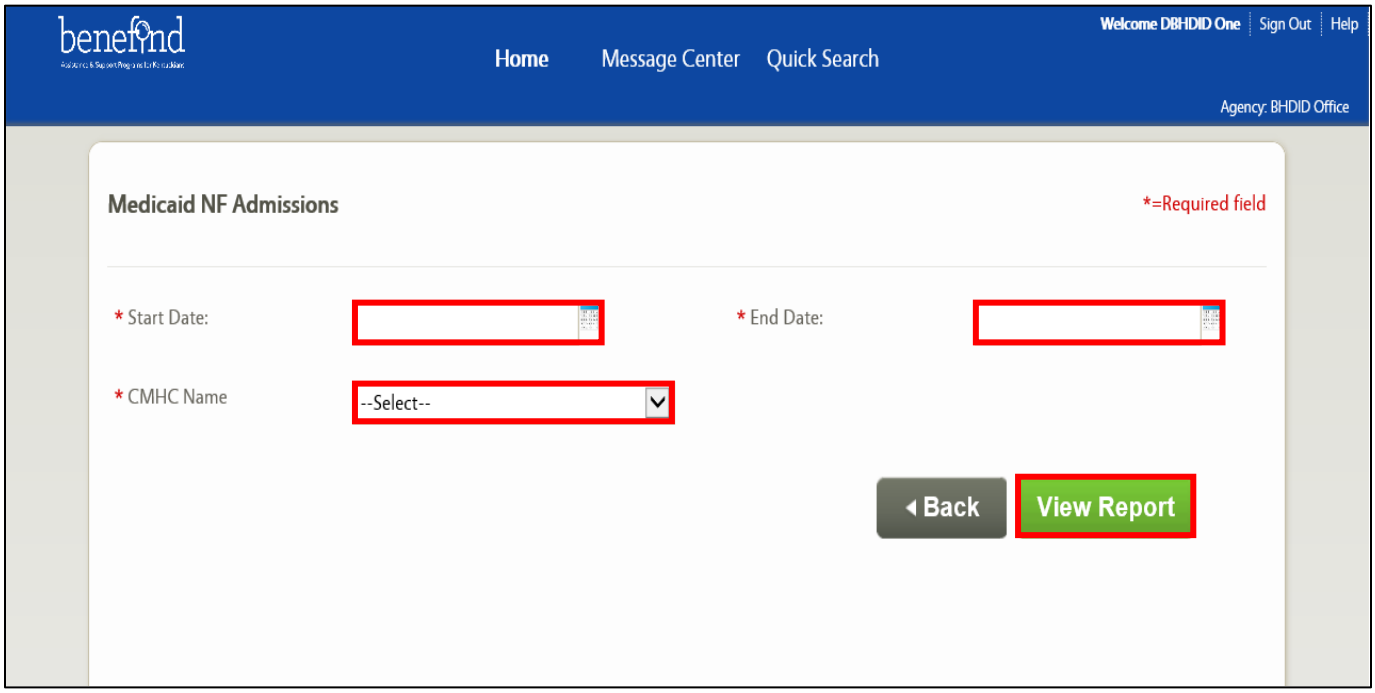


3.6.6 Medicaid NF Admissions Report

The Medicaid NF Admissions Report displays reasons for which an Individual is given Provisional Admission and collects details on the total number which requested PASRR II. For this report, information is pulled from the Start Date, End Date and CMHC Name.

To generate the Medicaid NF Admissions Report, CMHC completes the following steps:

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 the **Medicaid NF Admissions hyperlink** to navigate to the **Medicaid NF Admissions** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the Medicaid NF Admissions Report.



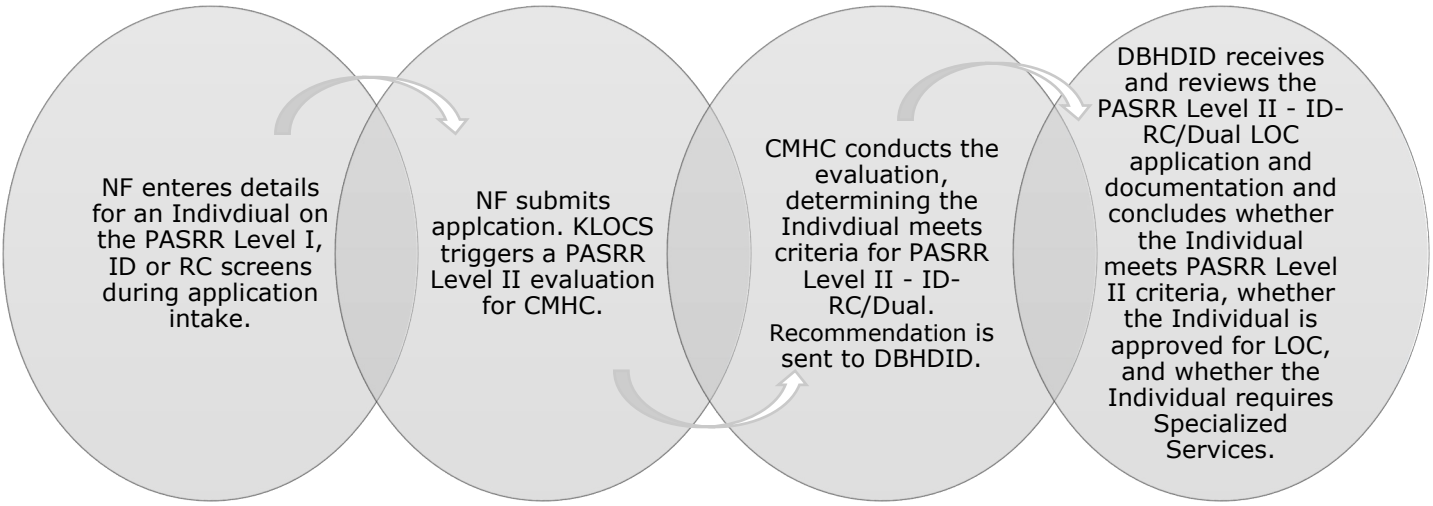
4. Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)

4.1 DBHDID Role and Tasks

The Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) holds two different responsibilities within KLOCS:

1. Evaluate, Review and determine LOC for State Intermediate Care Facilities (ICF) LOC applications.
2. Review and determine LOC for all PASRR Level II – ID-RC/Dual LOC applications.

The DBHDID Committee cannot review a PASRR Level II – ID-RC/Dual LOC application and determine LOC until a recommendation has been sent by the Community Mental Health Centers (CMHC) in KLOCS. The graphic below describes the handoff between the Nursing Facility (NF), CMHC and the DBHDID Committee.



Based on the DBHDID Committee's responsibilities, there are three different tasks that generate in KLOCS:

- DBHDID Committee LOC Determination Task
- Request Level II – DBHDID Committee LOC Determination Task
- State ICF LOC Review Task

4.1.1 DBHDID Committee LOC Determination Task

Once CMHCs evaluate a PASRR Level II – ID-RC/Dual LOC application, and determines an Individual meets criteria for PASRR Level II – ID-RC/Dual, a recommendation is sent to the DBHDID Committee. In KLOCS, this triggers the DBHDID Committee LOC Determination Task. The DBHDID Committee LOC Determination Task notifies DBHDID that a PASRR Level II – ID-RC/Dual LOC application should be reviewed and a LOC determination must be made. Once this task is generated, DBHDID has two business days to complete the task.

4.1.2 Request Level II – DBHDID Committee LOC Determination Task

The Request Level II – LOC Determination Task generates once CMHCs complete the Request Level II – ID-RC/Dual Task and recommends the Individual to DBHDID for a LOC determination. The Request Level II – LOC Determination task notifies the DBHDID Committee to review the Level II recommendation from CMHC. DBHDD has two business days to complete this task.

4.1.3 State ICF LOC Review Task

The State Intermediate Care Facility (ICF) LOC Review Task generates for DBHDID once State ICF Providers submit a LOC application. The State ICF LOC Review Task notifies the DBHDID Committee to review the State ICF LOC application and make a LOC determination within three business days.

4.2 DBHDID Review Process

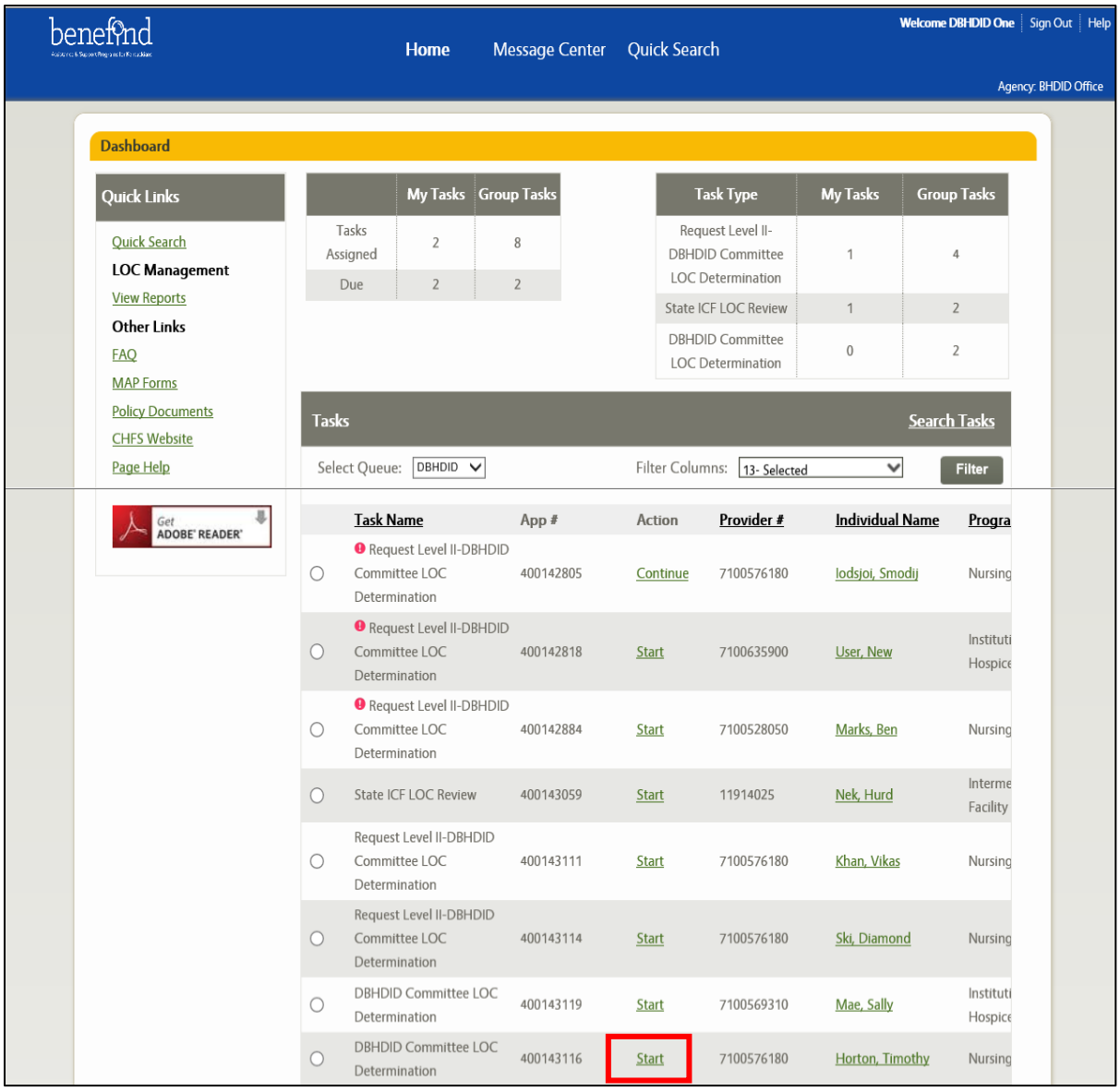
The DBHDID Committee now completes the DBHDID Committee LOC Determination Task, Request Level II – DBHDID Committee LOC Determination Task, and State ICF LOC Review Task in KLOCS.

4.2.1 DBHDID Committee LOC Determination Task

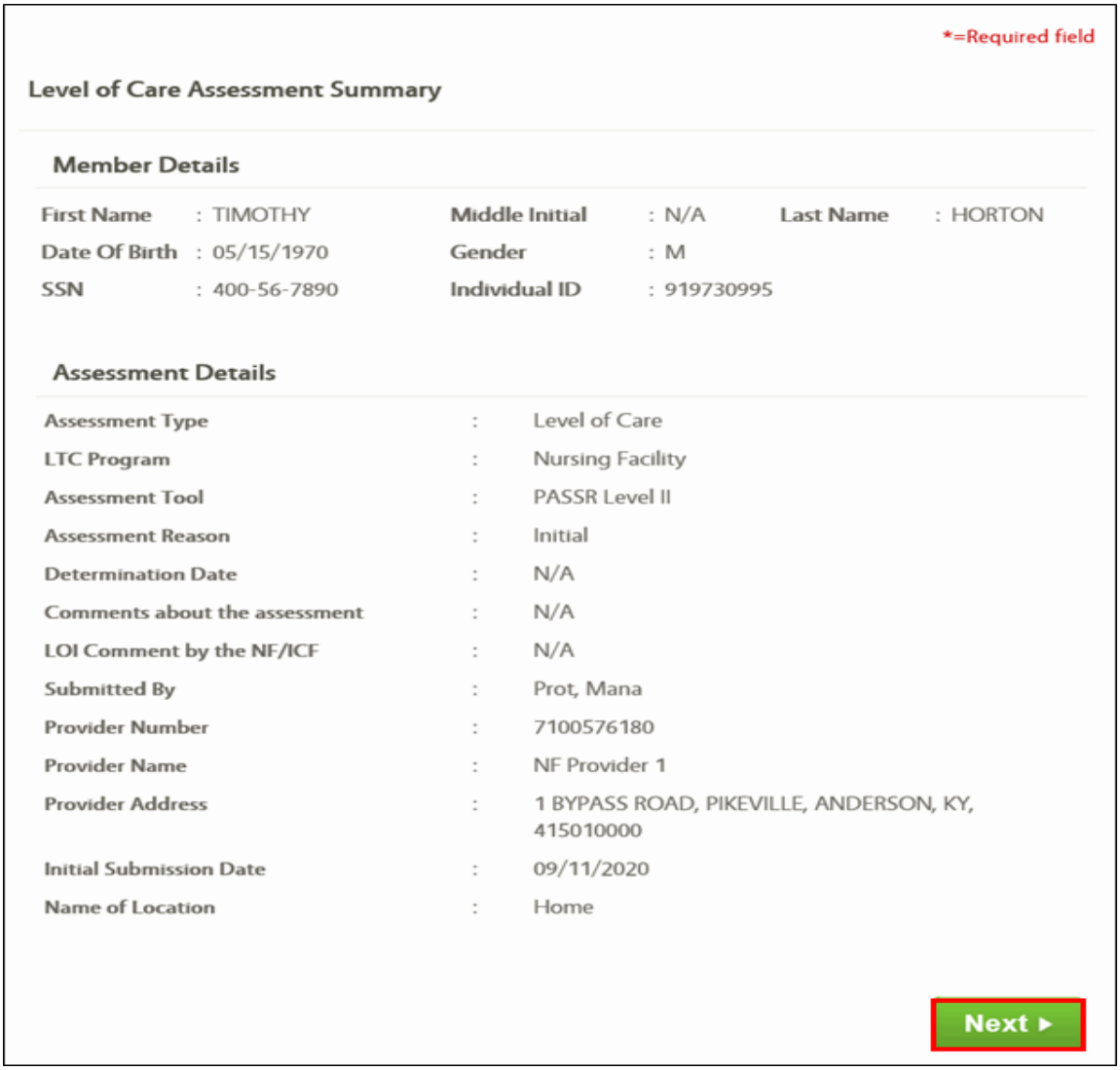
The PASRR Level II evaluation and LOC determination should be completed within two business days of CMHCs submitting a recommendation for an Individual who meets PASRR Level II – ID-RC/Dual criteria.

To begin the DBHDID Committee LOC Determination Task, DBHDID completes the following steps:

1. On the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the *DBHDID Committee LOC Determination* Task under the *Task* section.

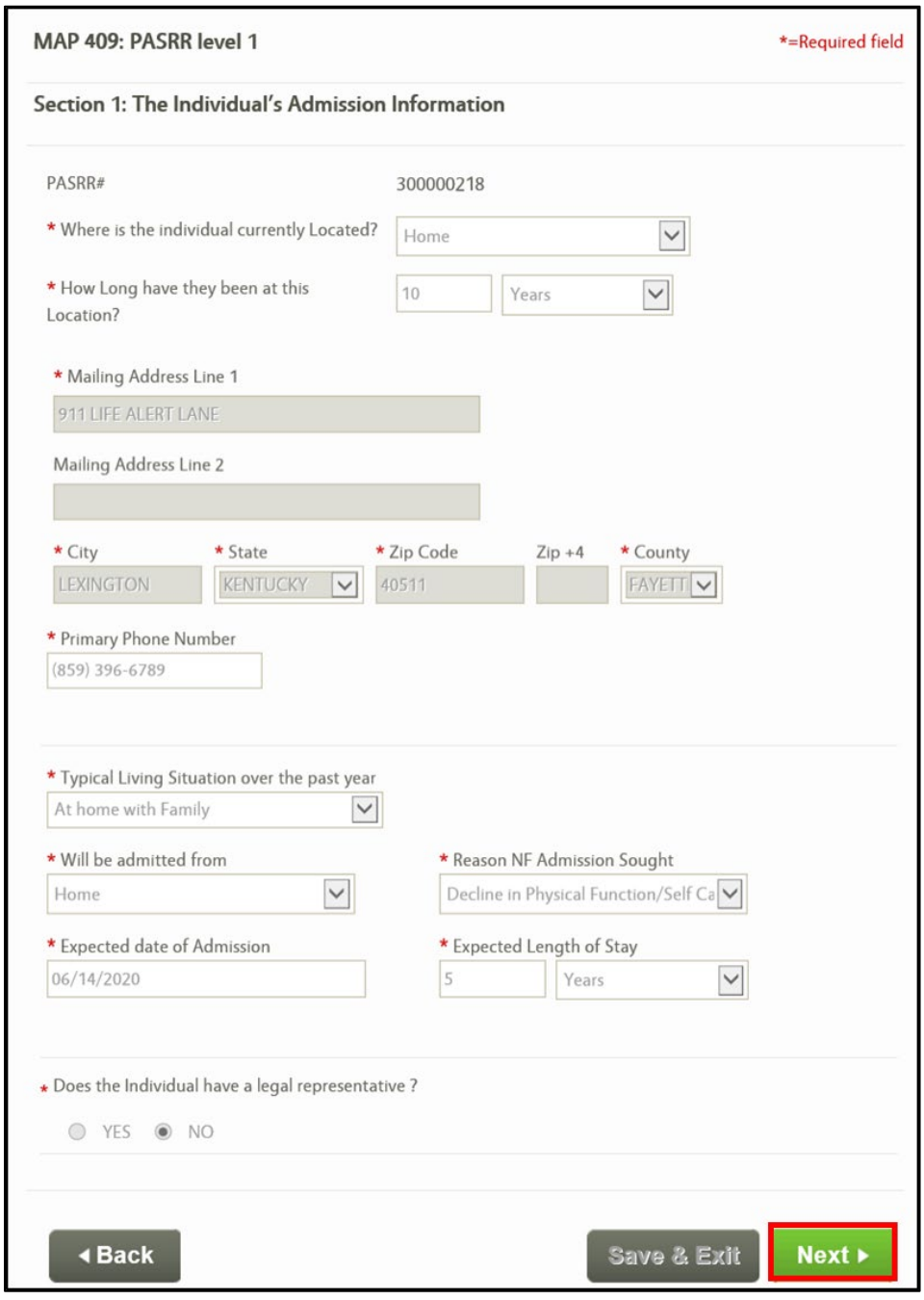


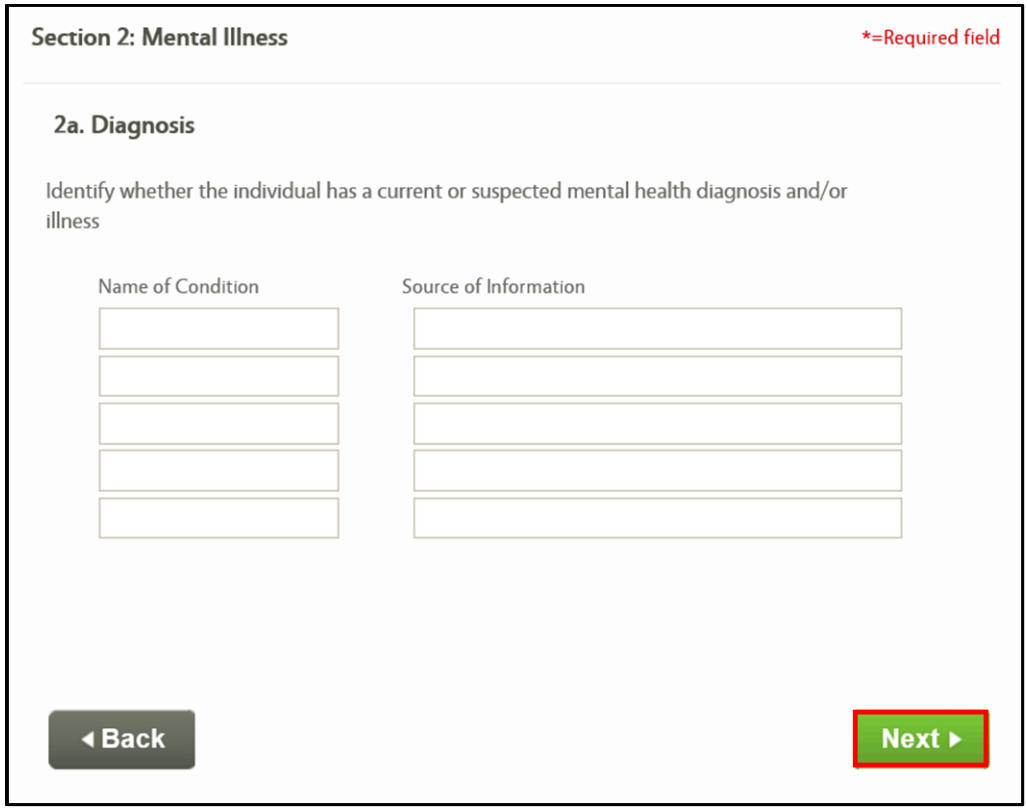
2. On the **Level of Care Assessment Summary** screen, this information is read-only. After reviewing the *Member Details* and *Assessment Details*, click **Next**.

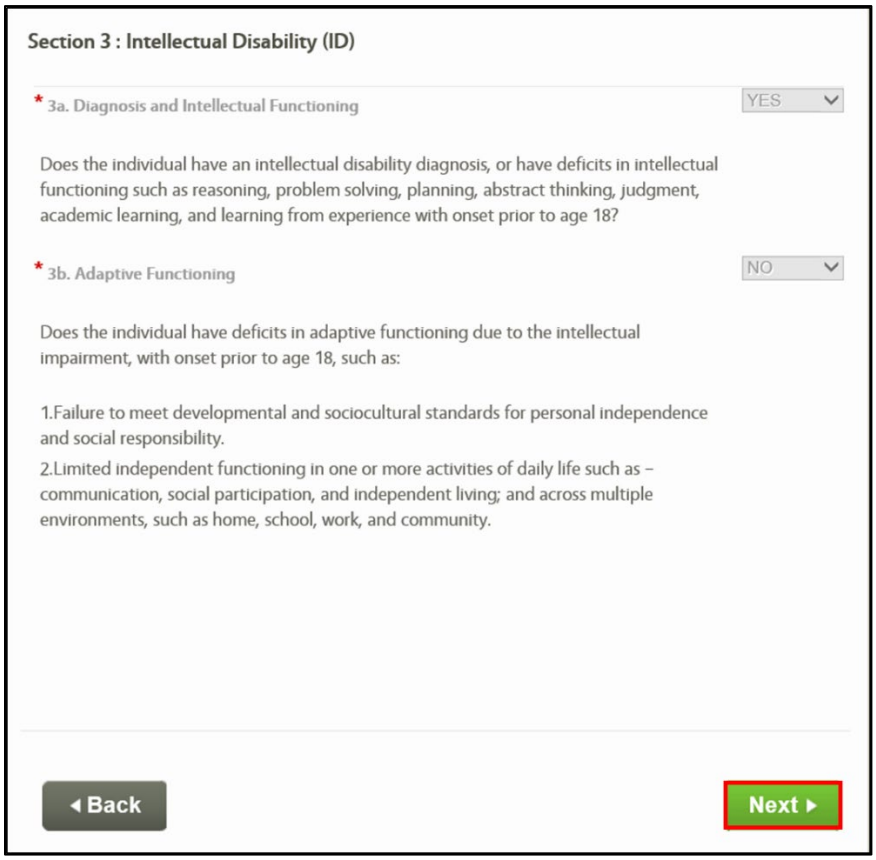


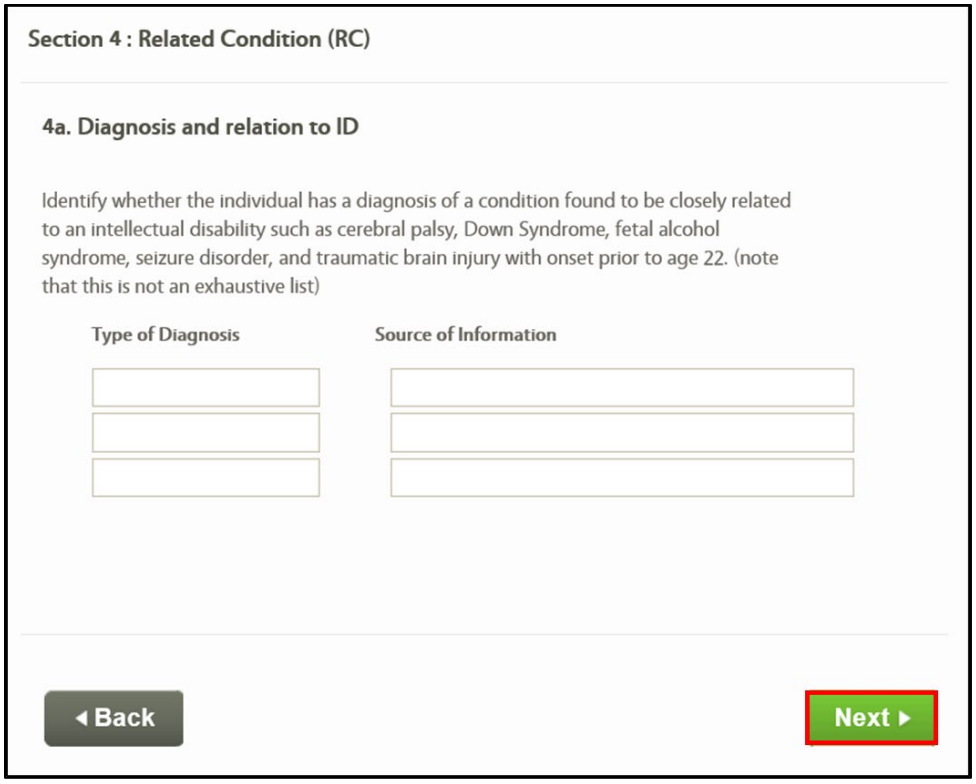
3. The **MAP 409: PASRR Level I** screen displays read-only information. After reviewing all the screens, click **Next**.

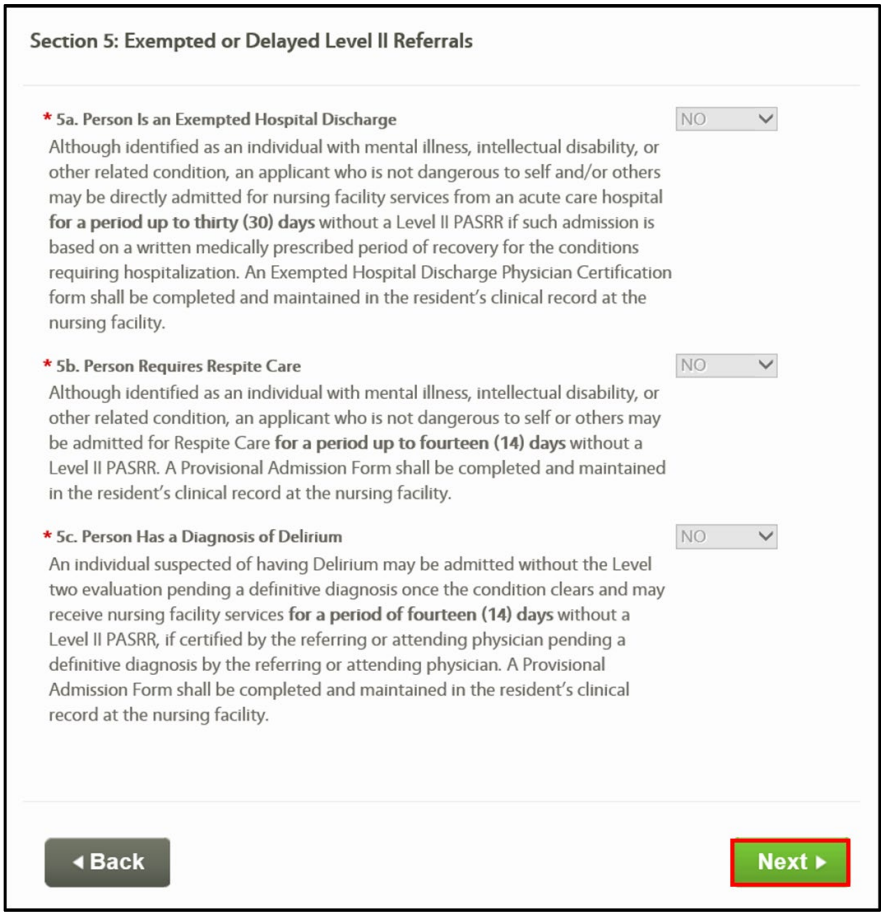
    - The **MAP 409: PASRR Level I** screen consist of six sections, which in KLOCS displays as six different screens: The **Individual's Admission Information**, **Mental Illness**, **Intellectual Disability (ID)**, **Related Condition (RC)**, **Exempted or Delayed Level II Referrals**, and **Signatures**.

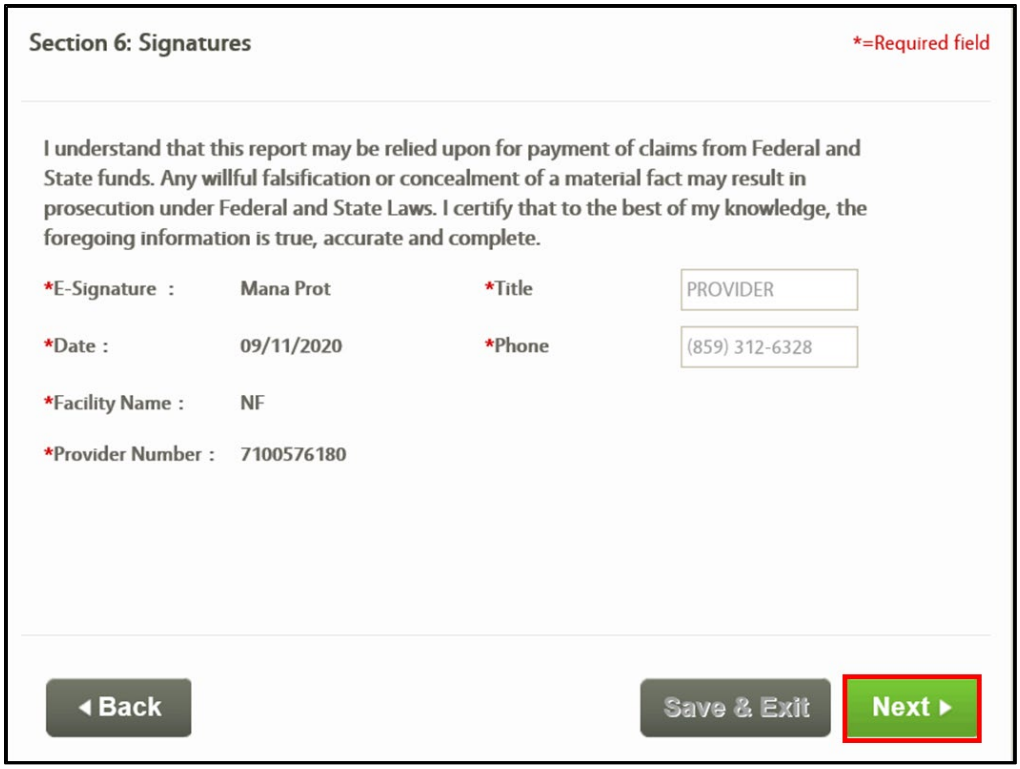



Section 2: Mental Illness
*=Required field
2a. Diagnosis
Identify whether the individual has a current or suspected mental health diagnosis and/or illness
Name of Condition
Source of Information
Back
Next

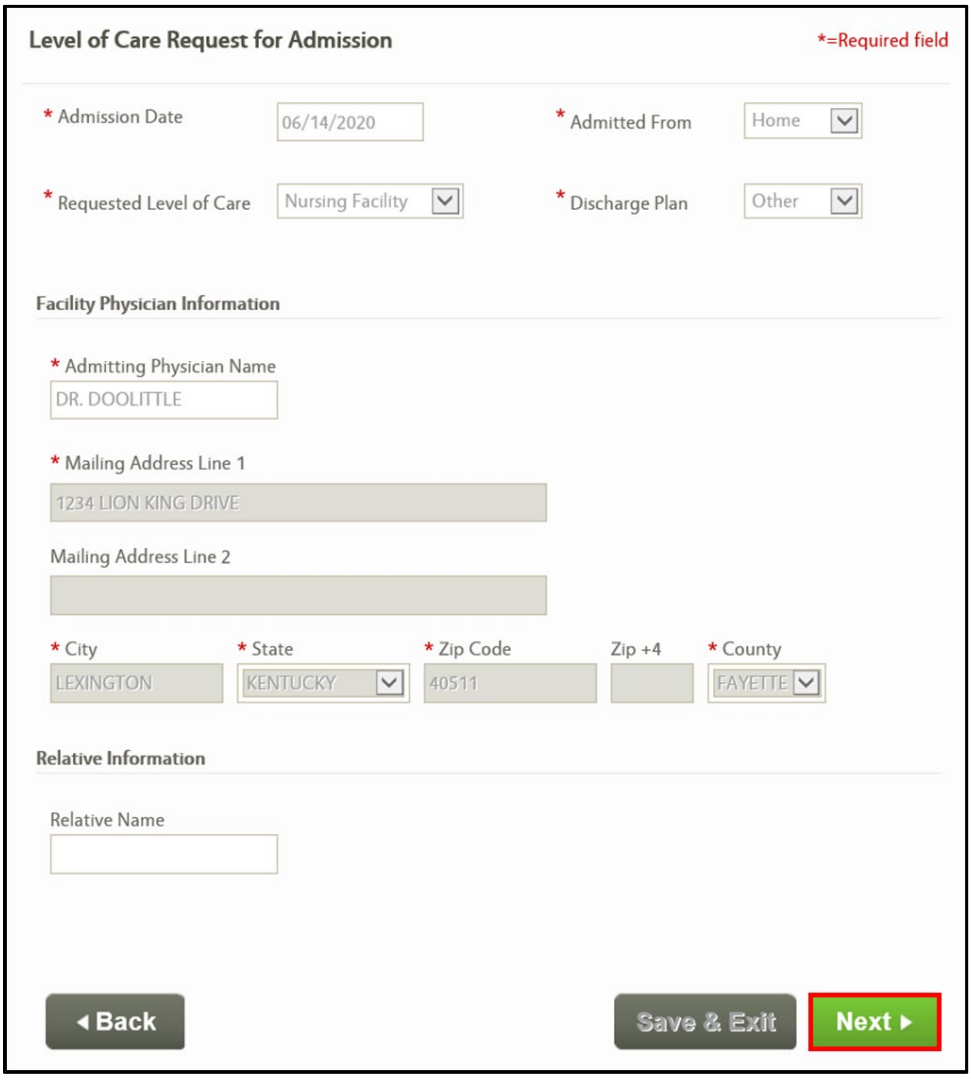

Section 3 : Intellectual Disability (ID)
* 3a. Diagnosis and Intellectual Functioning
YES
Does the individual have an intellectual disability diagnosis, or have deficits in intellectual functioning such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience with onset prior to age 18?
* 3b. Adaptive Functioning
NO
Does the individual have deficits in adaptive functioning due to the intellectual impairment, with onset prior to age 18, such as:
1.Failure to meet developmental and sociocultural standards for personal independence and social responsibility.
2.Limited independent functioning in one or more activities of daily life such as – communication, social participation, and independent living; and across multiple environments, such as home, school, work, and community.
Back
Next


Section 4 : Related Condition (RC)
4a. Diagnosis and relation to ID
Identify whether the individual has a diagnosis of a condition found to be closely related to an intellectual disability such as cerebral palsy, Down Syndrome, fetal alcohol syndrome, seizure disorder, and traumatic brain injury with onset prior to age 22. (note that this is not an exhaustive list)
Type of Diagnosis
Source of Information
Back
Next


Section 5: Exempted or Delayed Level II Referrals
* 5a. Person Is an Exempted Hospital Discharge
NO
Although identified as an individual with mental illness, intellectual disability, or other related condition, an applicant who is not dangerous to self and/or others may be directly admitted for nursing facility services from an acute care hospital for a period up to thirty (30) days without a Level II PASRR if such admission is based on a written medically prescribed period of recovery for the conditions requiring hospitalization. An Exempted Hospital Discharge Physician Certification form shall be completed and maintained in the resident's clinical record at the nursing facility.
* 5b. Person Requires Respite Care
NO
Although identified as an individual with mental illness, intellectual disability, or other related condition, an applicant who is not dangerous to self or others may be admitted for Respite Care for a period up to fourteen (14) days without a Level II PASRR. A Provisional Admission Form shall be completed and maintained in the resident's clinical record at the nursing facility.
* 5c. Person Has a Diagnosis of Delirium
NO
An individual suspected of having Delirium may be admitted without the Level two evaluation pending a definitive diagnosis once the condition clears and may receive nursing facility services for a period of fourteen (14) days without a Level II PASRR, if certified by the referring or attending physician pending a definitive diagnosis by the referring or attending physician. A Provisional Admission Form shall be completed and maintained in the resident's clinical record at the nursing facility.
Back
Next


Section 6: Signatures
*=Required field
I understand that this report may be relied upon for payment of claims from Federal and State funds. Any willful falsification or concealment of a material fact may result in prosecution under Federal and State Laws. I certify that to the best of my knowledge, the foregoing information is true, accurate and complete.
*E-Signature : Mana Prot
*Title PROVIDER
*Date : 09/11/2020
*Phone (859) 312-6328
*Facility Name : NF
*Provider Number : 7100576180
Back
Save & Exit
Next

4. On the **MAP-726A** screens, this information is read-only. Click **Next**.
    - The **MAP-726A** consist of two sections, which in KLOCS displays as two different screens: **Level of Care Request for Admission** and **Patient Information**.



Patient Information

*=Required field

Vital Statistics

* Height: 63 Inches

* Weight: 184 LBS

Disoriented

- ( ) Intermittently
- ( ) Constantly

Ambulatory Status

- ( ) Ambulatory
- ( ) Semi- Ambulatory

Bladder

- ( ) Continent
- ( ) Incontinent
- ( ) Indwelling Catheter
- ( ) External Catheter

Bowel

- ( ) Continent
- ( ) Incontinent
- ( ) Colostomy

Inappropriate Behavior

- [ ] Wandering
- [ ] Verbally Abusive
- [ ] Injurious to Self
- [ ] Injurious to Others
- [ ] Destructive to Property
- [ ] Other

Functional Limitations

- [ ] Sight
- [ ] Hearing
- [ ] Speech
- [ ] Contractures

Communication Of Needs

- ( ) Verbally
- ( ) Non-Verbally
- ( ) Does Not Communicate

Respiration

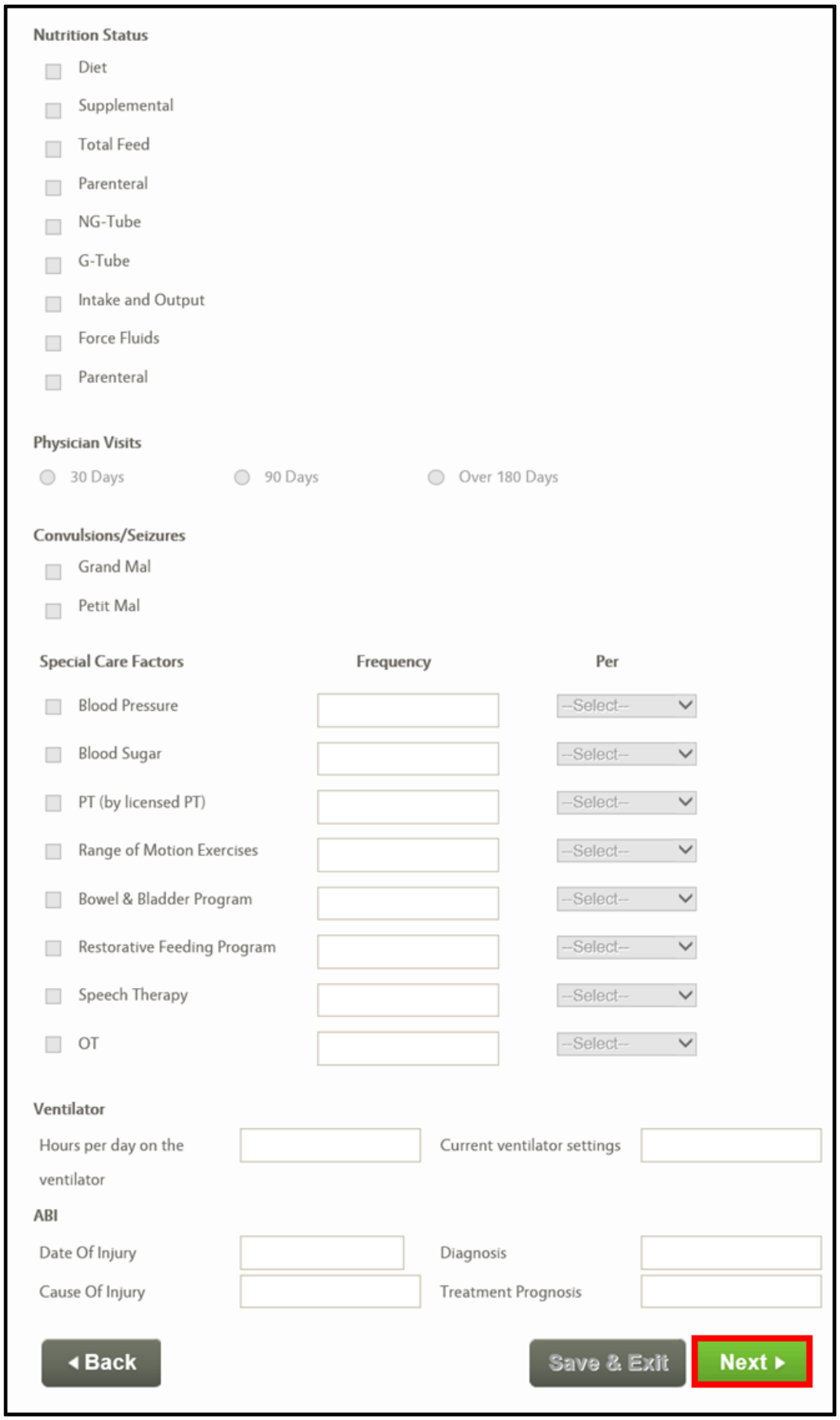
- [ ] Normal
- [ ] O2 PRN
- [ ] Tracheostomy
- [ ] O2 Continuous

Personal Care Assistance

- [ ] Bathing
- [ ] Feeding
- [ ] Dressing
- [ ] Total Care

Skin

- [ ] Other
- [ ] Normal
- [ ] Decubiti-Describe
- [ ] Dressings


Nutrition Status
Diet
Supplemental
Total Feed
Parenteral
NG-Tube
G-Tube
Intake and Output
Force Fluids
Parenteral
Physician Visits
30 Days
90 Days
Over 180 Days
Convulsions/Seizures
Grand Mal
Petit Mal
Special Care Factors
Frequency
Per
Blood Pressure
Blood Sugar
PT (by licensed PT)
Range of Motion Exercises
Bowel & Bladder Program
Restorative Feeding Program
Speech Therapy
OT
--Select--
Ventilator
Hours per day on the ventilator
Current ventilator settings
ABI
Date Of Injury
Diagnosis
Cause Of Injury
Treatment Prognosis
Back
Save & Exit
Next

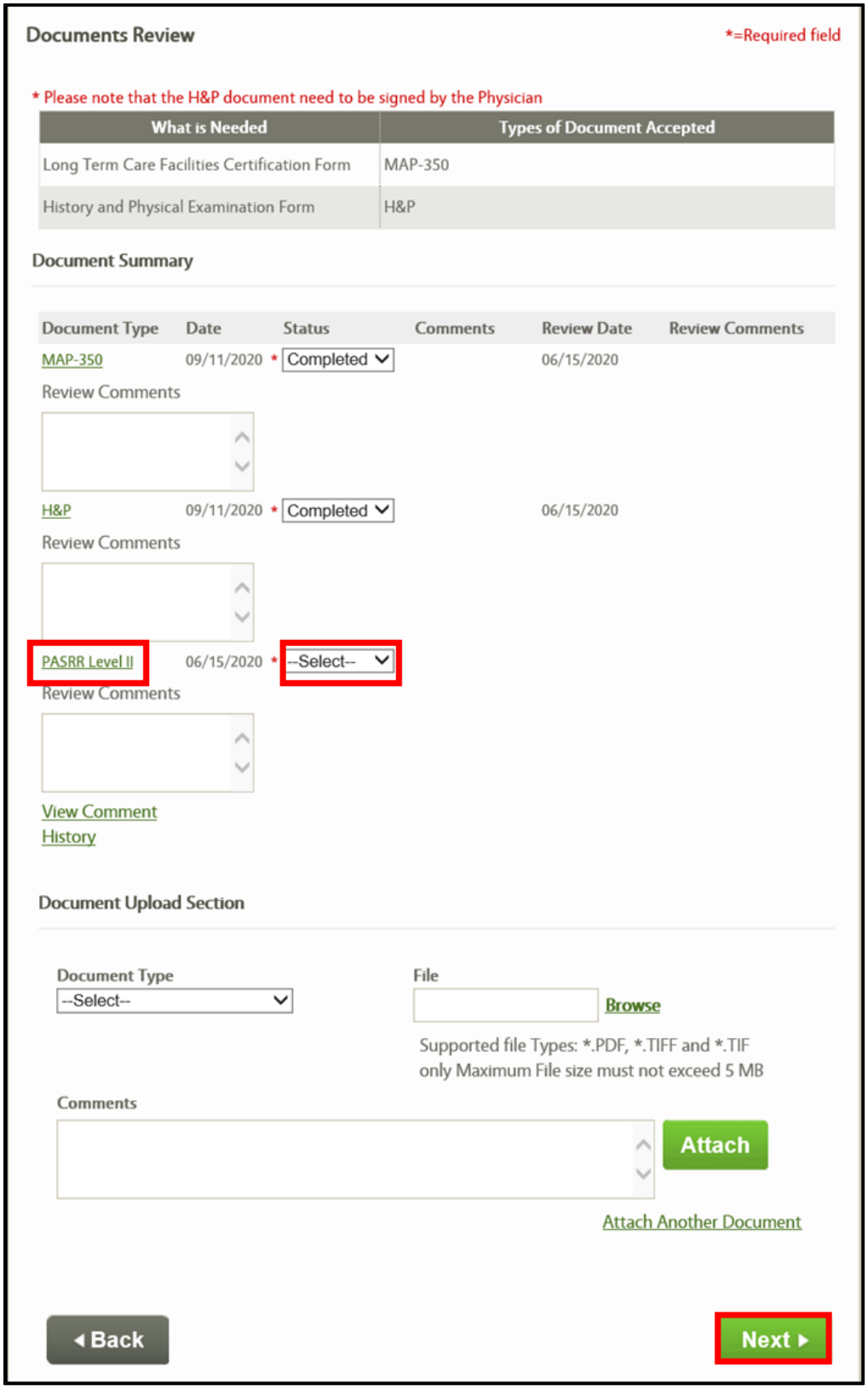
5. On the **Documents Review** screen under the *Document Summary* section, click the **PASRR Level II** hyperlink. This will open a PDF version of the uploaded PASRR Level II document from CMHCs.

Please Note: The DBHDID Committee does not have to review documents uploaded by Nursing Facilities (NF), as CMHCs complete document review before recommending the Individual. DBHDID may review document uploads from NF Providers, however, DBHDID is responsible for reviewing documents and determining statuses for uploads from CMHCs (PASRR Level II and PASRR Level II Supporting documents).

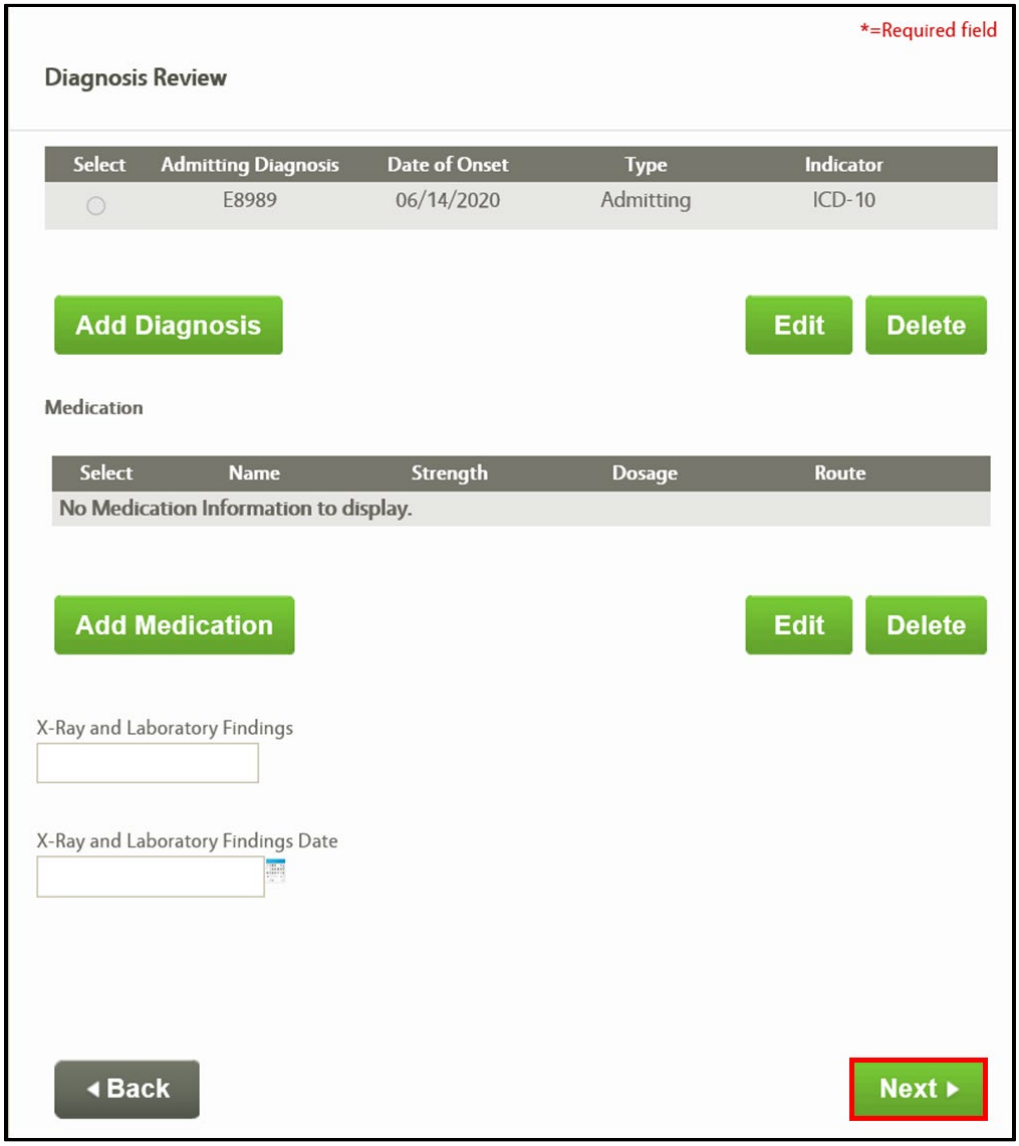
6. After reviewing the document, close the PDF. On the **Document Review** screen under the *Document Summary* section, select "**Complete**" or "**Incomplete**" from the *Status* drop-down.
    - If information is missing from the uploaded PASRR Level II or PASRR Level II Supporting documents or if the wrong document was uploaded, select **Invalid** for the Status. The Comments box enables and becomes mandatory, DBHDID should enter **appropriate comments explaining why the document has been determined Invalid**.

Please Note: Steps 5 and 6 should be repeated for each document if multiple documents were uploaded by CMHCs.

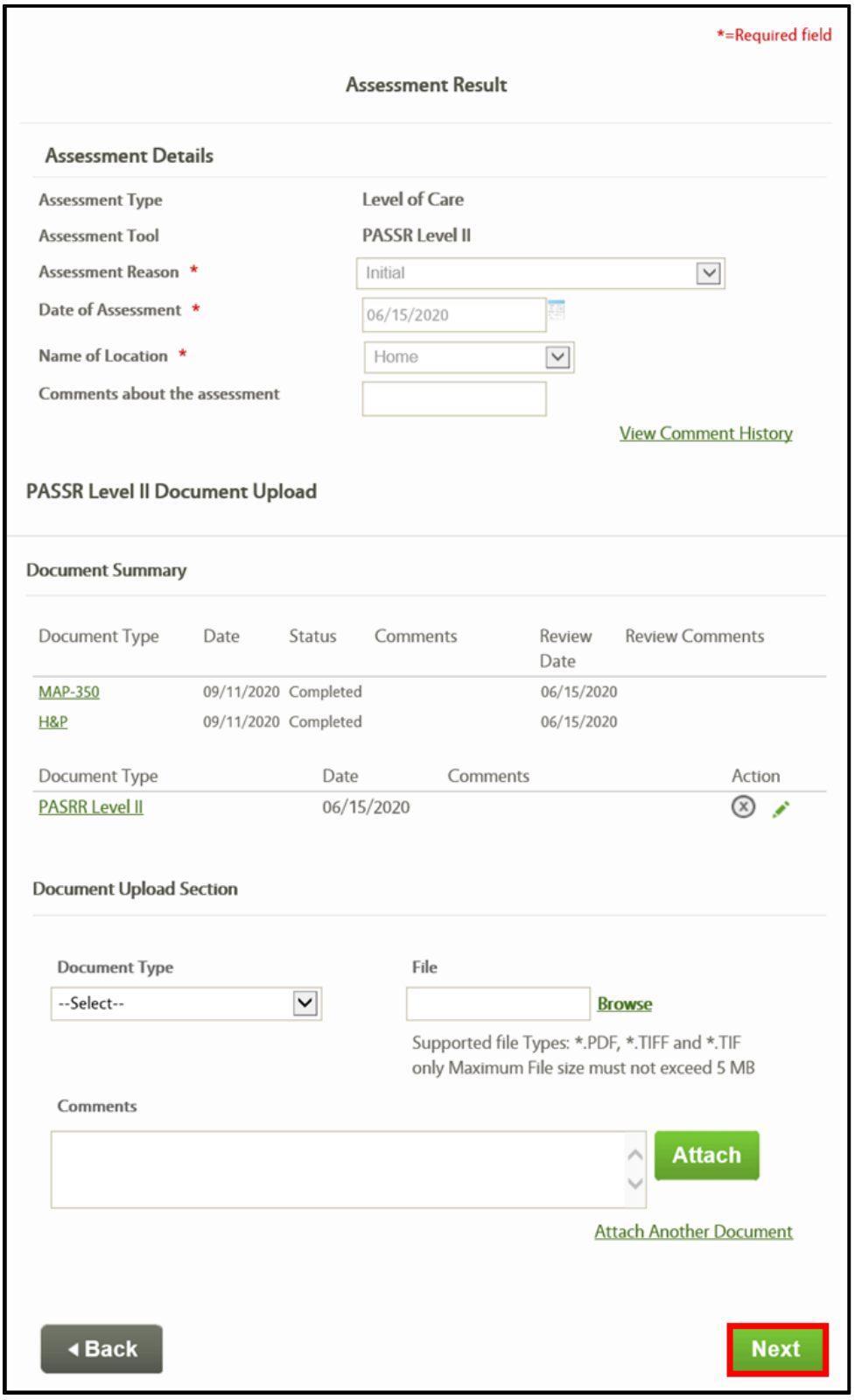
7. Click **Next**.


Documents Review
*=Required field
* Please note that the H&P document need to be signed by the Physician
What is Needed
Types of Document Accepted
Long Term Care Facilities Certification Form
MAP-350
History and Physical Examination Form
H&P
Document Summary
Document Type
Date
Status
Comments
Review Date
Review Comments
MAP-350
09/11/2020
Completed
06/15/2020
Review Comments
H&P
09/11/2020
Completed
06/15/2020
Review Comments
PASRR Level II
06/15/2020
--Select--
Review Comments
View Comment History
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
Back
Next

8. The **Diagnosis Review** screen displays, the DBHDID Committee should review the admitting diagnosis indicator, diagnosis type, and the diagnosis code. DBHDID may add a diagnosis if applicable. Click **Next**.

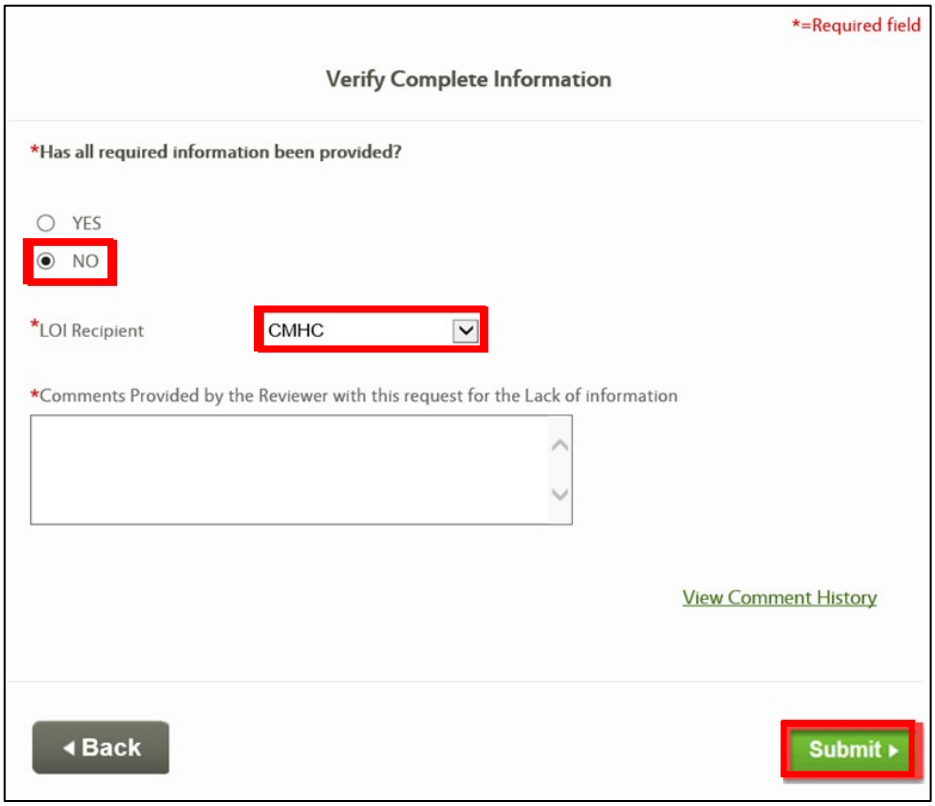


9. The **Assessment Results** screen displays details entered by CMHCs and is read-only. Click **Next**.

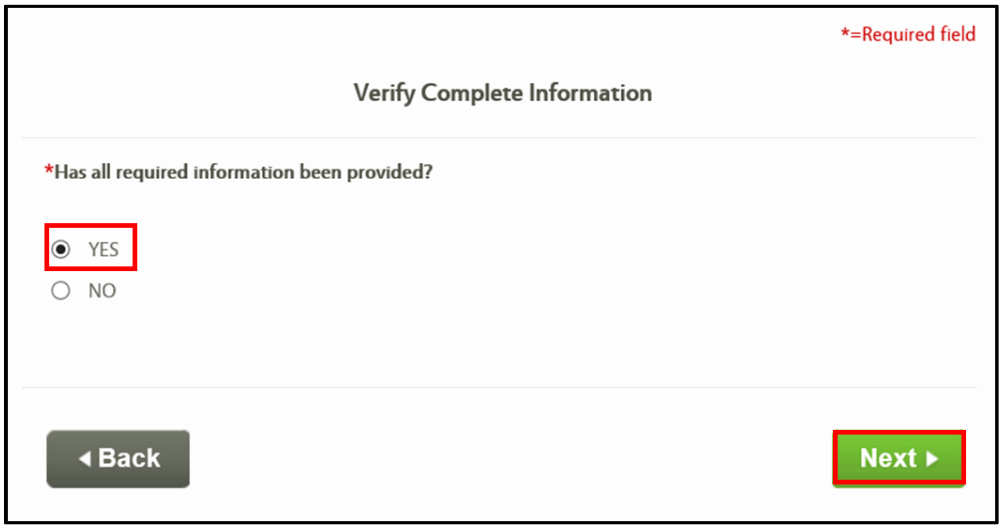


10. On the **Verify Complete Information** screen, select **Yes** or **No** for *Has all required information been provided?*

    - If **No** is selected for *Has all required information been provided?*, KLOCS enables a mandatory comment box for the DBHDID Committee to enter additional details on what information is missing. This enables the *LOI Recipient* field. From the LOI Recipient drop-down, select "**CMHC**". KLOCS generates the Lack of Information (LOI) Task for CMHCs.



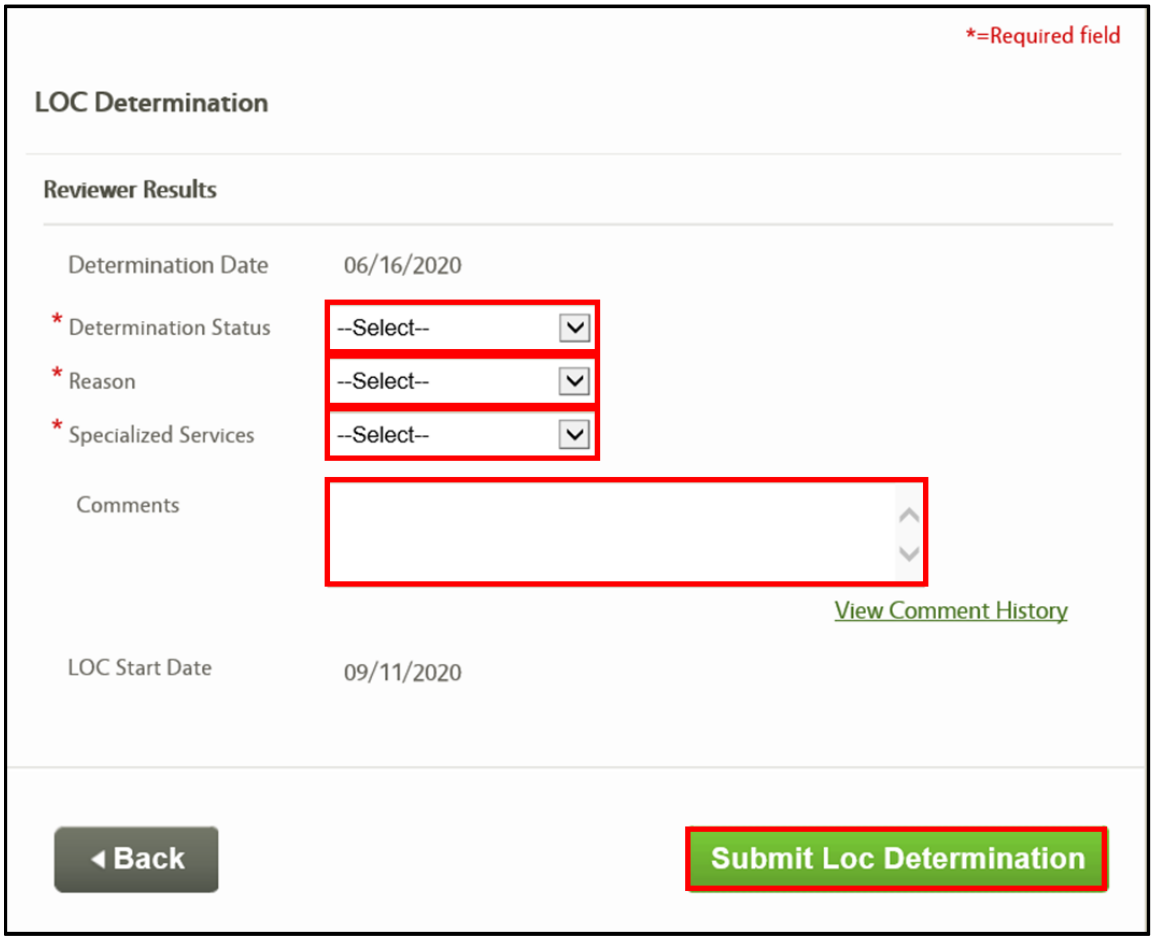
11. Click **Submit** if **No** was selected or **Next** if **Yes** was selected.
    - If **No** is selected for *Has all required information been provided?*, DBHDID is unable to determine LOC. KLOCS navigates back to the **Dashboard** screen.
    - If **Yes** is selected for *Has all required information been provided?*, KLOCS navigates to the **LOC Determination** screen.



12. On the **LOC Determination** screen, the *Determination Date* pre-populates with the current date.
13. Select the "**Met**", "**Not Met**" or "**Pended**" from the *Determination Status* drop-down.
14. Select the "**appropriate Reason**" from the *Reason* drop-down.
    - This field is mandatory for all three LOC determinations (Met, Not Met or Pended).
15. Select if "**Specialized Services Required**" or "**Specialized Services Not Required**" from the *Specialized Services* drop-down.
    - This field will enable for DBHDID when the Determination Status is determined Met.

Please Note: If the DBHDID Committee determines that an Individual qualifies to remain in the NF due to the 30-month option exception, the committee will mark the *Determination Status* field as "**Met"** and complete the *Specialized Services* field as indicated.

16. In the *Comments* field, DBHDID should **enter the appropriate details explaining the LOC determination**.
    - This field is optional when the LOC Determination status is Met. If the LOC Determination status is Not Met or Pended, the *Comments* field becomes mandatory.
17. The *LOC Start Date* pre-populates.
18. Click **Submit LOC Determination**. KLOCS navigates to back to the **Dashboard** screen.



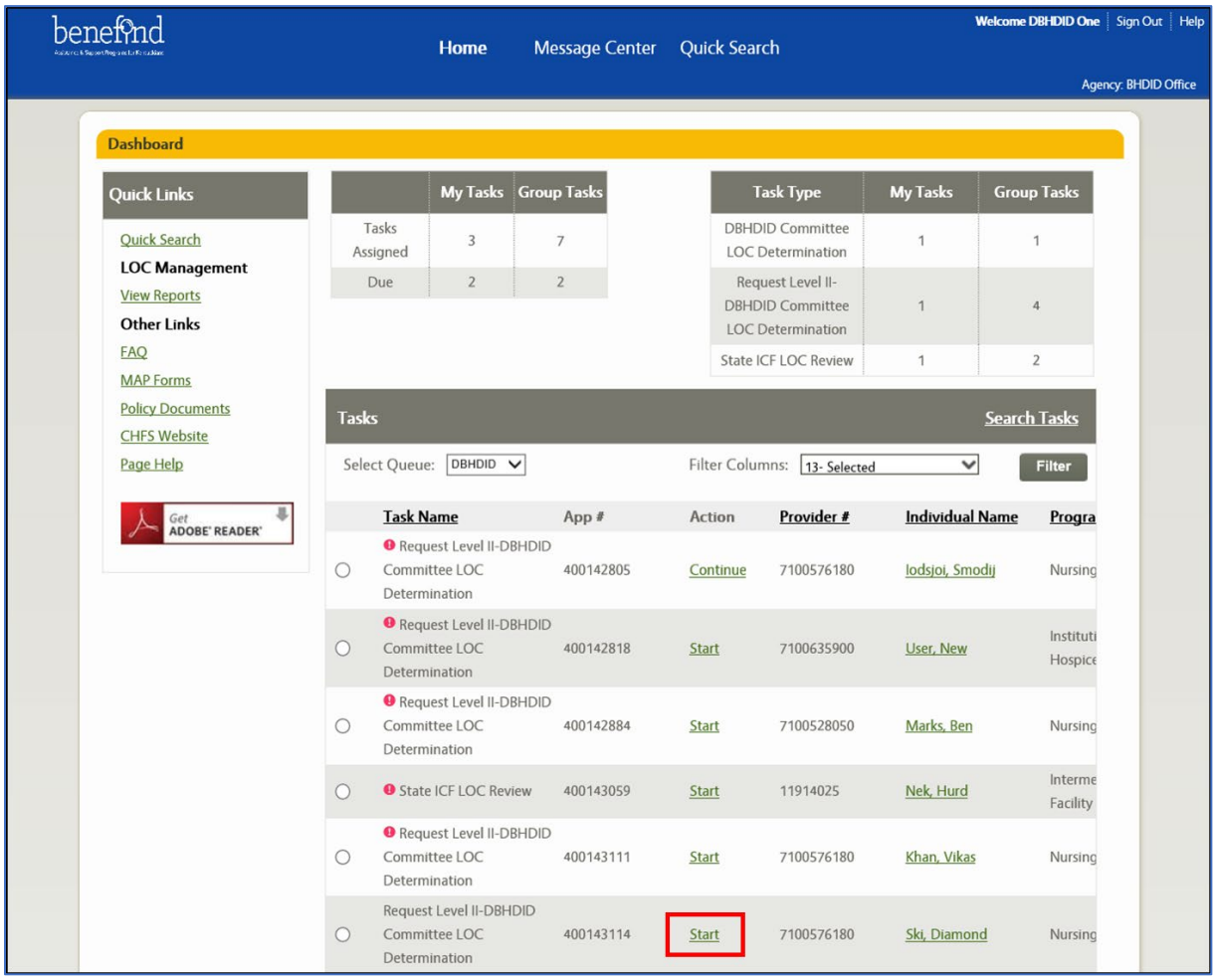
Once the DBHDID Committee determines the LOC as Met and submits the LOC Determination, the PASRR Level II – ID-RC/Dual LOC review process is complete and the Individual's LOC application status updates to complete in KLOCS.

Please Note: If the DBHDID Committee concludes that not enough information is provided to determine LOC. KLOCS navigates the DBHDID Committee to the **Dashboard** screen (bypassing the **LOC Determination** screen). The PASRR Level II – ID-RC/Dual LOC application holds a status of Pended – LOI and the Lack of Information (LOI) Task generates for CMHCs to review the application for a second time and resubmit.

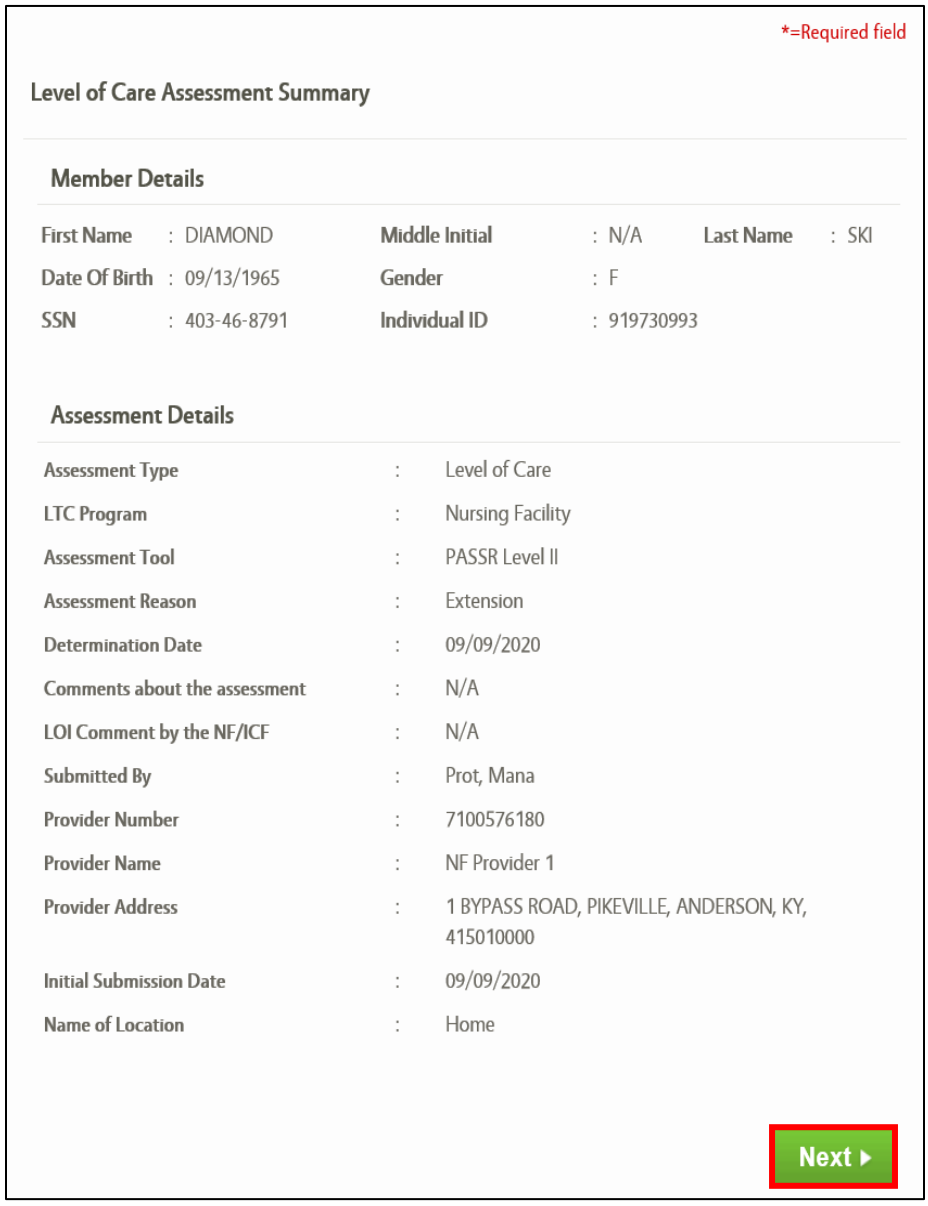
4.2.2 Request Level II – DBHDID Committee LOC Determination Review Task

To begin the Request Level II DBHDID Committee LOC Determination Review Task, DBHDID completes the following steps:

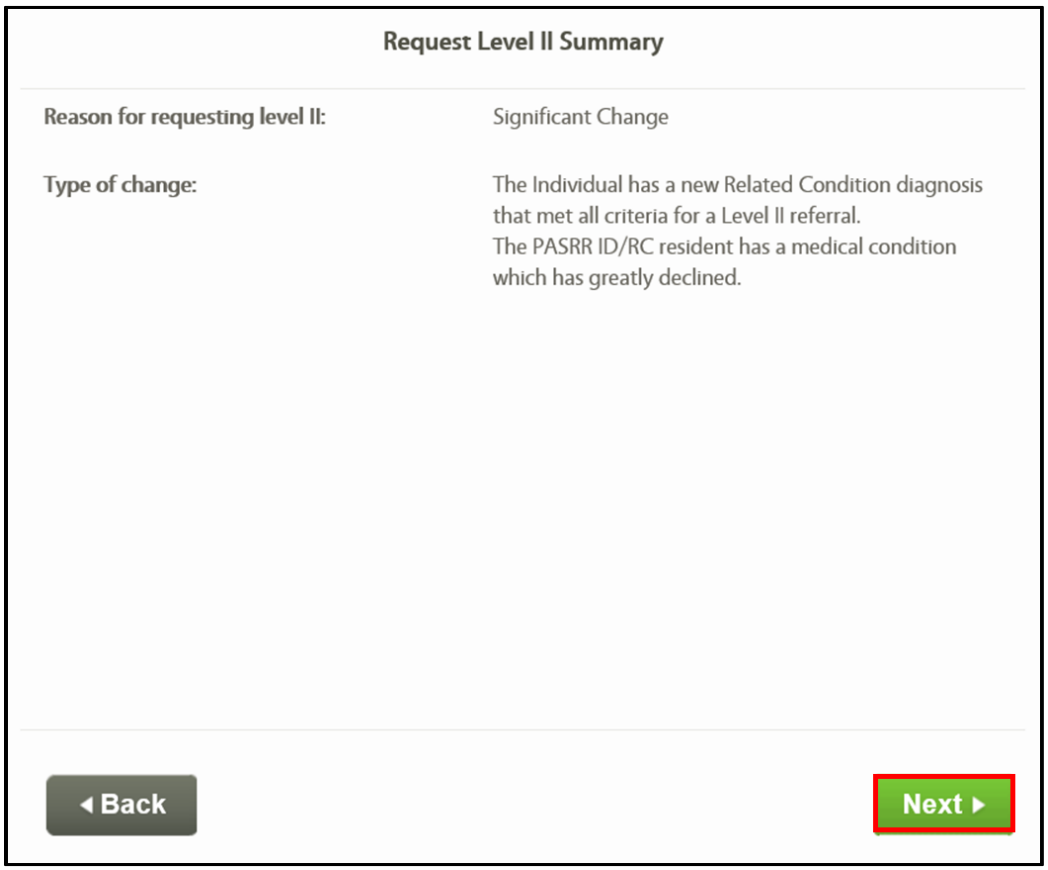
1. On the **Dashboard** screen, click **Start** or **Continue** under *Action* column for the *Request Level II – DBHDID Committee LOC Determination* Task under the *Task* section.



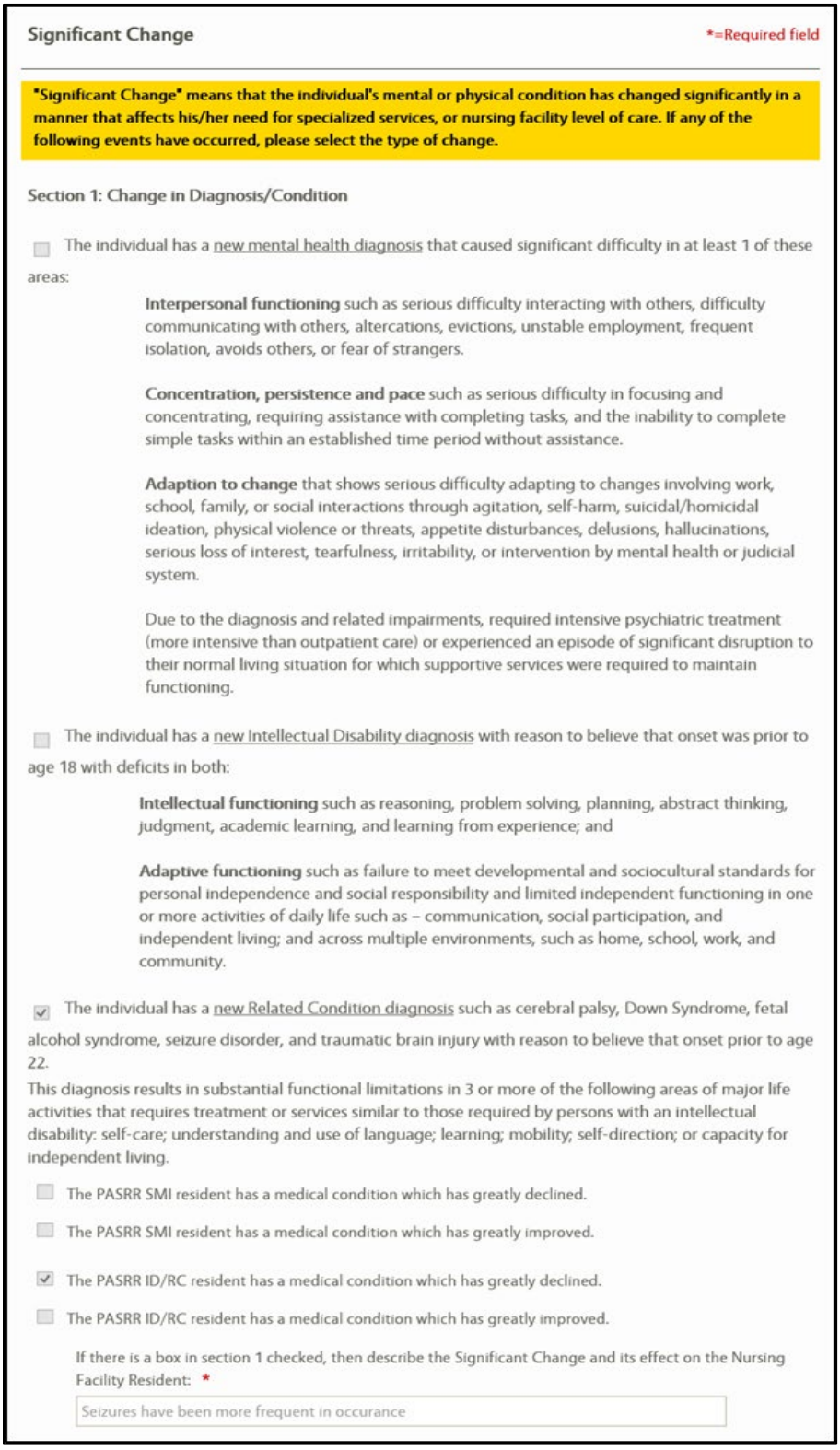
2. On the **Level of Care Assessment Summary** screen, this information is read-only for DBHDID. Click **Next**.



3. The **Request Level II Summary** screen displays, this information is read-only for DBHDID. Click **Next**.



4. On the **Significant Change** screen, this information is read-only for DBHDID. Click **Next**.



Significant Change *=Required field

"Significant Change" means that the individual's mental or physical condition has changed significantly in a manner that affects his/her need for specialized services, or nursing facility level of care. If any of the following events have occurred, please select the type of change.

Section 1: Change in Diagnosis/Condition

☐ The individual has a new mental health diagnosis that caused significant difficulty in at least 1 of these areas:

Interpersonal functioning such as serious difficulty interacting with others, difficulty communicating with others, altercations, evictions, unstable employment, frequent isolation, avoids others, or fear of strangers.

Concentration, persistence and pace such as serious difficulty in focusing and concentrating, requiring assistance with completing tasks, and the inability to complete simple tasks within an established time period without assistance.

Adaption to change that shows serious difficulty adapting to changes involving work, school, family, or social interactions through agitation, self-harm, suicidal/homicidal ideation, physical violence or threats, appetite disturbances, delusions, hallucinations, serious loss of interest, tearfulness, irritability, or intervention by mental health or judicial system.

Due to the diagnosis and related impairments, required intensive psychiatric treatment (more intensive than outpatient care) or experienced an episode of significant disruption to their normal living situation for which supportive services were required to maintain functioning.

☐ The individual has a new Intellectual Disability diagnosis with reason to believe that onset was prior to age 18 with deficits in both:

Intellectual functioning such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience; and

Adaptive functioning such as failure to meet developmental and sociocultural standards for personal independence and social responsibility and limited independent functioning in one or more activities of daily life such as – communication, social participation, and independent living; and across multiple environments, such as home, school, work, and community.

☑ The individual has a new Related Condition diagnosis such as cerebral palsy, Down Syndrome, fetal alcohol syndrome, seizure disorder, and traumatic brain injury with reason to believe that onset prior to age 22.

This diagnosis results in substantial functional limitations in 3 or more of the following areas of major life activities that requires treatment or services similar to those required by persons with an intellectual disability: self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living.

☐ The PASRR SMI resident has a medical condition which has greatly declined.

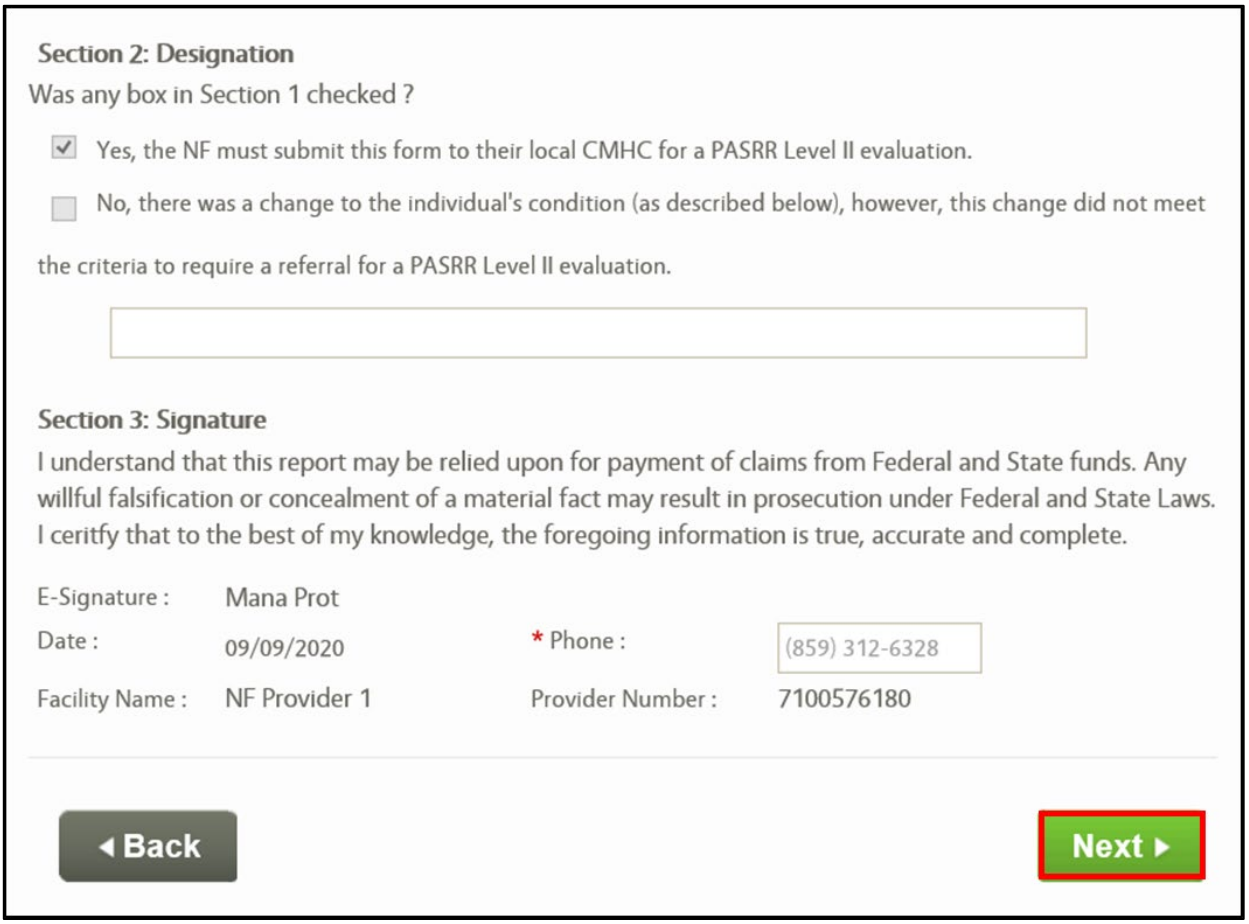
☐ The PASRR SMI resident has a medical condition which has greatly improved.

☑ The PASRR ID/RC resident has a medical condition which has greatly declined.

☐ The PASRR ID/RC resident has a medical condition which has greatly improved.

If there is a box in section 1 checked, then describe the Significant Change and its effect on the Nursing Facility Resident: *

Seizures have been more frequent in occurance



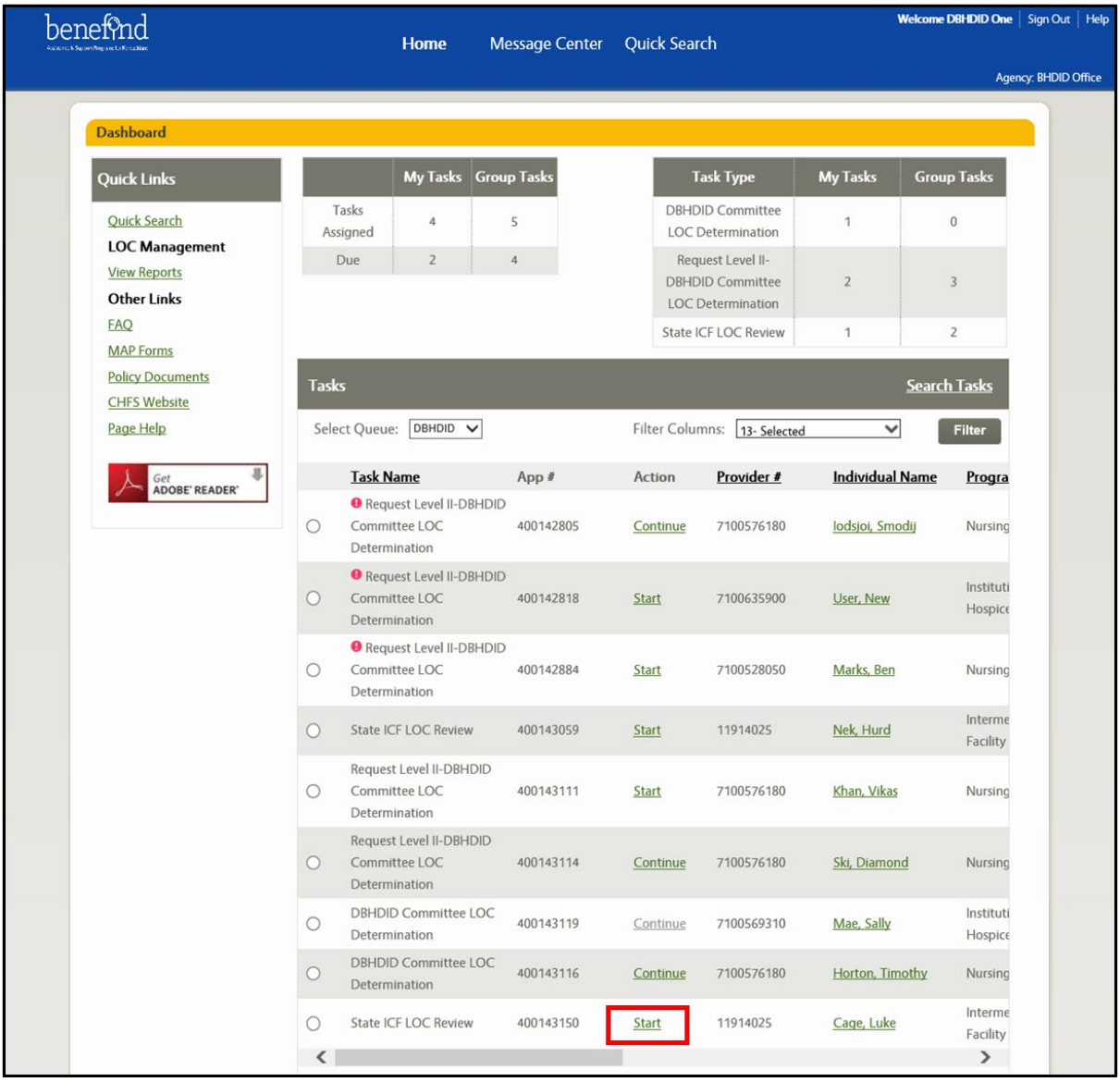
Refer To: The **DBHDID Committee LOC Determination Review Task** section of this User Manual and follow Steps 3 through 18 to complete the Request Level II – DBHDID Committee LOC Determination Review Task.

4.2.3 State ICF LOC Review Task

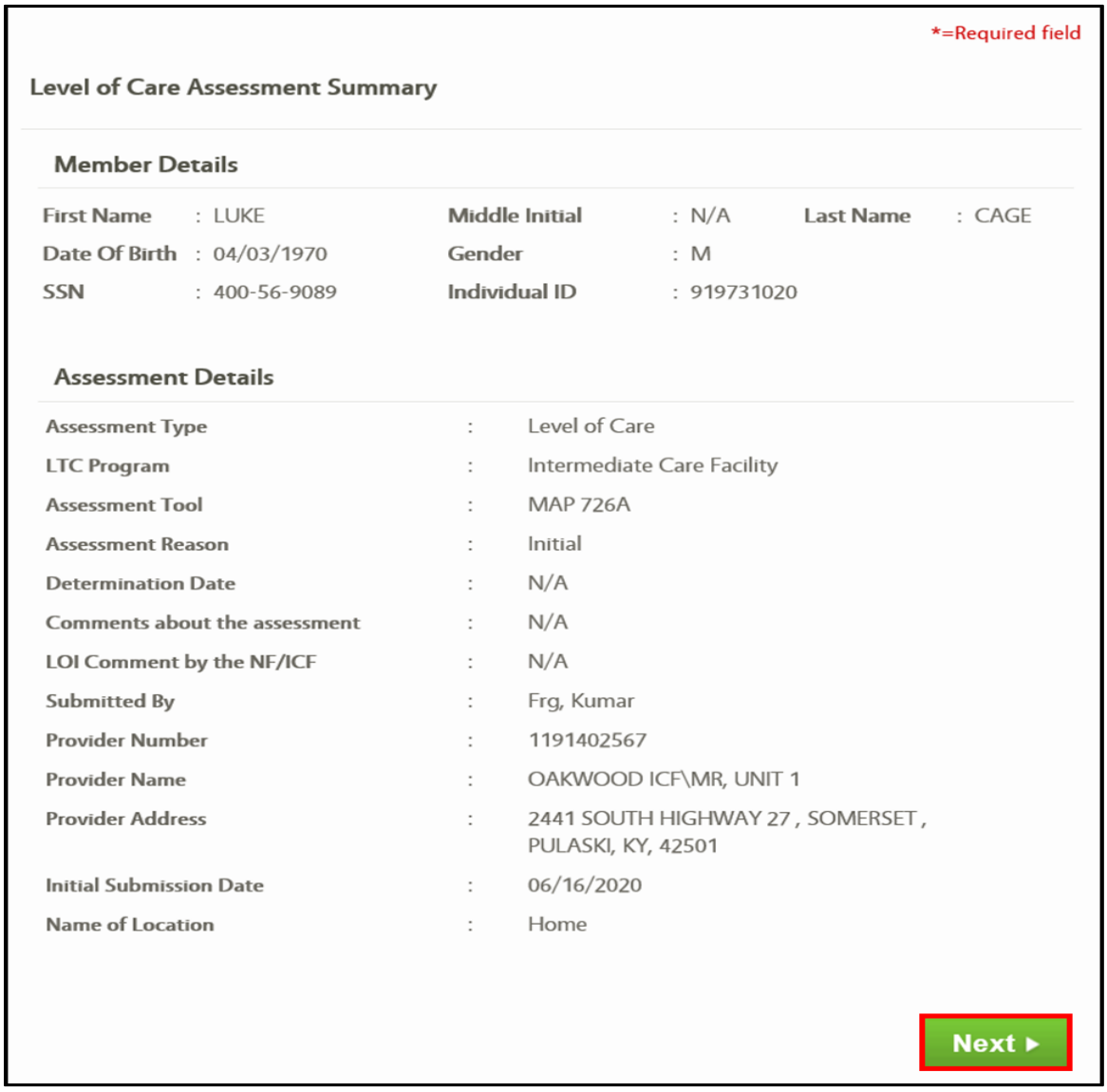
Alongside with reviewing PASRR Level II – ID-RC/Dual LOC applications, the DBHDID Committee is also responsible for reviewing State ICF LOC applications once submitted by the ICF.

To begin the State ICF LOC Review Task, DBHDID completes the following steps:

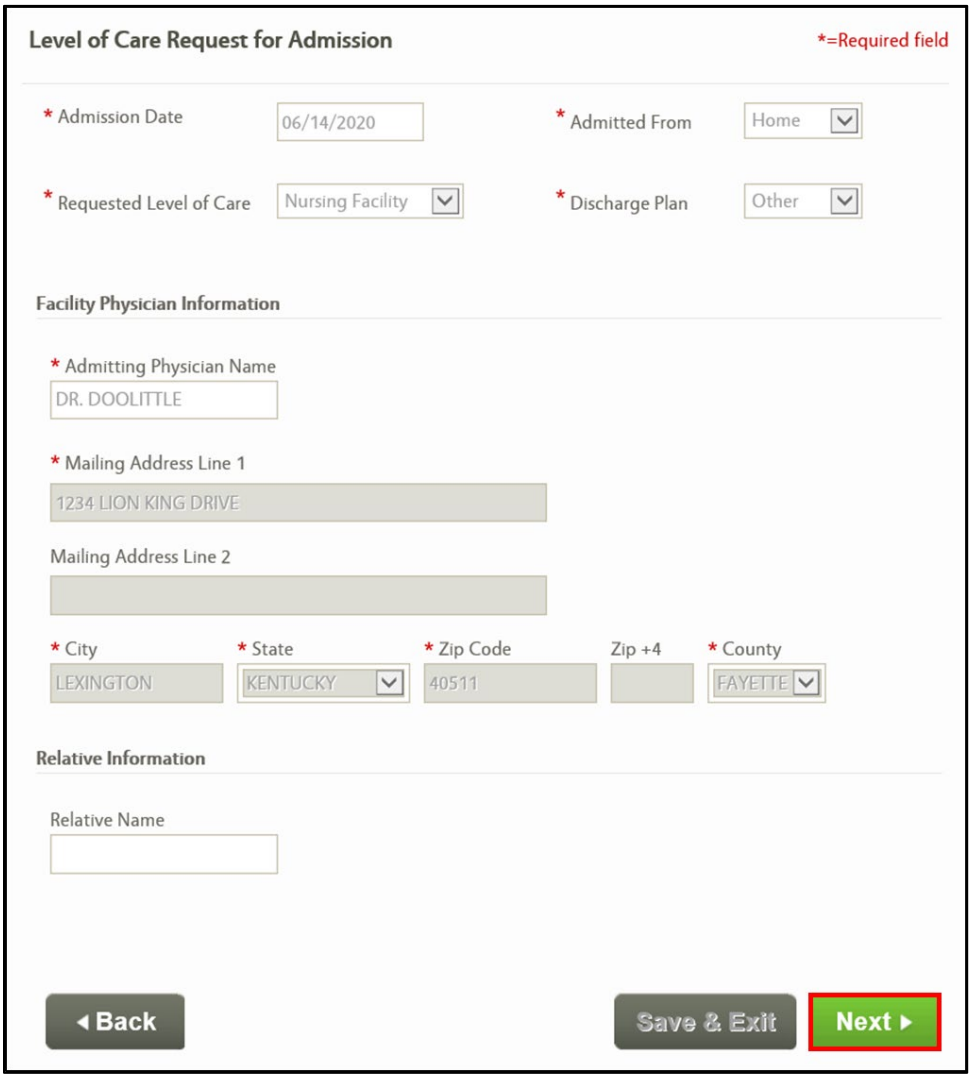
1. On the **Dashboard** screen, click **Start** or **Continue** under the *Action* column for the *State ICF LOC Review* Task under the *Task* section.



2. On the **Level of Care Assessment Summary** screen, this information is read-only. After reviewing the *Member Details* and *Assessment Details*, click **Next**.



3. On the **MAP-726A** screens, this information is read-only. Click **Next**.
    - The **MAP-726A** consist of two sections, which in KLOCS displays as two different screens: **Level of Care Request for Admission** and **Patient Information**.



Patient Information

*=Required field

Vital Statistics

* Height: 63 Inches

* Weight: 184 LBS

Disoriented

- ( ) Intermittently
- ( ) Constantly

Ambulatory Status

- ( ) Ambulatory
- ( ) Semi- Ambulatory

Bladder

- ( ) Continent
- ( ) Incontinent
- ( ) Indwelling Catheter
- ( ) External Catheter

Bowel

- ( ) Continent
- ( ) Incontinent
- ( ) Colostomy

Inappropriate Behavior

- [ ] Wandering
- [ ] Verbally Abusive
- [ ] Injurious to Self
- [ ] Injurious to Others
- [ ] Destructive to Property
- [ ] Other

Functional Limitations

- [ ] Sight
- [ ] Hearing
- [ ] Speech
- [ ] Contractures

Communication Of Needs

- ( ) Verbally
- ( ) Non-Verbally
- ( ) Does Not Communicate

Respiration

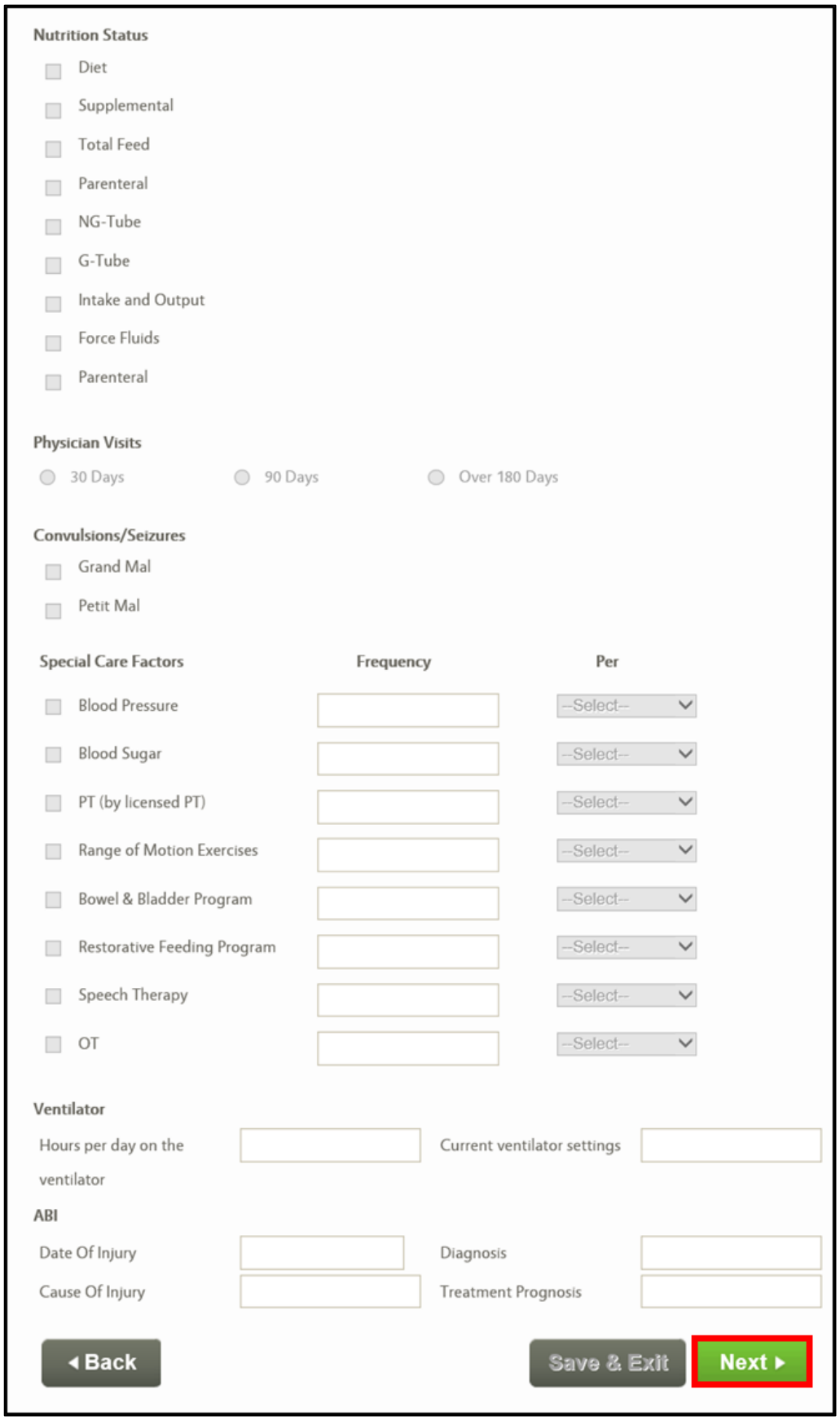
- [ ] Normal
- [ ] O2 PRN
- [ ] Tracheostomy
- [ ] O2 Continuous

Personal Care Assistance

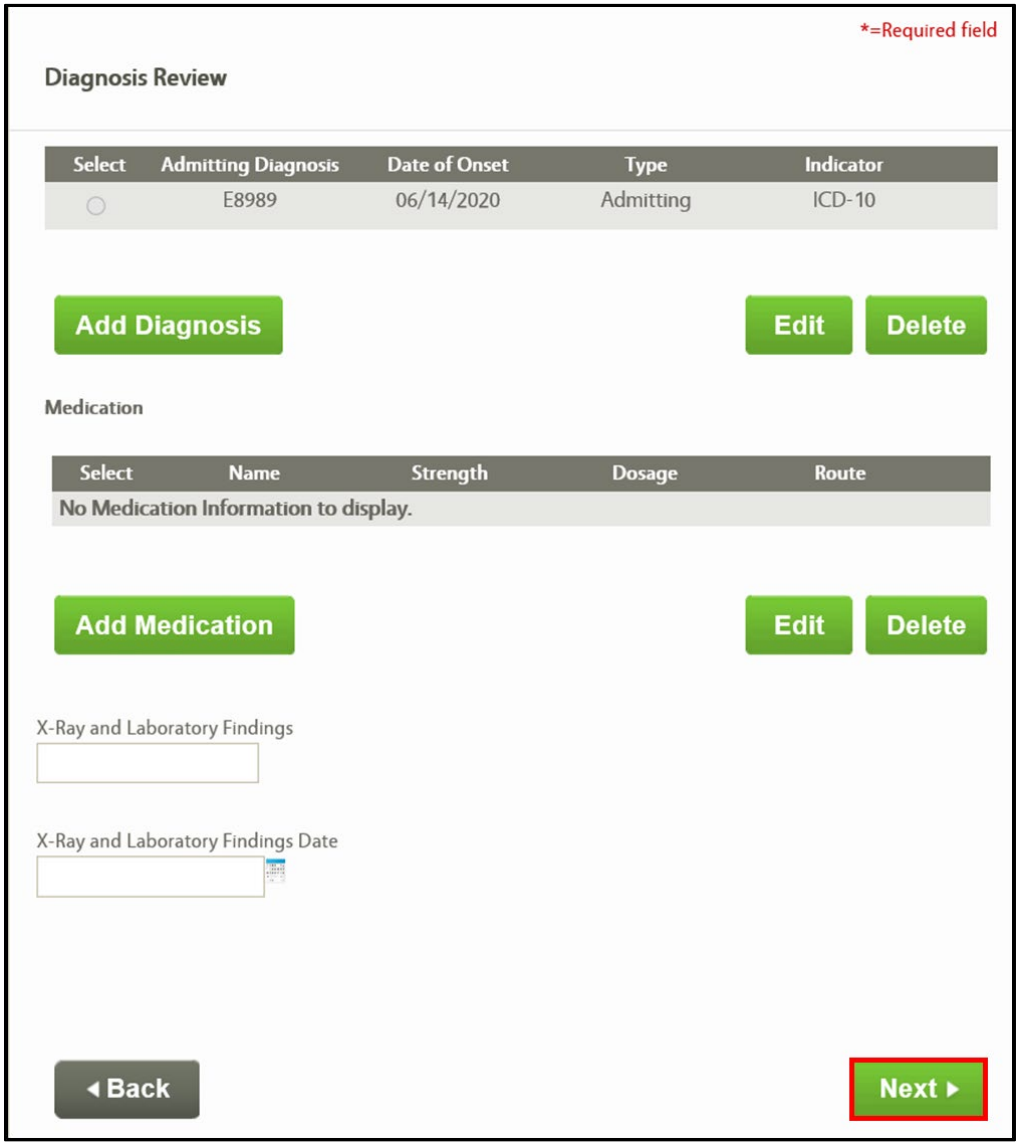
- [ ] Bathing
- [ ] Feeding
- [ ] Dressing
- [ ] Total Care

Skin

- [ ] Other
- [ ] Normal
- [ ] Decubiti-Describe
- [ ] Dressings


Nutrition Status
Diet
Supplemental
Total Feed
Parenteral
NG-Tube
G-Tube
Intake and Output
Force Fluids
Parenteral
Physician Visits
30 Days
90 Days
Over 180 Days
Convulsions/Seizures
Grand Mal
Petit Mal
Special Care Factors
Frequency
Per
Blood Pressure
Blood Sugar
PT (by licensed PT)
Range of Motion Exercises
Bowel & Bladder Program
Restorative Feeding Program
Speech Therapy
OT
--Select--
Ventilator
Hours per day on the ventilator
Current ventilator settings
ABI
Date Of Injury
Diagnosis
Cause Of Injury
Treatment Prognosis
Back
Save & Exit
Next

4. The **Diagnosis Review** screen displays, the DBHDID Committee should review the admitting diagnosis indicator, diagnosis type, and the diagnosis code. DBHDID may add a diagnosis if applicable. Click **Next**.

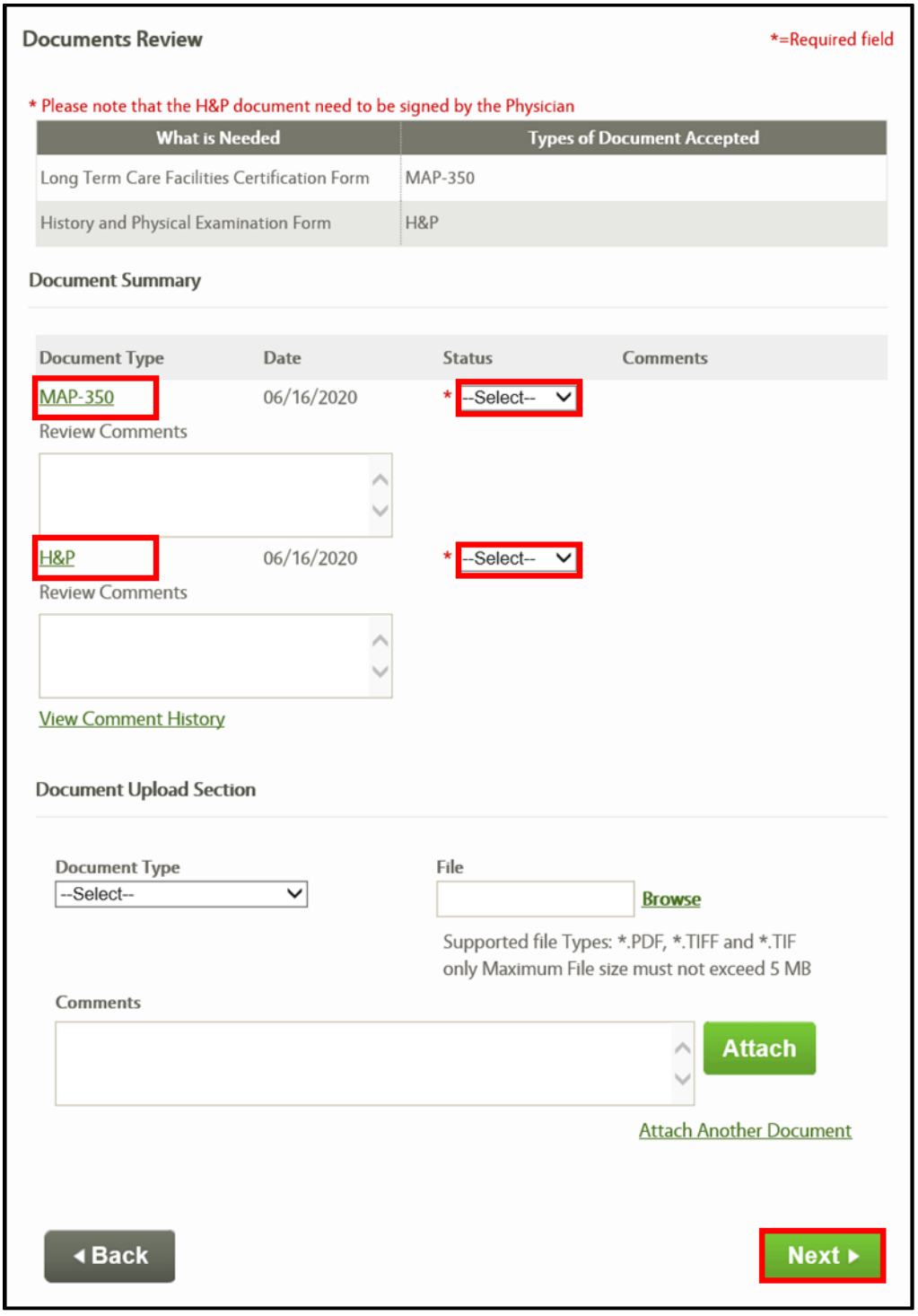


5. On the **Documents Review** screen under the *Document Summary* section, click the **appropriate document** hyperlink. This will open a PDF version of the uploaded documents to review.

6. After reviewing the document, close the PDF. On the **Document Review** screen under the *Document Summary* section, select "**Complete**" or "**Incomplete**" from the *Status* drop-down.
    - If information is missing from the uploaded documents or if the wrong document was uploaded, select **Invalid** for the Status. The Comments box enables and becomes mandatory, DBHDID should enter **appropriate comments explaining why the document has been determined Invalid**.

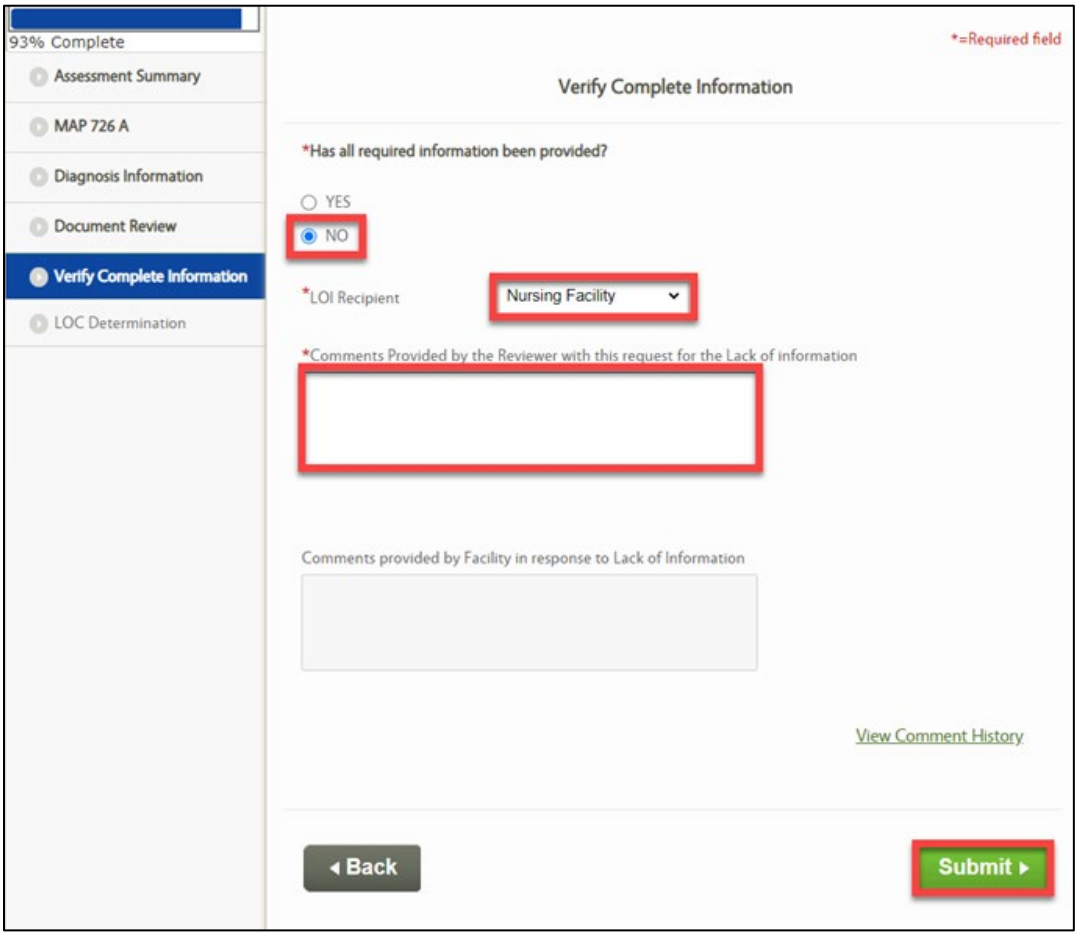
Please Note: Steps 5 and 6 should be repeated for each document if multiple documents were uploaded.

7. Click **Next**.


Documents Review
*=Required field
* Please note that the H&P document need to be signed by the Physician
What is Needed
Types of Document Accepted
Long Term Care Facilities Certification Form
MAP-350
History and Physical Examination Form
H&P
Document Summary
Document Type
Date
Status
Comments
MAP-350
06/16/2020
--Select--
Review Comments
H&P
06/16/2020
--Select--
Review Comments
View Comment History
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
Back
Next

8. On the **Verify Complete Information** screen, select **Yes** or **No** for *Has all required information been provided?*

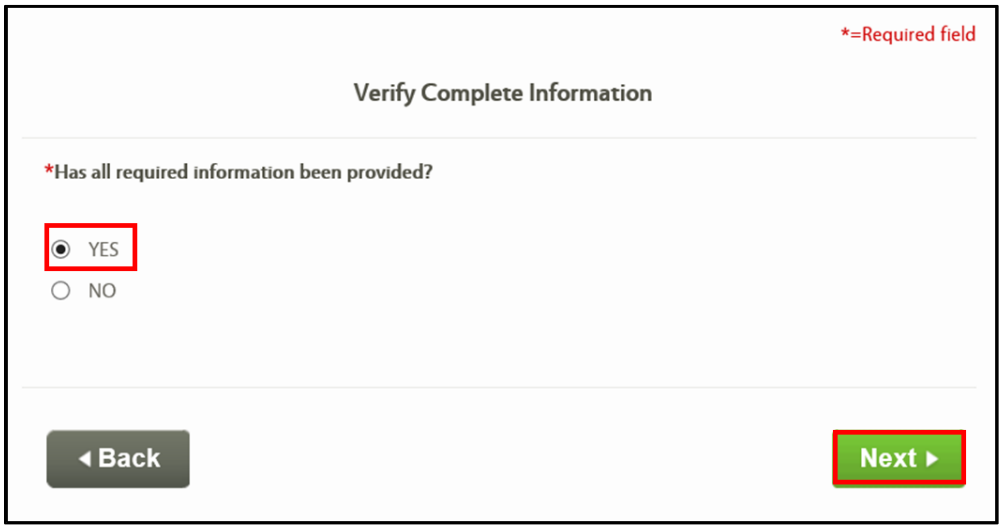
    - If **No** is selected for *Has all required information been provided?*, KLOCS enables a mandatory comment box for the DBHDID Committee to enter additional details on what information is missing. This enables the *LOI Recipient* field. From the LOI Recipient drop-down, select "**Nursing Facility**." KLOCS generates the Lack of Information (LOI) Task for the admitting NF.



9. Click **Submit** if **No** was selected or **Next** if **Yes** was selected.

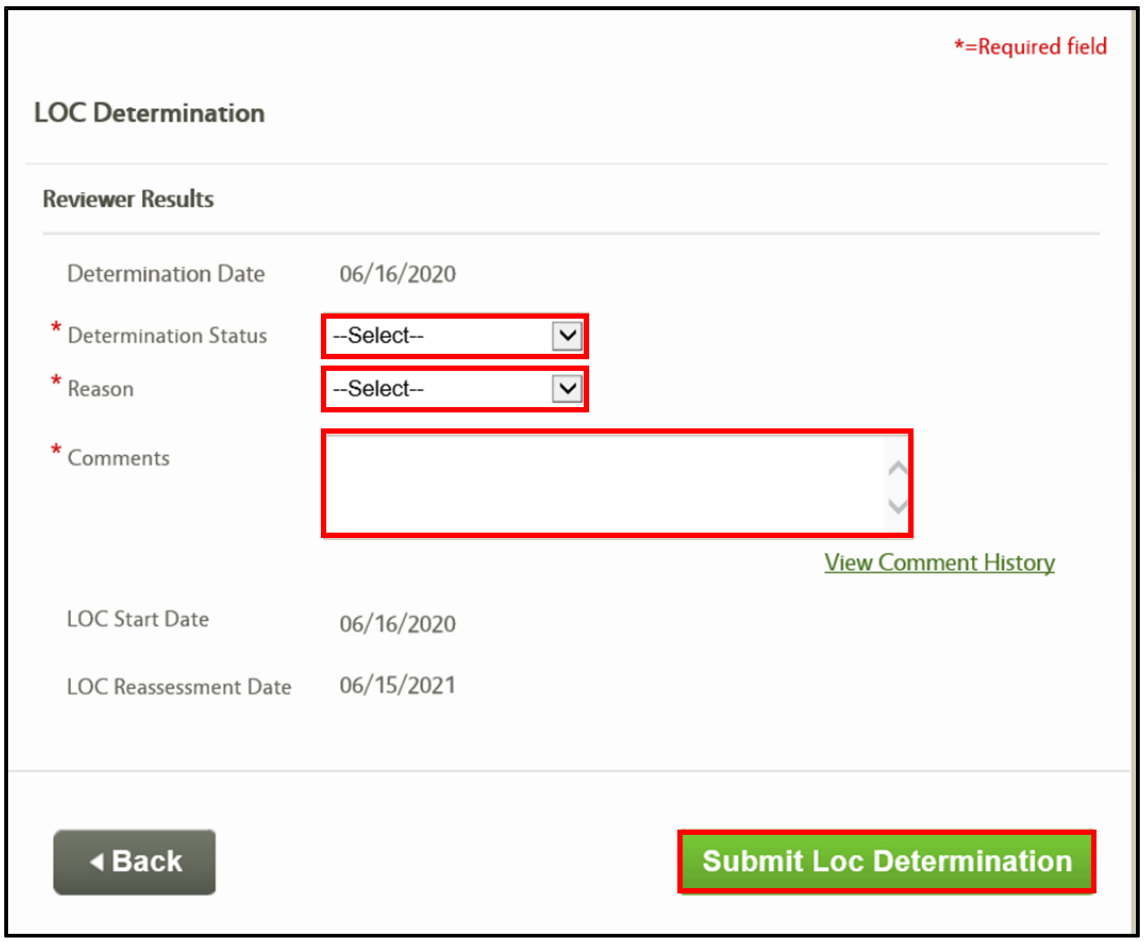
    - If **No** is selected for *Has all required information been provided?*, DBHDID is unable to determine LOC. KLOCS navigates back to the **Dashboard** screen.

- If **Yes** is selected for *Has all required information been provided?*, KLOCS navigates to the **LOC Determination** screen.



10. On the **LOC Determination** screen, the *Determination Date* pre-populates with the current date.
11. Select the "**Met**", "**Not Met**" or "**Pended**" from the *Determination Status* drop-down.
12. Select the "**Appropriate Reason**" from the *Reason* drop-down.
    - This field is mandatory for all three LOC determinations (Met, Not Met or Pended).
13. In the *Comments* field, DBHDID should **enter the appropriate details explaining the LOC determination**.
    - This field is optional when the LOC Determination status is Met. If the LOC Determination status is Not Met or Pended, the *Comments* field becomes mandatory.
14. The *LOC Start Date* pre-populates.

15. Click **Submit LOC Determination**. KLOCS navigates to back to the **Dashboard** screen.



Once the DBHDID Committee determines the LOC as Met, the State ICF LOC application review process is complete and the Individual's LOC application status updates to complete in KLOCS.

Please Note: If the DBHDID Committee concludes that not enough information is provided to determine LOC. KLOCS navigates the DBHDID Committee back to the **Dashboard** (bypassing the **LOC Determination** screen). The State ICF LOC application holds a status of Pended – LOI and the Lack of Information (LOI) Task generates for the State ICF to review the application for a second time and resubmit.

4.3 Institutionalized Hospice (IHP) Tasks for DBHDID

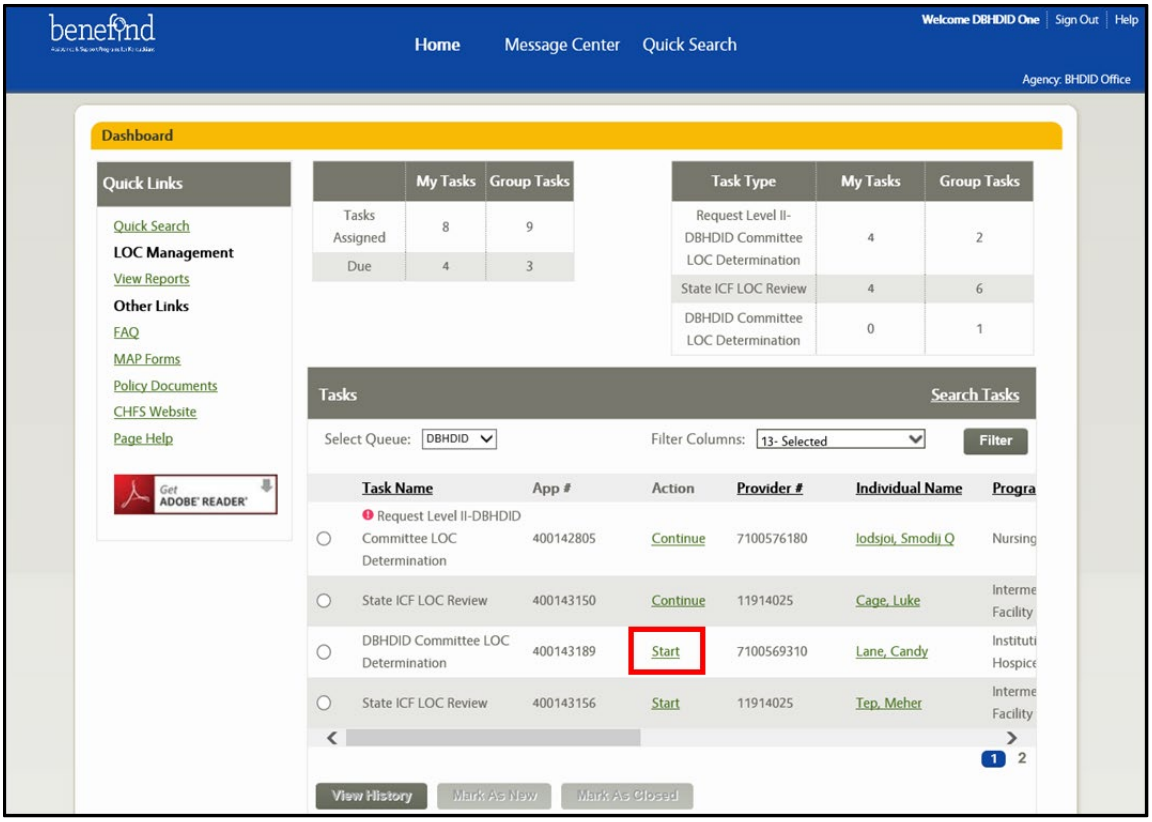
For Intellectual Disability (ID)- Related Conditions (RC)/Dual Institutionalized Hospice (IHP) LOC applications, DBHDID is responsible for evaluating these applications once CMHCs submit a recommendation. After DBHDID reviews and evaluates the IHP ID/Dual LOC applications, a recommendation is sent to the Hospice PRO for LOC Determination.

4.3.1 Institutionalized Hospice (IHP): DBHDID Committee LOC Determination Task

To complete the IHP DBHDID Committee LOC Determination Task, DBHDID should follow the steps below:

1. On the **Dashboard** screen, under the *Task* section, click **Start** or **Continue** under the *Action* column for the *DBHDID Committee LOC Determination* Task.

Please Note: DBHDID may verify when tasks are specific to IHP by looking under the *Tasks* section, as the *Program Code* will list Institutionalized Hospice.



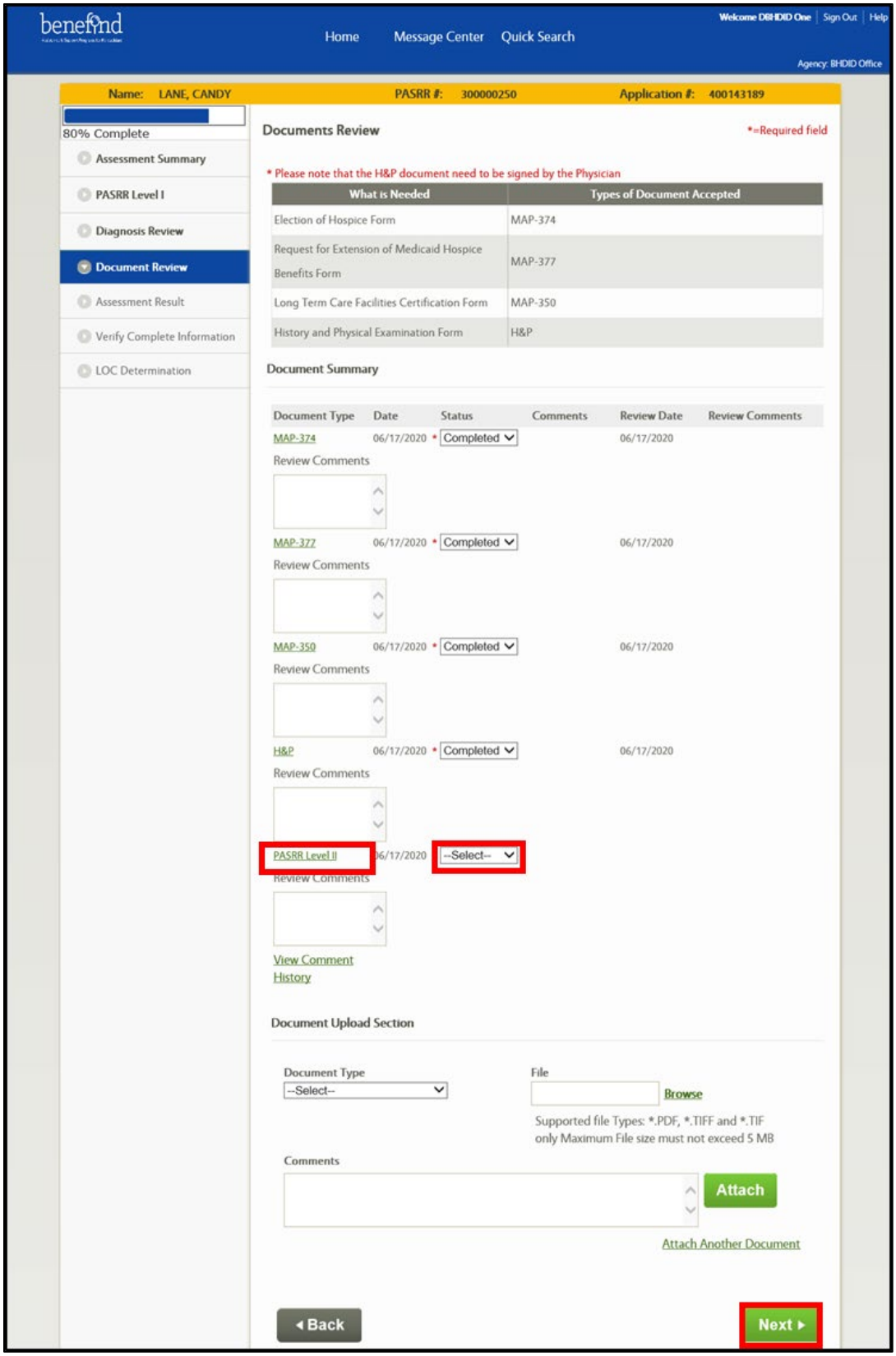
2. On the **Level of Care Assessment Summary** screen, this information is read-only. Click **Next**.
3. On the **MAP 409: PASRR Level I** screens, this information is read-only. Click **Next**.
    - The **MAP 409: PASRR Level I** consist of five sections, which in KLOCS displays as five different screens: The **Individual's Admission Information**, **Mental Illness**, **Intellectual Disability (ID)**, **Related Condition (RC)**, and **Signatures**.
4. On the **Diagnosis Review** screen, DBHDID should review the admitting diagnosis indicator, diagnosis type, and the diagnosis code that pre-populates from application intake.
5. Click **Next**.

Refer To: The **DBHDID Committee LOC Determination Review Task** section of this User Manual for KLOCS screenshots of the **Level of Care Assessment Summary** screen, **MAP 409: PASRR Level I** screens and **Diagnosis Review** screen.

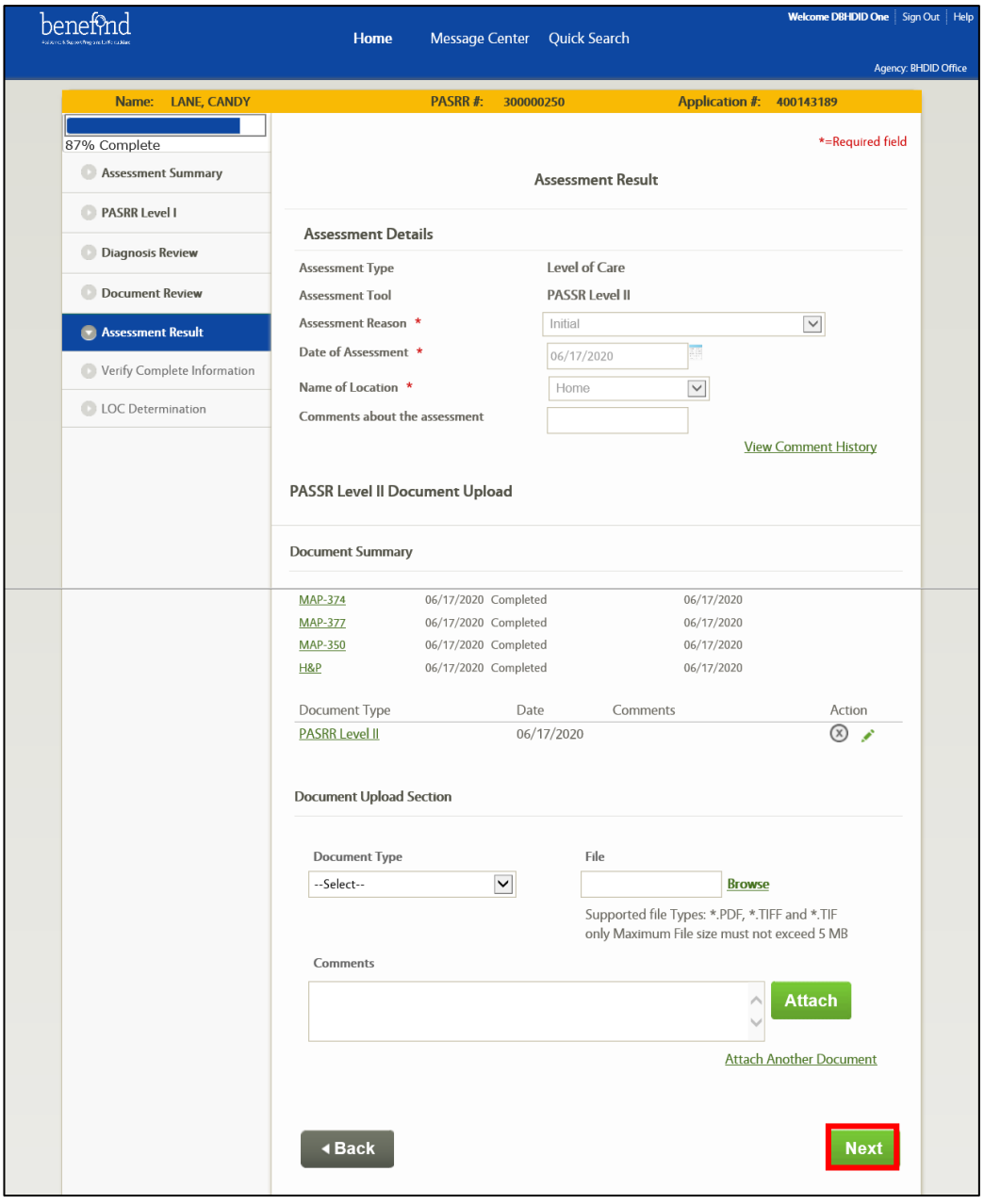
6. On the **Document Review** screen under the *Document Summary* section, click the **PASRR Level II hyperlink** or **PASRR Level II Supporting Documentation hyperlink** (if applicable). This opens a PDF version of the uploaded document from CMHCs.
7. After reviewing the document, close the PDF. On the **Document Review** screen under the *Document Summary* section, click "**Complete**" or "**Invalid**" from the *Status* drop-down.
    - If information is missing on the uploaded PASRR Level II or PASRR Level II Supporting Documentation or if the wrong document was uploaded, **Invalid** should be selected and the appropriate comments should be included explaining why the document is Invalid.

Please Note: Documents uploaded by Hospice Providers already have a document status determined by CMHCs. However, Steps 6 and 7 should be repeated for each document if multiple documents (PASRR Level II or PASRR Level II Supporting Documentation) have been uploaded by CMHCs.

8. Click **Next**.

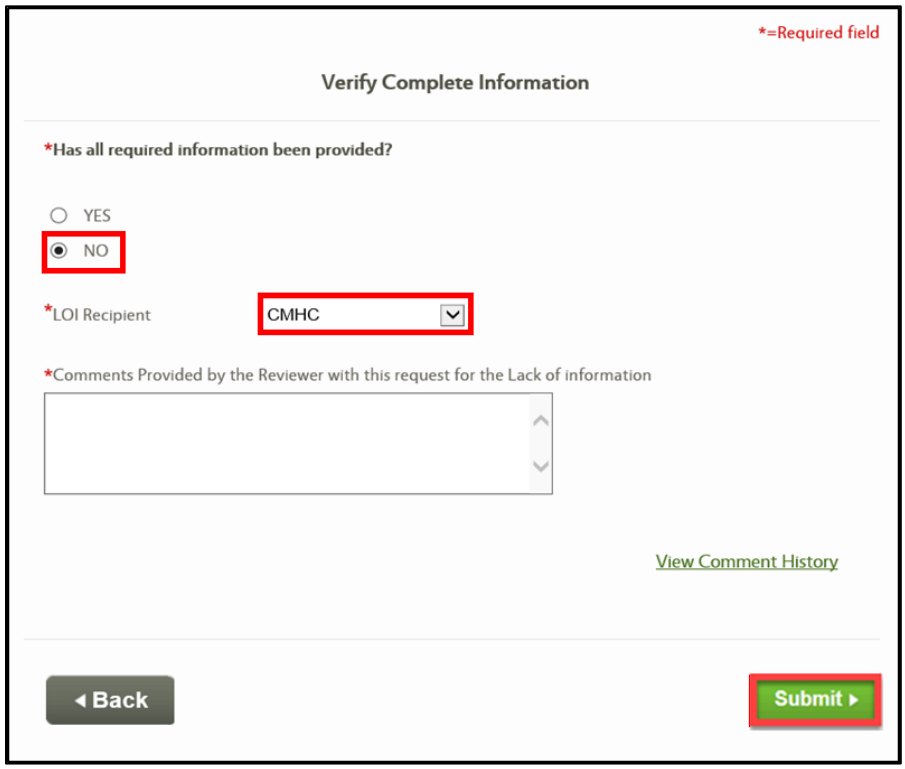

benefind
Home
Message Center
Quick Search
Welcome DBHDID One | Sign Out | Help
Agency: BHDID Office
Name: LANE, CANDY
PASRR #: 300000250
Application #: 400143189
80% Complete
Assessment Summary
PASRR Level I
Diagnosis Review
Document Review
Assessment Result
Verify Complete Information
LOC Determination
Documents Review
*=Required field
* Please note that the H&P document need to be signed by the Physician
What is Needed
Types of Document Accepted
Election of Hospice Form
MAP-374
Request for Extension of Medicaid Hospice Benefits Form
MAP-377
Long Term Care Facilities Certification Form
MAP-350
History and Physical Examination Form
H&P
Document Summary
Document Type
Date
Status
Comments
Review Date
Review Comments
MAP-374
06/17/2020
Completed
06/17/2020
Review Comments
MAP-377
06/17/2020
Completed
06/17/2020
Review Comments
MAP-350
06/17/2020
Completed
06/17/2020
Review Comments
H&P
06/17/2020
Completed
06/17/2020
Review Comments
PASRR Level II
06/17/2020
--Select--
Review Comments
View Comment History
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
Back
Next

9. The **Assessment Result** screen, under the *Assessment Details* section, the *Assessment Type*, *Assessment Tool, Assessment Reason, Date of Assessment, Name of Location, and Comments about the assessment* fields pre-populate.
10. Under the *PASRR Level II Document Upload* section, the *Document Summary* section displays the same uploads from the **Document Review** screen.
11. Under the *Document Upload* section, DBHDID may upload documents if necessary. Click **Next**.

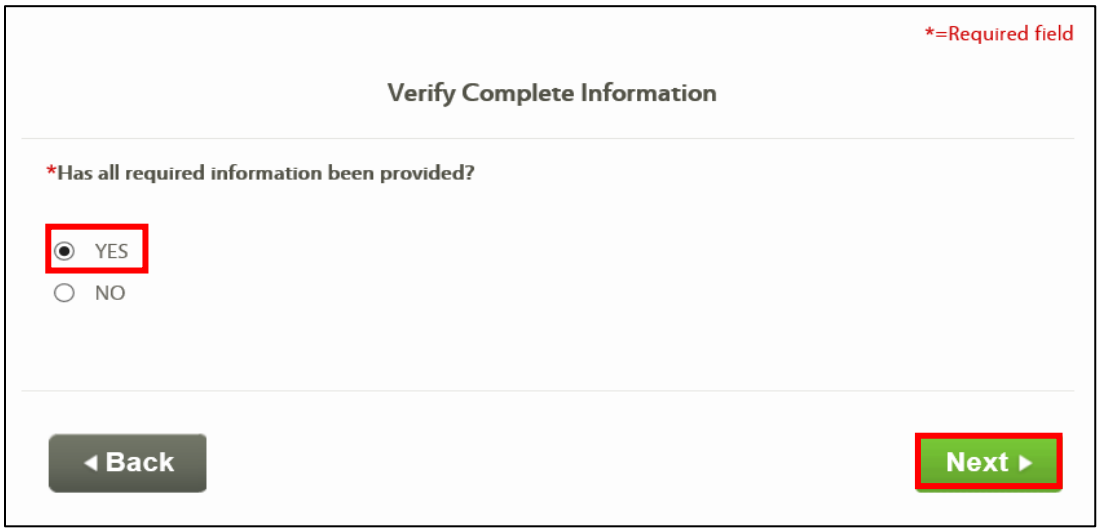


12. On the **Verify Complete Information** screen, select **Yes** or **No** for *Has all required information been provided?* Click **Next**.

    - If **No** is selected for *Has all required information been provided?*, KLOCS enables a mandatory comment box for DBHDID to enter additional details on what information is missing. This enables the *LOI Recipient* field. Select **CMHC** for the LOI Recipient. This generates the Lack of Information (LOI) Task for CMHCs.

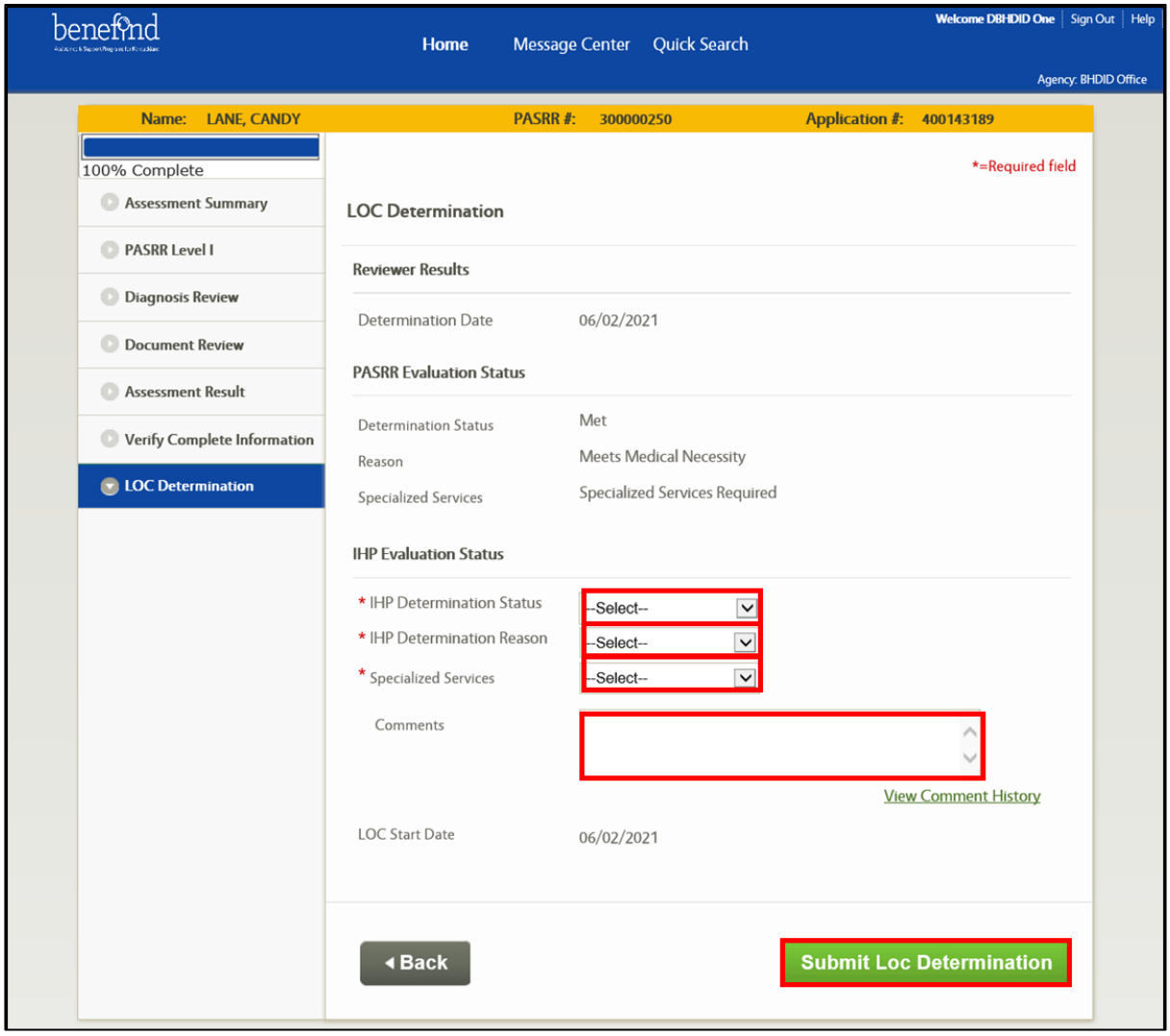


13. Click **Submit** if **No** was selected or **Next** if **Yes** was selected.
    - If **No** is selected for *Has all required information been provided?*, DBHDID does not have the ability to determine LOC. KLOCS navigates to the **Dashboard** screen.
    - If **Yes** is selected for *Has all required information been provided?*, KLOCS navigates to the **LOC Determination** screen.



14. On the **LOC Determination** screen, under the *Reviewer Results* section, the *Determination Date* pre-populates.
15. Under the *PASRR Evaluation Status* section, the *Determination Status, Reason, and Specialized Services* fields pre-populate.
16. Under the *IHP Evaluation Status* section, select the "**appropriate Determination Status**" from the *IHP Determination Status* drop-down.
17. Select the "**appropriate Reason**" from the *IHP Determination Reason* drop-down.
    - This field is mandatory for all three IHP Determination Statuses (Met, Not Met or Pended).

18. If applicable, select "**Specialized Services Required**" or "**Specialized Services Not Required**" from the *Specialized Services* drop-down.
    - The *Specialized Services* field enables once DBHDID selects Met as the IHP Determination Status.
19. In the *Comments Box* field, DBHDID should provide details explaining the LOC determination.
    - The *Comments* field is not required when the *IHP Determination Status* is Met. If the *IHP Determination Status* is Not Met or Pended, the *Comments Box* field becomes required.
20. The *LOC Start Date* pre-populates.
21. Click **Submit LOC Determination**. KLOCS navigates to the **Dashboard** screen.



Once DBHDID submits the LOC Determination, the DBHDID Committee LOC Determination Task closes, and a recommendation is sent to the Hospice PRO. Once the Hospice PRO receives this recommendation, the Hospice PRO is responsible for reviewing the IHP – ID-RC/Dual LOC application and making the final LOC determination.

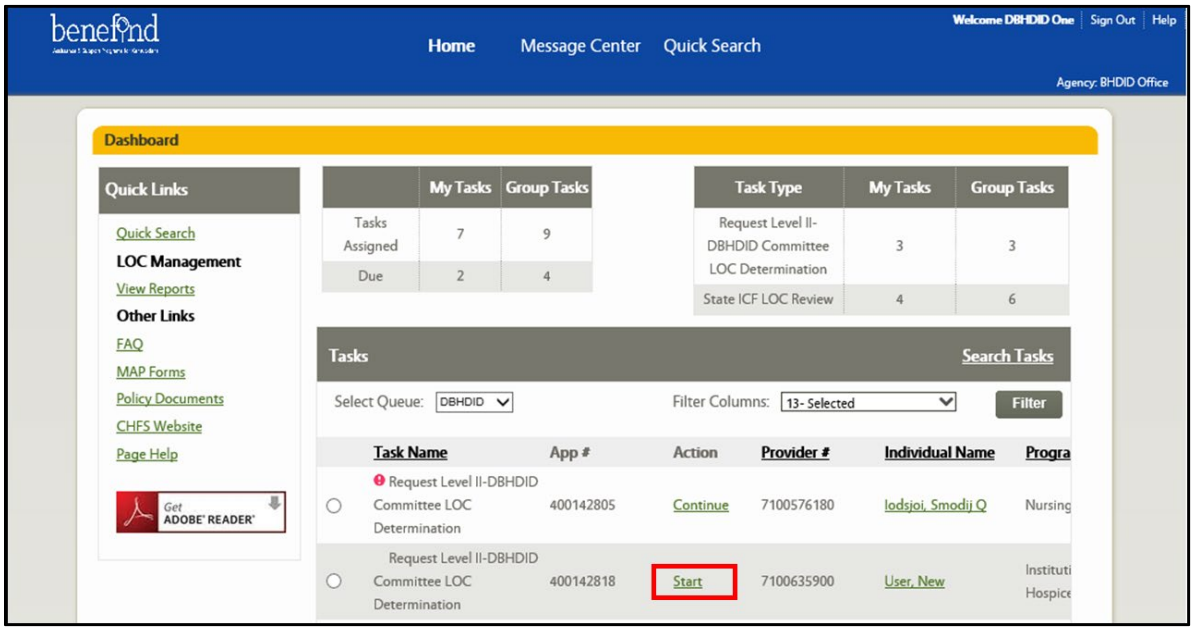
4.3.2 Institutionalized Hospice (IHP): Request Level II – DBHDID Committee LOC Determination Task

If an Individual is receiving IHP Level of Care and staying in a Nursing Facility (NF), the NF may request a PASRR Level II evaluation. The request is for Individuals experiencing a significant change caused by an Intellectual Disability or Related Condition Diagnosis. After the NF submits the request, CMHCs review the request and send a recommendation to DBHDID.

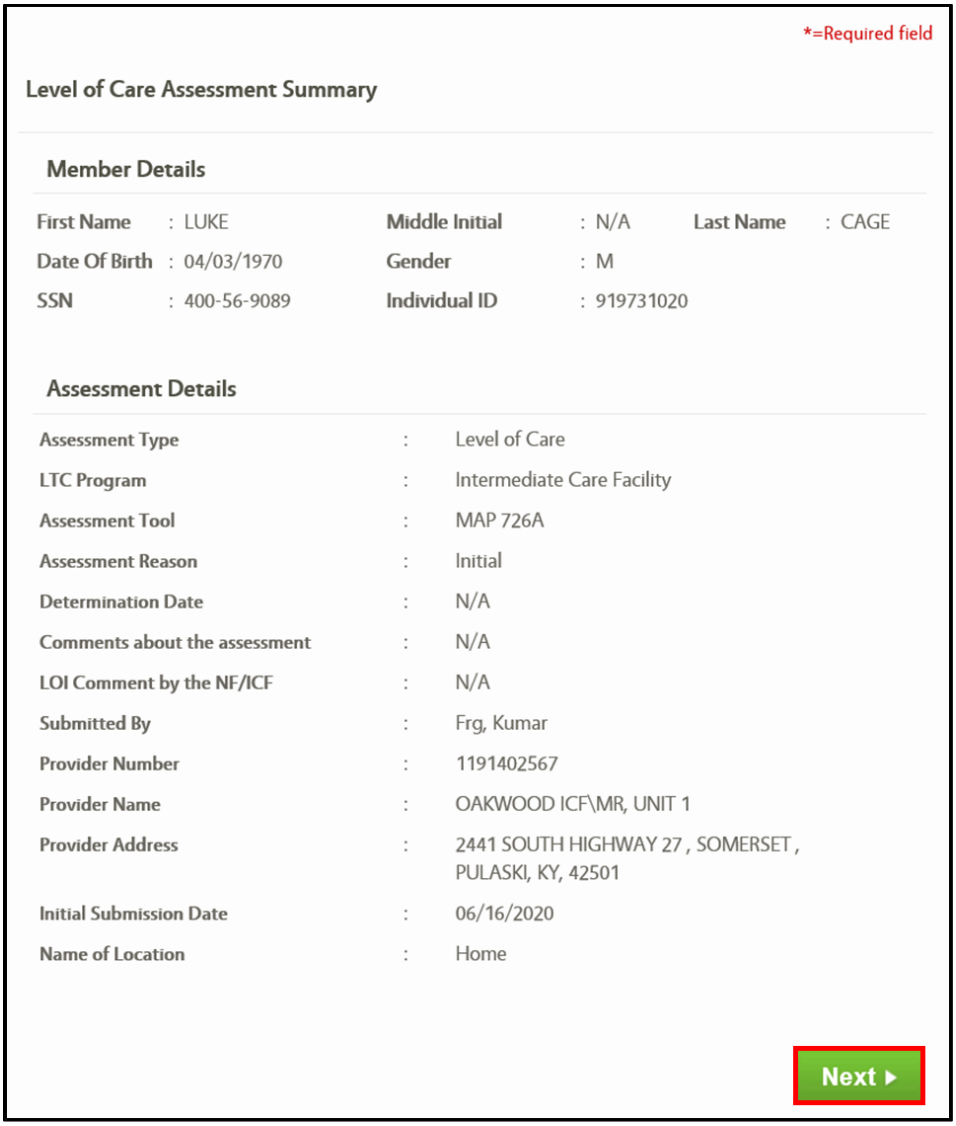
To complete the IHP Request Level II DBHDID Committee LOC Determination Task, DBHDID should follow the steps below:

1. On the **Dashboard** screen, under the *Task* section, click **Start** or **Continue** under the *Action* column for the Request Level II- *DBHDID Committee LOC Determination* Task.

Please Note: DBHDID may verify when tasks are specific to IHP by looking under the *Tasks* section, as the *Program Code* will list Institutionalized Hospice.



2. On the **Level of Care Assessment Summary** screen, this information is read-only. Click **Next**.



*=Required field

Level of Care Assessment Summary

Member Details

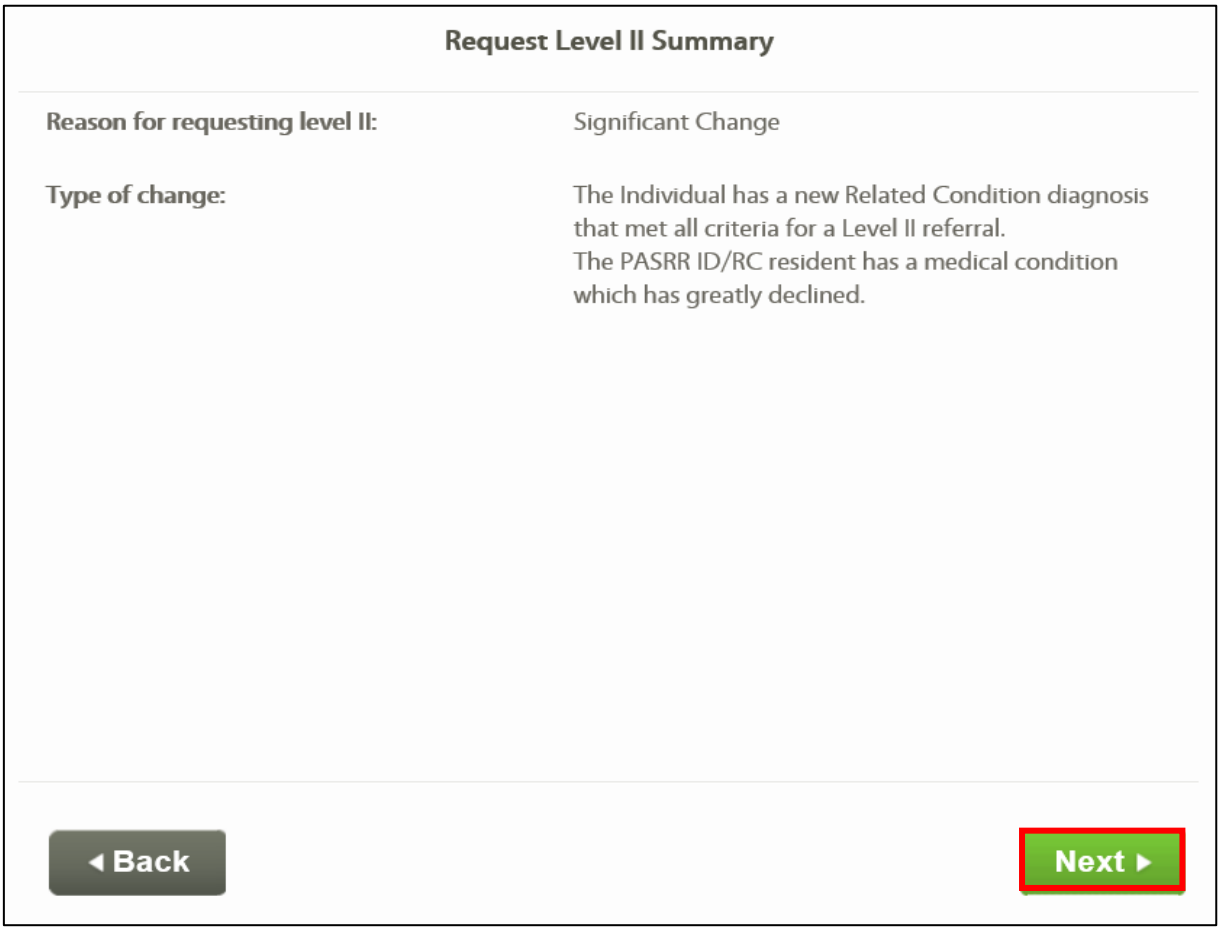
First Name	: LUKE	Middle Initial	: N/A	Last Name	: CAGE
Date Of Birth	: 04/03/1970	Gender	: M		
SSN	: 400-56-9089	Individual ID	: 919731020		

Assessment Details

Assessment Type	:	Level of Care
LTC Program	:	Intermediate Care Facility
Assessment Tool	:	MAP 726A
Assessment Reason	:	Initial
Determination Date	:	N/A
Comments about the assessment	:	N/A
LOI Comment by the NF/ICF	:	N/A
Submitted By	:	Frg, Kumar
Provider Number	:	1191402567
Provider Name	:	OAKWOOD ICF\MR, UNIT 1
Provider Address	:	2441 SOUTH HIGHWAY 27 , SOMERSET , PULASKI, KY, 42501
Initial Submission Date	:	06/16/2020
Name of Location	:	Home

Next ▸

3. On the **Request Level II Summary** screen, this information is read-only. Click **Next**.



4. On the **Significant Change** screen, this information is read-only. Click **Next**.

Significant Change

*=Required field

"Significant Change" means that the individual's mental or physical condition has changed significantly in a manner that affects his/her need for specialized services, or nursing facility level of care. If any of the following events have occurred, please select the type of change.

Section 1: Change in Diagnosis/Condition

☐ The individual has a new mental health diagnosis that caused significant difficulty in at least 1 of these areas:

Interpersonal functioning such as serious difficulty interacting with others, difficulty communicating with others, altercations, evictions, unstable employment, frequent isolation, avoids others, or fear of strangers.

Concentration, persistence and pace such as serious difficulty in focusing and concentrating, requiring assistance with completing tasks, and the inability to complete simple tasks within an established time period without assistance.

Adaption to change that shows serious difficulty adapting to changes involving work, school, family, or social interactions through agitation, self-harm, suicidal/homicidal ideation, physical violence or threats, appetite disturbances, delusions, hallucinations, serious loss of interest, tearfulness, irritability, or intervention by mental health or judicial system.

Due to the diagnosis and related impairments, required intensive psychiatric treatment (more intensive than outpatient care) or experienced an episode of significant disruption to their normal living situation for which supportive services were required to maintain functioning.

☐ The individual has a new Intellectual Disability diagnosis with reason to believe that onset was prior to age 18 with deficits in both:

Intellectual functioning such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience; and

Adaptive functioning such as failure to meet developmental and sociocultural standards for personal independence and social responsibility and limited independent functioning in one or more activities of daily life such as – communication, social participation, and independent living; and across multiple environments, such as home, school, work, and community.

☑ The individual has a new Related Condition diagnosis such as cerebral palsy, Down Syndrome, fetal alcohol syndrome, seizure disorder, and traumatic brain injury with reason to believe that onset prior to age 22.

This diagnosis results in substantial functional limitations in 3 or more of the following areas of major life activities that requires treatment or services similar to those required by persons with an intellectual disability: self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living.

☐ The PASRR SMI resident has a medical condition which has greatly declined.

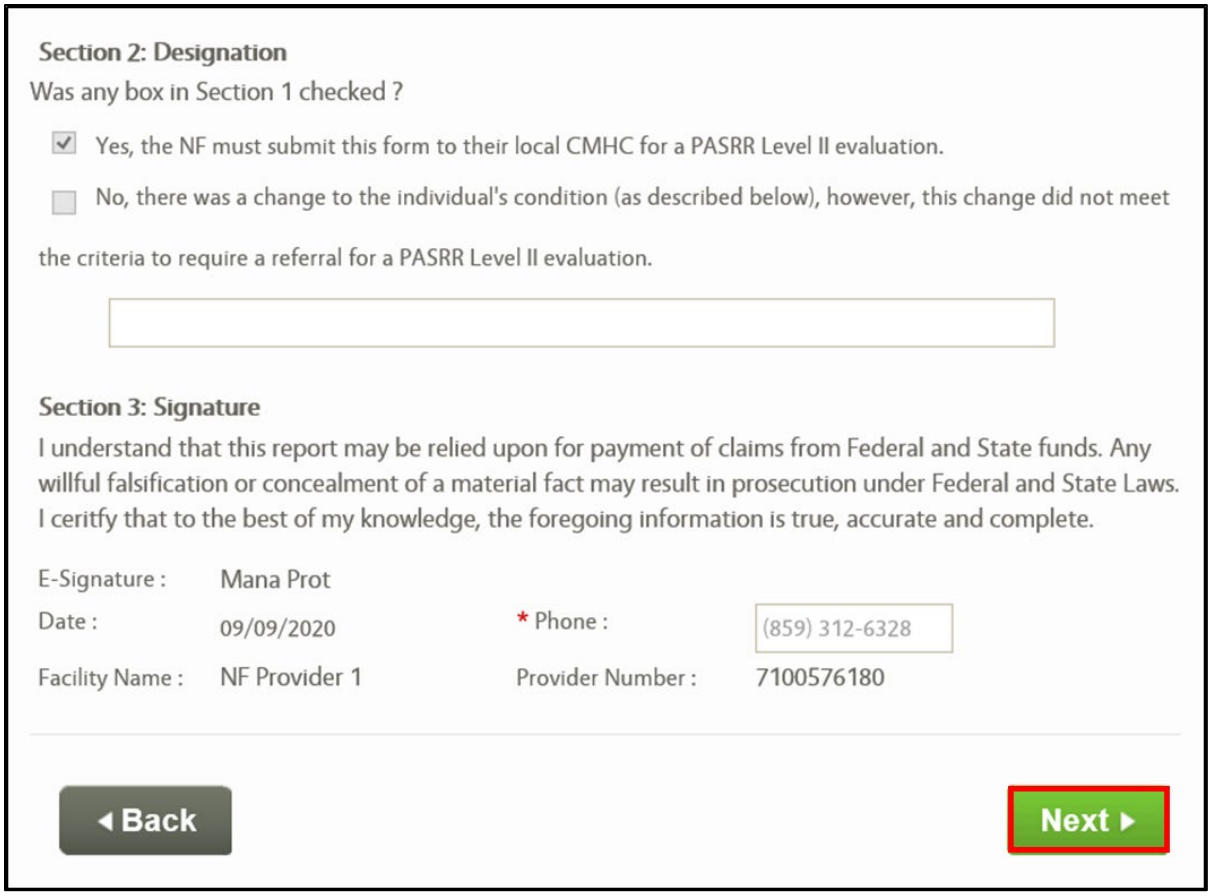
☐ The PASRR SMI resident has a medical condition which has greatly improved.

☑ The PASRR ID/RC resident has a medical condition which has greatly declined.

☐ The PASRR ID/RC resident has a medical condition which has greatly improved.

If there is a box in section 1 checked, then describe the Significant Change and its effect on the Nursing Facility Resident: *

Seizures have been more frequent in occurance



Refer To: The **Institutionalized Hospice (IHP): DBHDID Committee LOC Determination Task** and follow Steps 3 through 18 to complete the Institutionalized Hospice (IHP): Request Level II DBHDID Committee LOC Determination Task.

Please Note: The PASRR Level II LOC Determination or IHP: ID-RC/Dual Diagnosis Task and the Request PASRR Level II LOC Determination or IHP: ID-RC/Dual Diagnosis Task are not the same.

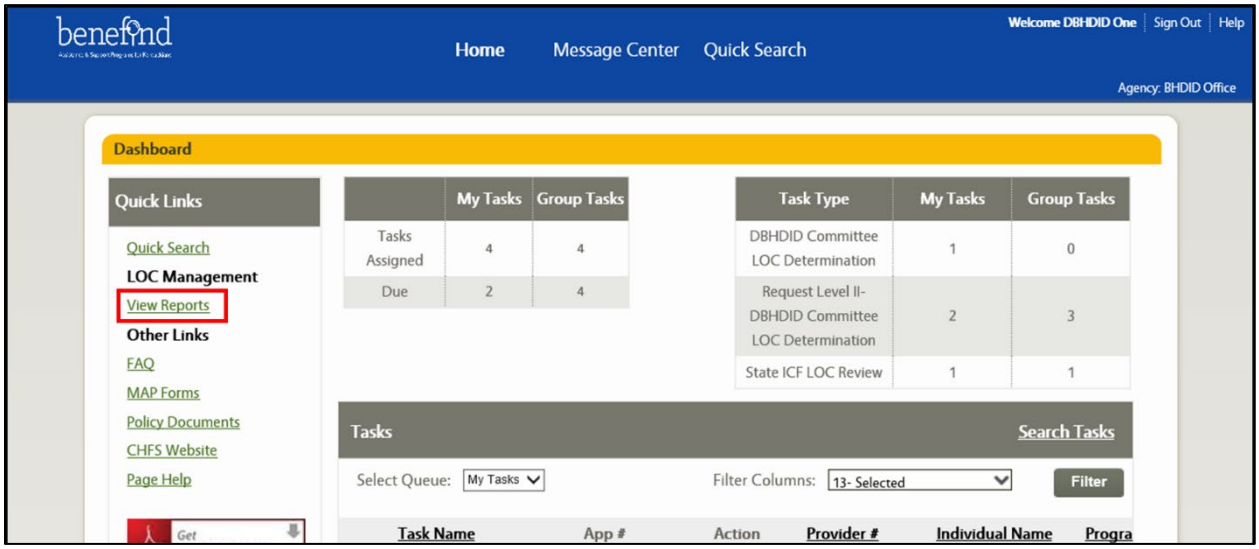
The PASRR Level II LOC Determination Task is triggered for DBHDID during the initial application intake when an IHP LOC application triggers a PASRR Level II due to ID-RC/Dual Diagnosis. While the Request PASRR Level II LOC Determination Task is triggered for DBHDID only after the NF submits a significant change for an Individual due to a significant change related to a new ID/RC Diagnosis or significant change in a current ID/ RC PASRR Individual's mental or physical health.

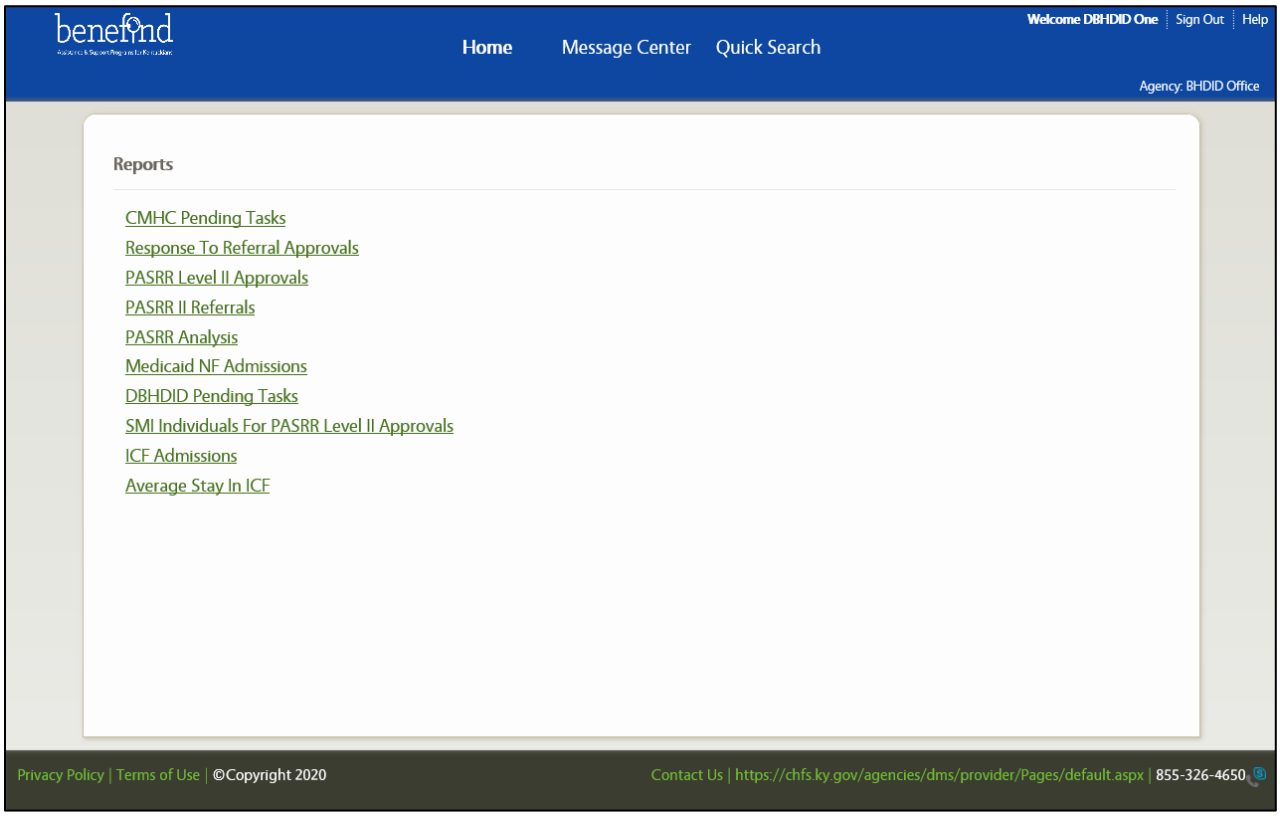
Once DBHDID submits the LOC Determination, the Request PASRR Level II LOC Determination for IHP: ID-RC/Dual Diagnosis Task closes, and a recommendation is sent to the Hospice PRO. Once the Hospice PRO receives this recommendation due to a significant change request, the Hospice PRO is responsible for reviewing the IHP – ID-RC/Dual LOC application and making the final LOC determination.

4.4 DBHDID Reports

KLOCS collects and gathers data to generate ten different reporting metrics specific to DBHDID.

The DBHDID Committee may access these reports from the **Dashboard**, under the *Quick Links* section, by clicking **View Reports**. KLOCS allows for the DBHDID Committee to download all reports in an Excel or PDF document.



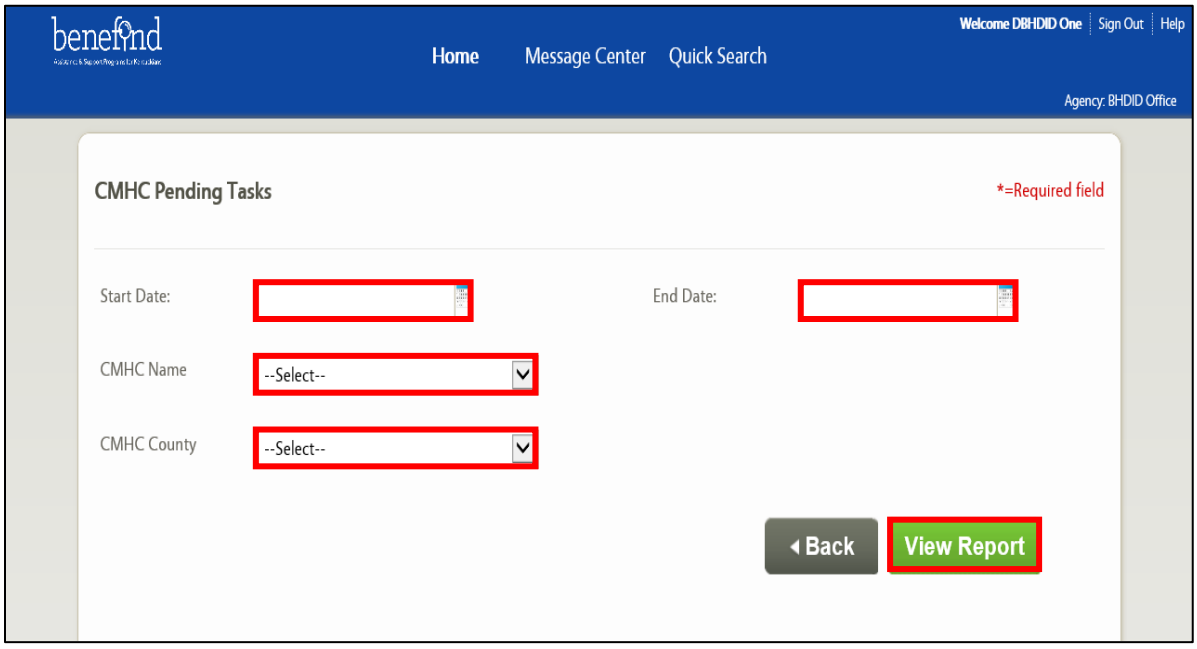


4.4.1 CMHC Pending Tasks Report

CMHCs tasks are county specific depending on the county where the admitting NF is located. The CMHC Pending Tasks Report displays the total number of pending tasks for a selected time period for the specified CMHC. For this report, information is pulled from the Start Date, End Date, CMHC Name, and CMHC County.

To generate the CMHC Pending Tasks Report, DBHDID completes the following steps:

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 the **CMHC Pending Tasks hyperlink** to navigate to the **CMHC Pending Tasks** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the **"appropriate CMHC Name"** from the drop-down.
6. For *CMHC County* select the **"appropriate CMHC County"** from the drop-down.
7. Click **View Report** to generate the CMHC Pending Tasks Report.

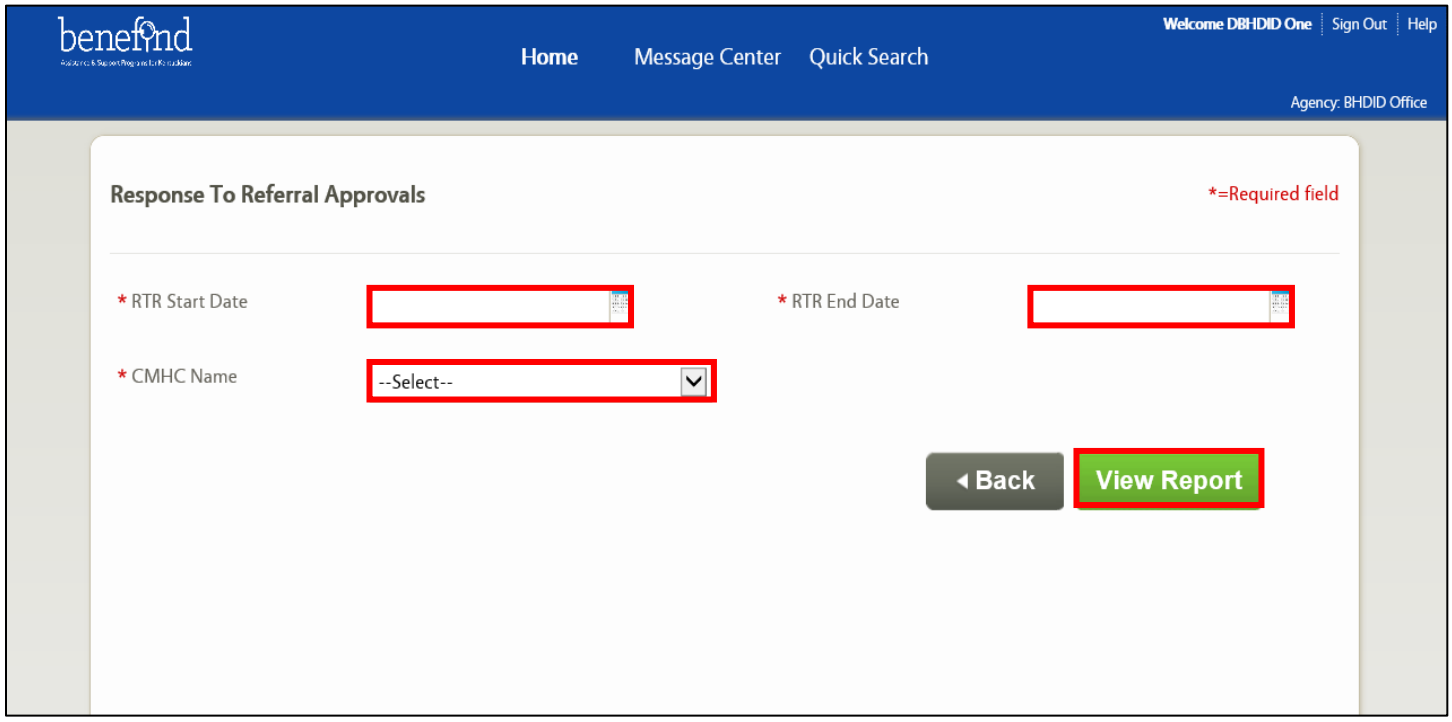


4.4.2 Response to Referral Approvals Report

The Response to Referral Approvals Report displays details about all LOC applications for which the Response to Referrals are completed after DBHDID sends Lack of Information (LOI) Tasks to the respective CMHC. For this report, information is pulled from the RTR Start Date, RTR End Date and CMHC Name.

To generate the Response to Referral Approvals Report, DBHDID completes the following steps:

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 the **Response to Referrals Approvals hyperlink** to navigate to the **Response to Referral Approvals** screen.
3. Enter a **Start Date** for *RTR Start Date*.
4. Enter an **End Date** for *RTR End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the Response to Referral Approvals Report.

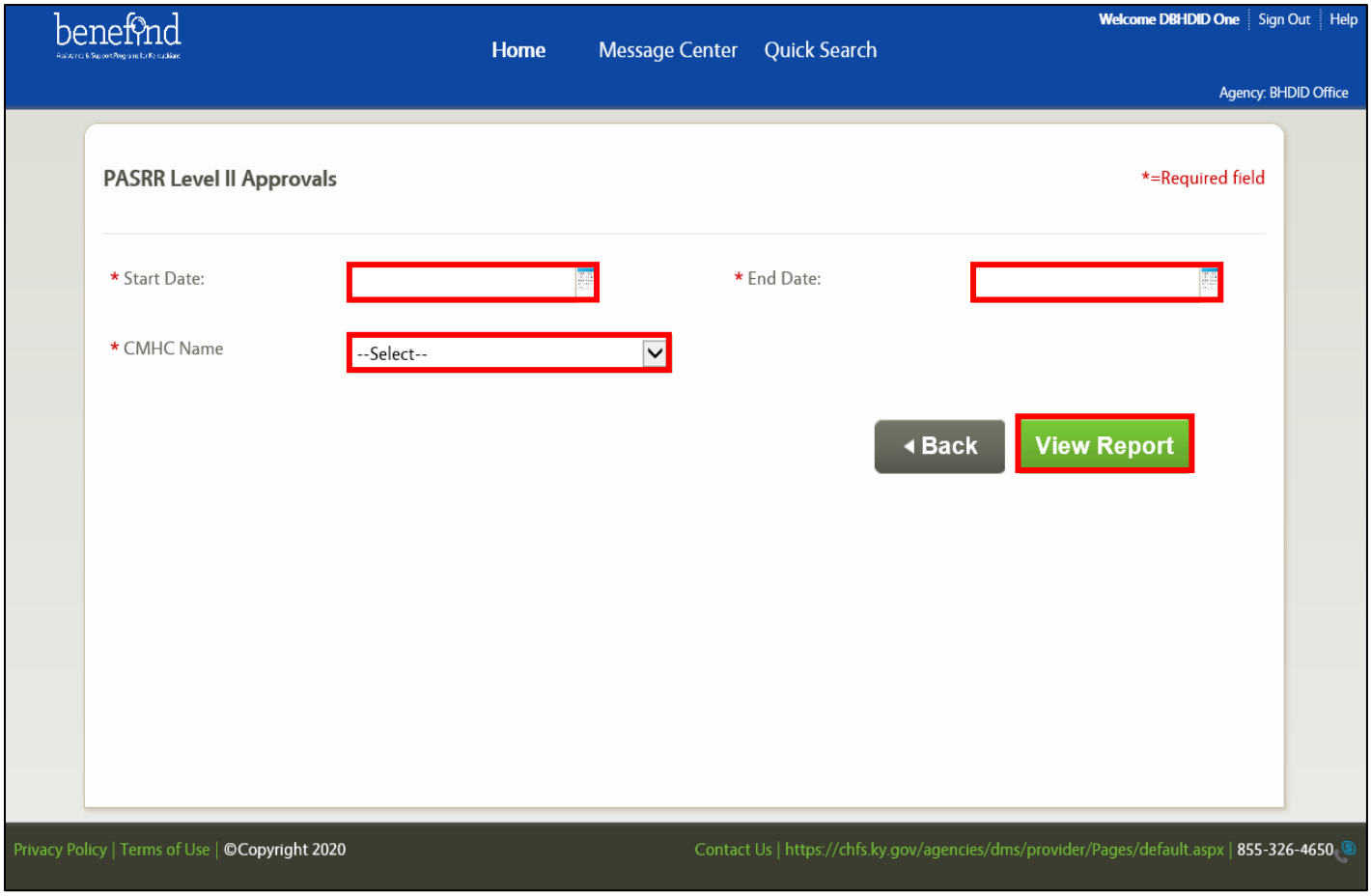


4.4.3 PASRR Level II Approvals Report

The PASRR Level II Approvals Report displays totals of all PASRR Level II approved LOC applications within a specific time period. For this report, information is pulled from the Start Date, End Date and CMHC Name.

To generate the PASRR Level II Approvals Report, DBHDID completes the following steps:

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 the **PASRR Level II Approvals hyperlink** to navigate to the **PASRR Level II Approvals** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the PASRR Level II Approvals Report.

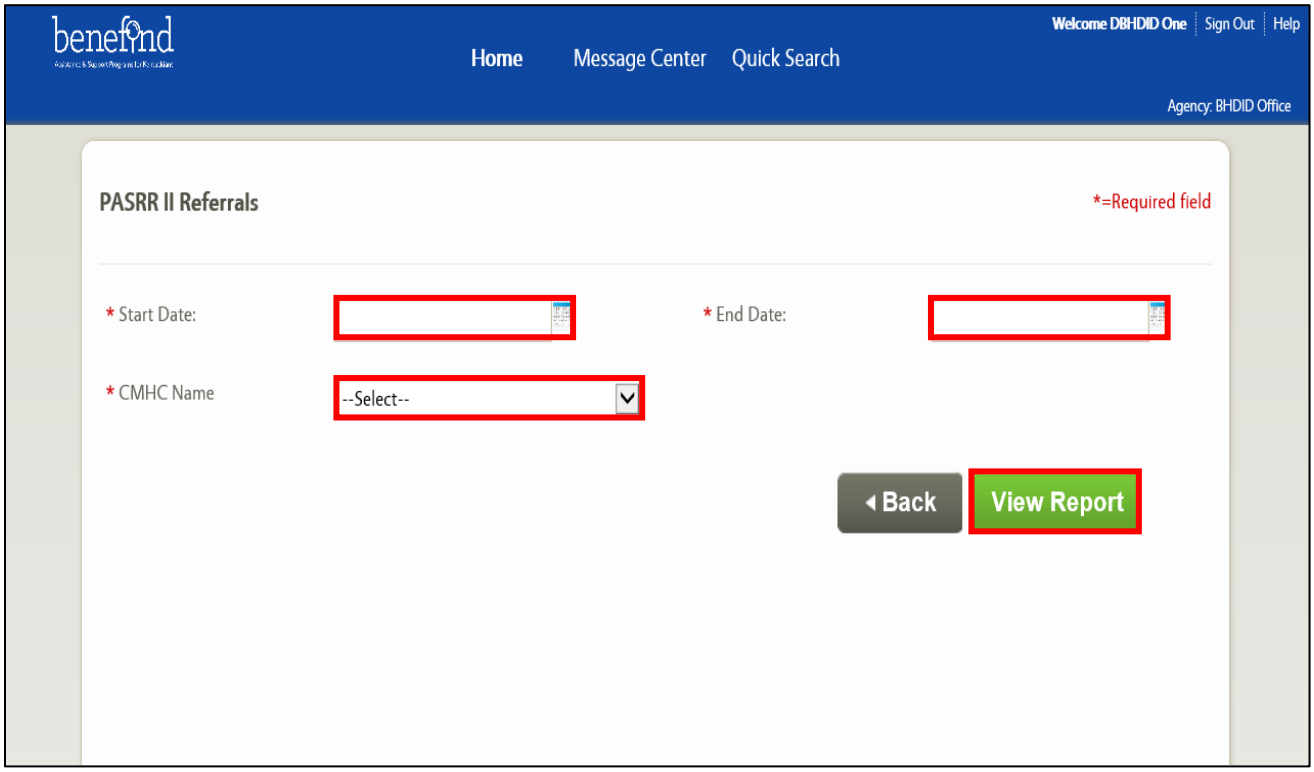


4.4.4 PASRR II Referrals Report

The PASRR II Referrals Report displays details about all LOC applications referred for PASRR II along with the average business days taken to process the PASRR II LOC applications in a given time period. Additionally, the PASRR II Referrals Report also provides details about the status of the LOC and application status of the respective application. For this report, information is pulled from the Start Date, End Date and CMHC Name.

To generate the PASRR II Referrals Report, DBHDID completes the following steps:

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 the **PASRR II Referrals hyperlink** to navigate to the **PASRR II Referrals** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the PASRR II Referrals Report.

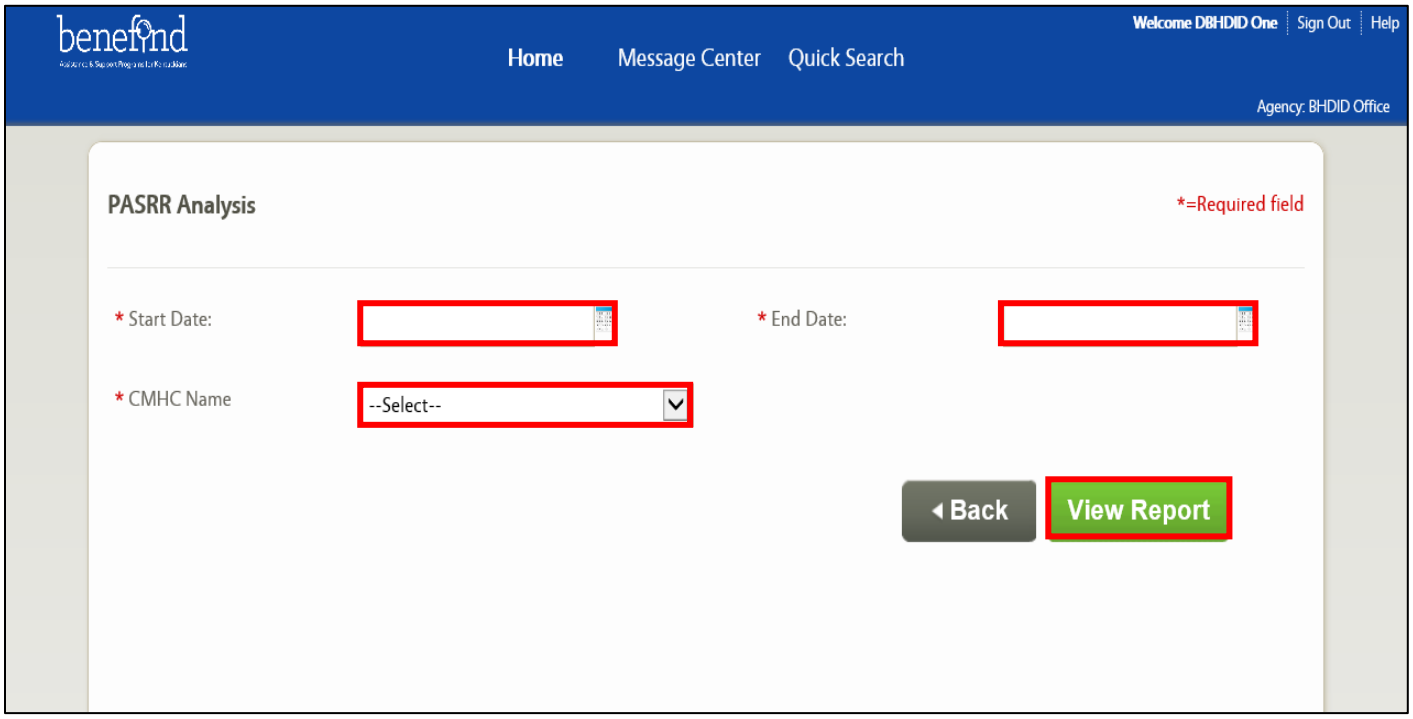


4.4.5 PASRR Analysis Report

The PASRR Analysis Report displays information about all the LOC applications which are referred to PASRR II in a given period of time. This report details how many LOC applications were approved, how many for Selective Service benefits, and how many were sent back due to Response to Referral. For this report, information is pulled from the Start Date, End Date and CMHC Name.

To generate the PASRR Analysis Report, DBHDID completes the following steps:

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 the **PASRR Analysis hyperlink** to navigate to the **PASRR Analysis** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the PASRR Analysis Report.

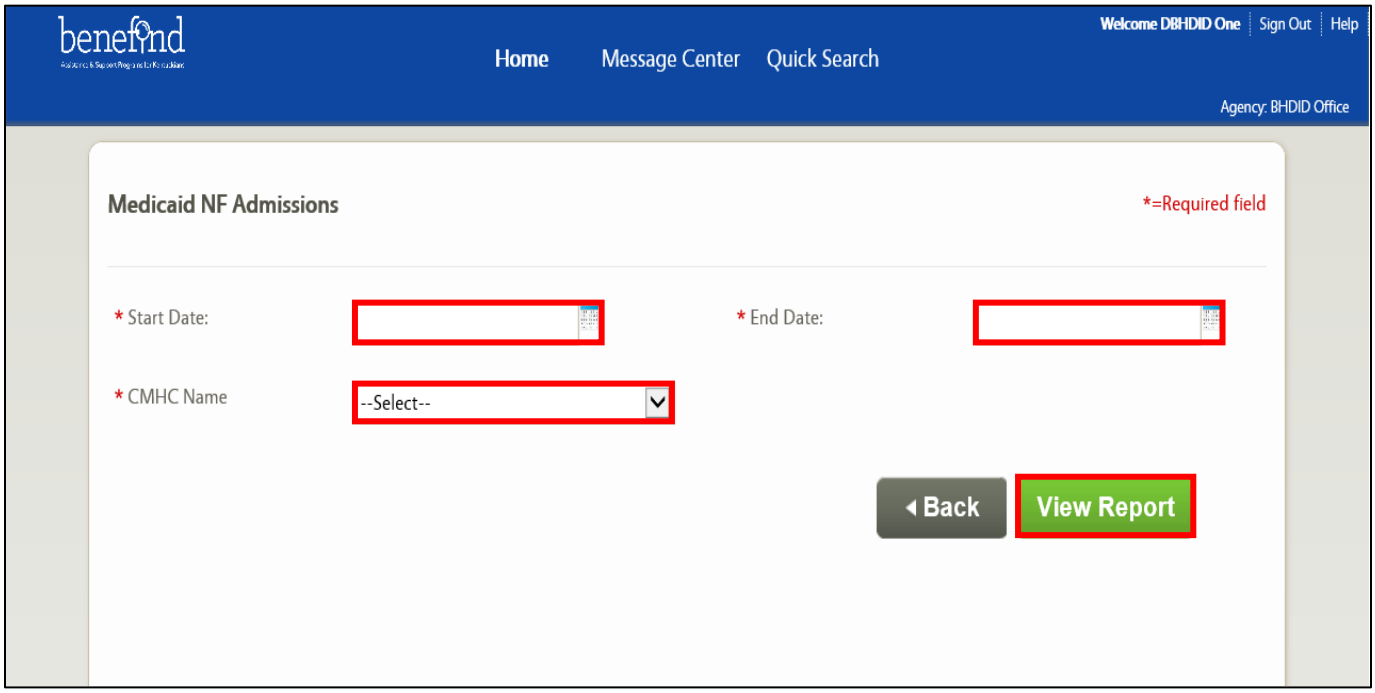


4.4.6 Medicaid NF Admissions Report

The Medicaid NF Admissions Report displays reasons for which an Individual is given Provisional Admission and collects details on the total number which requested PASRR II. For this report, information is pulled from the Start Date, End Date and CMHC Name.

To generate the Medicaid NF Admissions Report, DBHDID completes the following steps:

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 the **Medicaid NF Admissions hyperlink** to navigate to the **Medicaid NF Admissions** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the Medicaid NF Admissions Report.

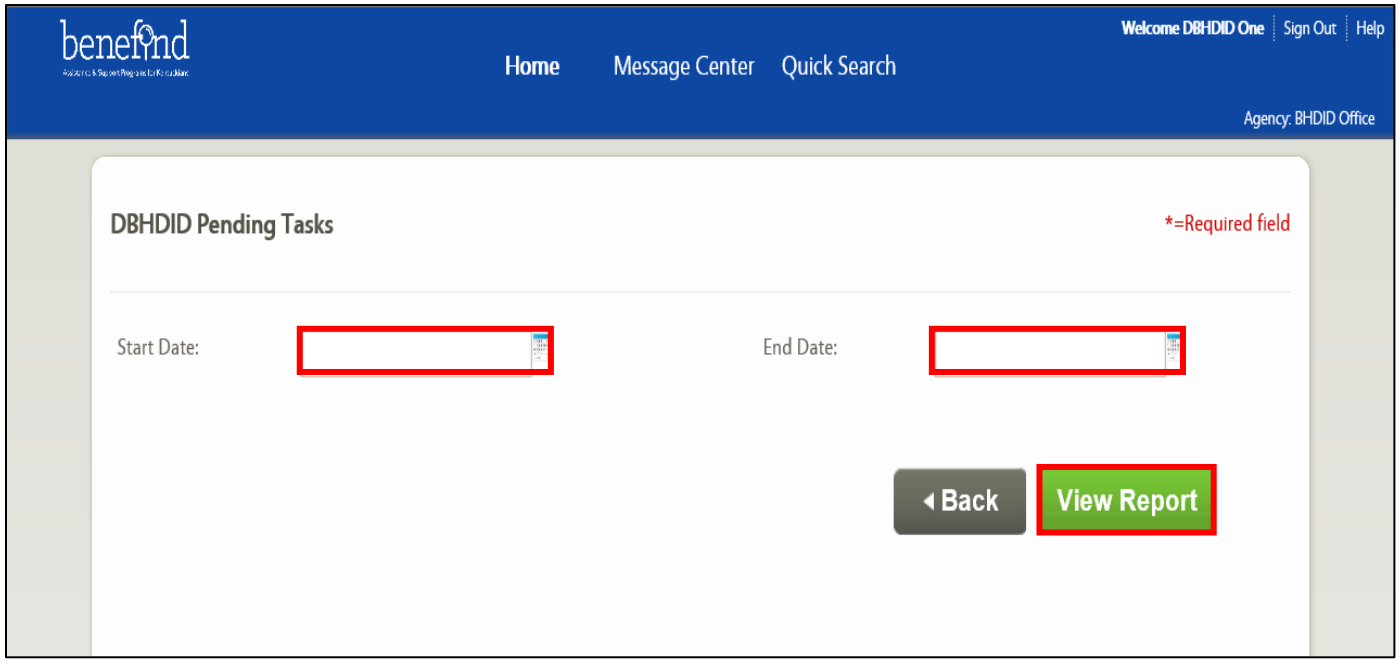


4.4.7 DBHDID Pending Tasks Report

The DBHDID Pending Tasks Report displays the total number of pending tasks for a selected time period specific to DBHDID. For this report, information is pulled from the Start Date and End Date.

To generate the DBHDID Pending Tasks Report, DBHDID completes the following steps:

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 the **DBHDID Pending Tasks hyperlink** to navigate to the **DBHDID Pending Tasks** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. Click **View Report** to generate the DBHDID Pending Tasks Report.

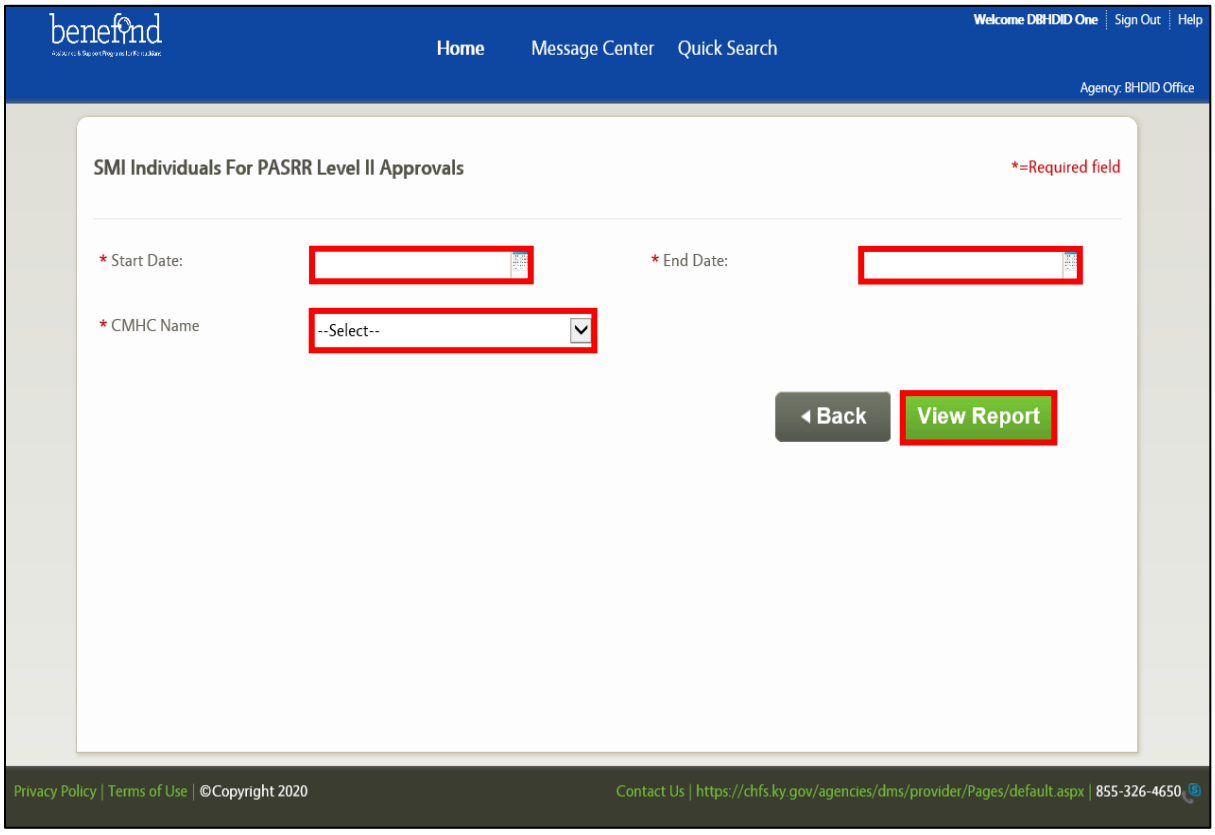


4.4.8 SMI Individuals for PASRR Level II Approvals Report

The SMI Individuals for PASRR Level II Approvals Report displays information about all Individuals who are approved of PASRR II for SMI. For this report, information is pulled from the Start Date, End Date and CMHC Name.

To generate the SMI Individuals for PASRR Level II Approvals Report, DBHDID completes the following steps:

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 the **SMI Individuals For PASRR Level II Approvals hyperlink** to navigate to the **SMI Individuals For PASRR Level II Approvals** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the SMI Individuals For PASRR Level II Approvals Report.

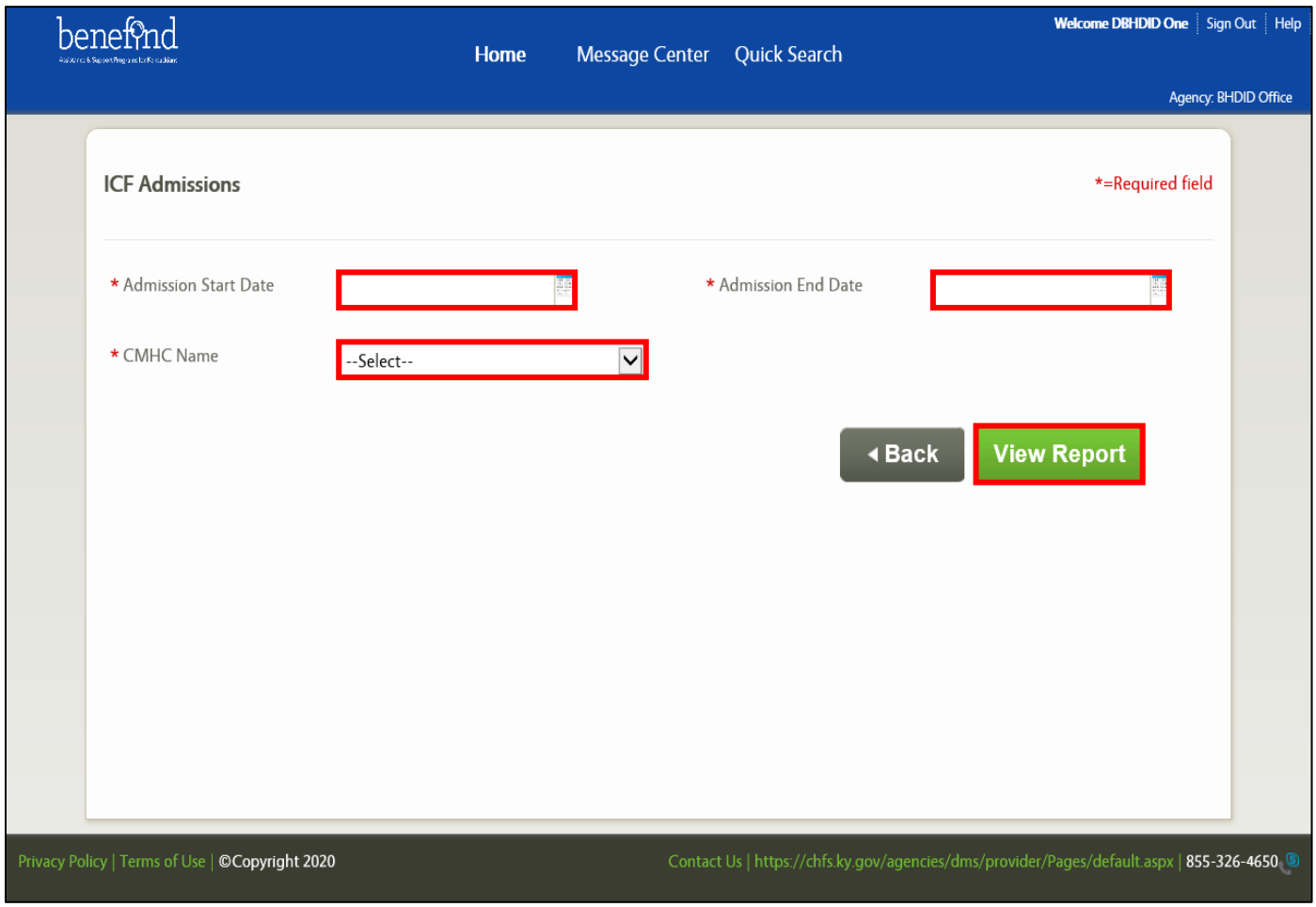


4.4.9 ICF Admissions

The ICF Admissions Report displays a list of Individuals who are admitted to an ICF. For this report, information is pulled from the Admission Start Date, Admission End Date and CMHC Name.

To generate the ICF Admissions Report, DBHDID completes the following steps:

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 the **ICF Admissions hyperlink** to navigate to the **ICF Admissions** screen.
3. Enter a **Start Date** for *Admission Start Date*.
4. Enter an **End Date** for *Admission End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the ICF Admissions Report.

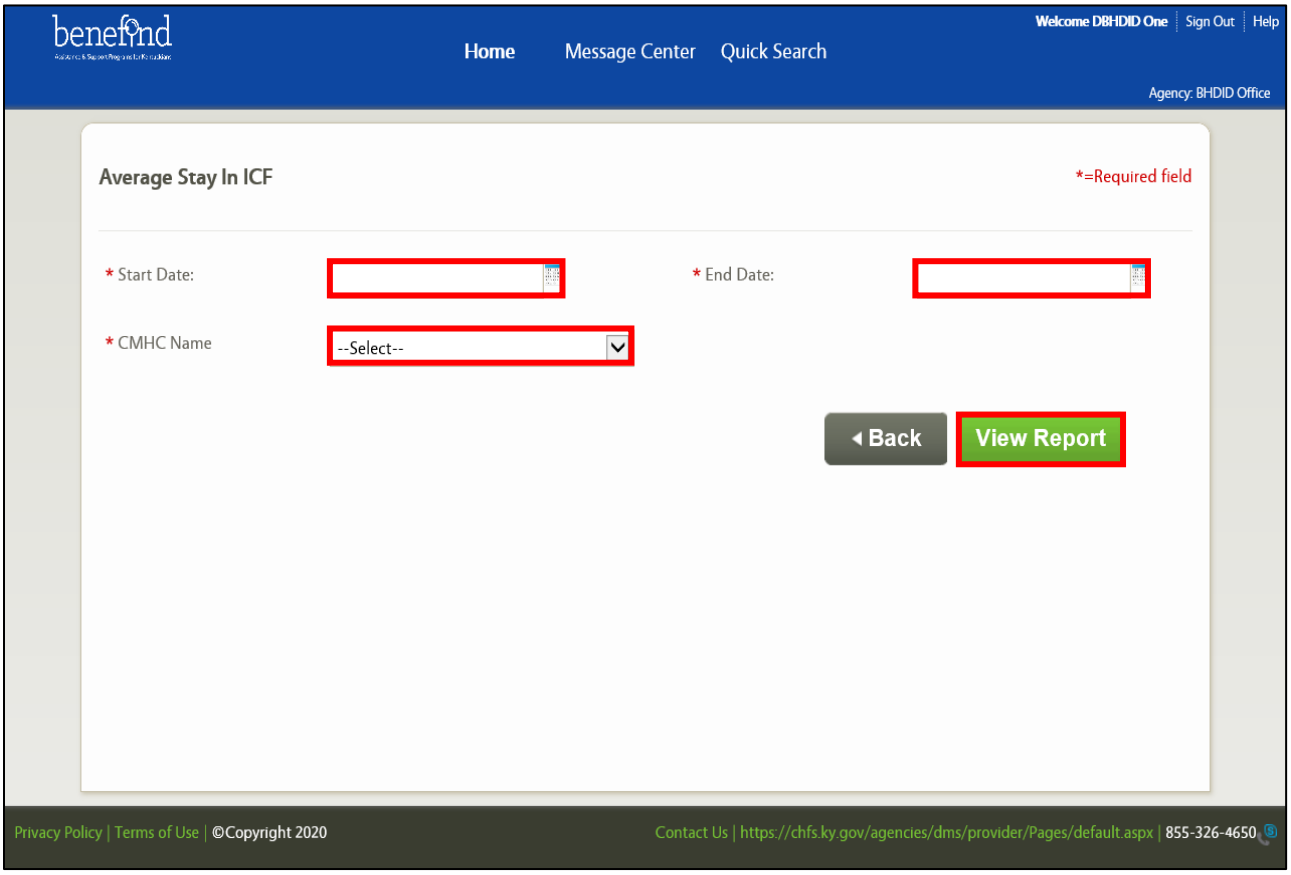


4.4.10 Average Stay In ICF

The Average Stay In ICF Report displays the average number of days an Individual stays in an ICF. Only discharged members are listed on this report. For this report, information is pulled from the Start Date, End Date and CMHC Name.

To generate the Average Stay In ICF Report, DBHDID completes the following steps:

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 the **Average Stay In ICF hyperlink** to navigate to the **Average Stay In ICF** screen.
3. Enter a **Start Date** for *Start Date*.
4. Enter an **End Date** for *End Date*.
5. For *CMHC Name* select the "**appropriate CMHC Name**" from the drop-down.
6. Click **View Report** to generate the Average Stay In ICF Report.



5. Correspondence and Notifications

5.1 PASRR Level II Correspondence and Notifications

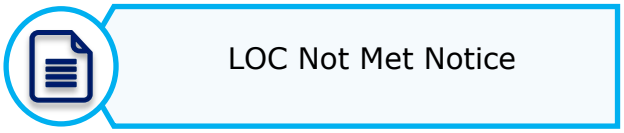
Correspondences may be triggered throughout the PASRR Level II – SMI or PASRR Level II - ID-RC/Dual LOC application review process. **For the PASRR Level II – SMI or ID-RC/Dual LOC application review process, correspondences are delivered in three ways**:

Paper Correspondence	Paper notice is sent to the Individual or Guardian, if Guardian details are in KLOCS.
Electronic Notification	An electronic message is sent to the respective CMHC and Provider's **Message Center**. LOC determination messages are also sent to the Individual's **Message Center** found on the **Individual Summary** screen.
Paper Correspondence	Paper notice is sent to the Hospital if the Individual moves to a NF from the Hospital.

Per CMHC review, KLOCS may trigger four different correspondences depending on the LOC determination for PASRR Level II – SMI and PASRR Level II – ID-RC/Dual applications.

- LOC Met Notice
- Pending LOI – Request for Additional Information Notice
- LOC Not Met Notice
- LOC Not Met for Pending LOI Expiration Notice

Per DBHDID review, KLOCS may trigger two different correspondences depending on the LOC determination for PASRR Level II – ID-RC/Dual applications.



5.2 LOC Met Notice

The LOC Met Notice is sent to the Individual or Guardian, informing that the individual meets the Level of Care for the NF. Along with the LOC Met Notice paper correspondence that is sent to the Individual or Guardian, KLOCS also sends the 'LOC Met' electronic notification to the respective Individual, CMHC, and Provider's **Message Center**. The LOC Met Notice is not generated until the appropriate reviewer selects **Met** on the *Determination Status* field on the **LOC Determination** screen in KLOCS.

The LOC Met Notice may be triggered in one of three ways:

Reviewer / Evaluator	Correspondence / Notification Trigger
PRO (Health NF Coordinator)	After completing the Non PASRR referrals, Private ICF, or Swing Bed LOC application review, the PRO marks the LOC determination as 'Met' at the end of the Initial LOC Review Task.
CMHC	After completing the PASRR Level II – SMI LOC application review, the CMHC marks the LOC determination as 'Met' at the end of the SMI LOC Determination Task.
DBHDID	After completing the PASRR Level II – ID-RC/Dual LOC application review, the DBHDID Committee marks the LOC determination as 'Met'. DBHDID determines whether Specialized Services (SS) are required. Based on DBHDID's SS determination, the *SS Met* section displays one of the following phrases: • "Requires specialized services for intellectual disability or related condition" • "Does not require specialized services"

Please Note: The *SS Met* section only displays if DBHDID determines that the individual does or does not require specialized services.

Paper Correspondence: LOC Met Notice

LOC-004 COMMONWEALTH OF KENTUCKY Application #: <Application #>

<Date>
<Individual Name> <Provider Name>
<Address>

You Have Met the Level of Care Needed

Dear <Responsible Party or Individual>:

<Review Organization>, a utilization review agency, has performed the review of services provided to Medicaid recipients.

This is to notify you, <Individual Name>, that the request Level of Care was processed at <Provider Name>. <Individual Name> have met Level of Care effective <Date>.

<SS Met>

<Evaluator>

Please Note: Any comments entered by the reviewer on the **LOC Determination** screen display on LOC Met Notice.

Electronic Notification: LOC Met

Message Center

From: KLOCS Application
To: Damon Allen
Subject: LOC marked as MET for GATES, KEVIN
Date: 08/01/2020 04:50 PM ET

Dear Damon Allen,

Nursing Facility LOC for GATES, KEVIN has been marked as "LOC Met" by reviewer. A copy of the correspondence can be found in the Individual's message center.

Thank You
KLOCS Application

Please Note: When DBHDID completes a LOC application review, KLOCS sends an electronic notification to both the respective Provider and CMHC. A copy of the correspondence is also sent to the Individual's **Message Center** found on the **Individual Summary** screen.

5.3 LOC Not Met Notice

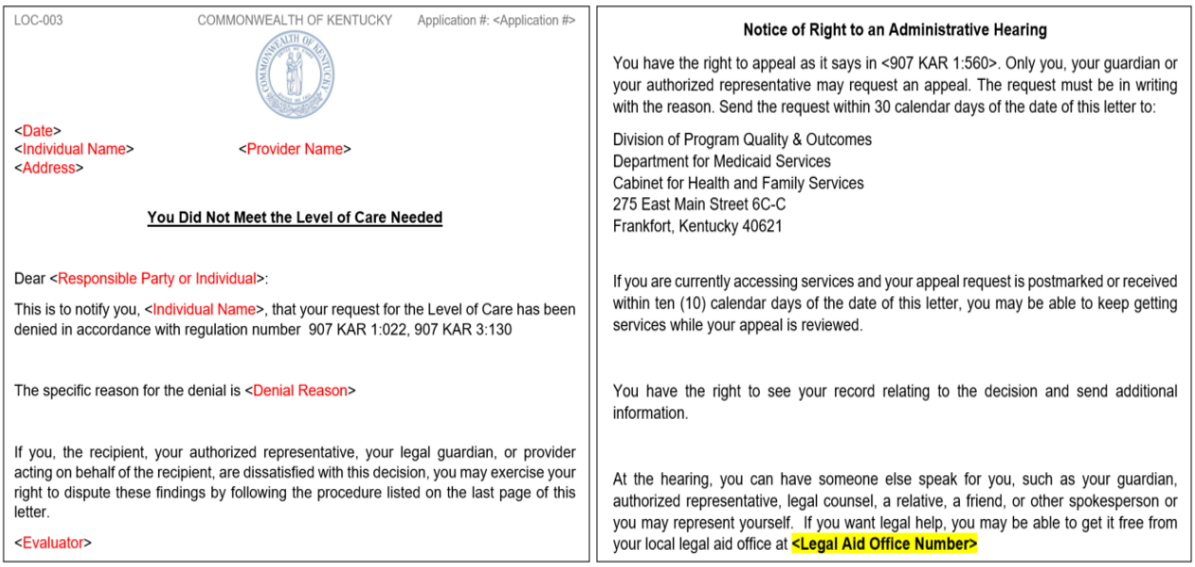
The LOC Not Met Notice is sent to the Individual or Guardian, informing that the individual does not meet the Level of Care for the NF and explains the appeal process. KLOCS also sends the 'LOC Not Met' electronic notification to the respective Individual, CMHC, and Provider's **Message Center**. The LOC Not Met Notice is generated once the appropriate reviewer selects **Not Met** on the *Determination Status* field on the **LOC Determination** screen in KLOCS.

The LOC Met Notice may be triggered in one of two ways:

Reviewer / Evaluator	Correspondence / Notification Trigger
PRO (Health NF Coordinator)	After completing the Non PASRR referrals, Private ICF, or Swing Bed LOC application review, the PRO marks the LOC determination as 'Not Met' and enters a comment explaining the LOC determination on the **LOC Determination** screen at the end of the Initial Review Task.
CMHC	After completing the PASRR Level II – SMI LOC application review, the CMHC marks the LOC determination as 'Not Met' and enters a comment explaining the LOC determination on the **LOC Determination** screen at the end of the SMI LOC Determination Task.

Please Note: Once the LOC determination is marked as 'Not Met' after the Initial LOC Review, KLOCS **automatically discharges** the individual.

Paper Correspondence: LOC Not Met Notice



LOC-003 COMMONWEALTH OF KENTUCKY Application #: <Application #>

<Date>
<Individual Name> <Provider Name>
<Address>

You Did Not Meet the Level of Care Needed

Dear <Responsible Party or Individual>:

This is to notify you, <Individual Name>, 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 <Denial Reason>

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>

Notice of Right to an Administrative Hearing

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 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.

You have the right to see your record relating to the decision and send additional information.

At the hearing, you can have someone else speak for you, such as your guardian, authorized representative, legal counsel, a relative, a friend, or other spokesperson or you may represent yourself. If you want legal help, you may be able to get it free from your local legal aid office at **<Legal Aid Office Number>**

Please Note: Comments entered by the reviewer on the **LOC Determination** screen display on LOC Not Met Notice.

Electronic Notification: LOC Not Met

Message Center

From: KLOCS Application
To: Damon Allen
Subject: LOC marked as NOT MET for WHITE, BETTY
Date: 08/02/2020 09:36 AM ET

Dear Damon Allen,

Nursing Facility LOC for WHITE, BETTY has been marked as "LOC Not Met" by reviewer. A copy of the correspondence can be found in the Individual's message center.

Thank You
KLOCS Application

◂ Back To Inbox

Please Note: When DBHDID completes a LOC application review, KLOCS sends an electronic notification to both the respective Provider and CMHC. An electronic message is also sent to the Individual's **Message Center** found on the **Individual Summary** screen.

5.4 Pending LOI – Request for Additional Information

The Pending LOI – Request for Additional Information Notice is sent to the Individual or Guardian when the appropriate reviewer determines that more information is needed from the Provider to complete the LOC application review process. KLOCS also sends the "LOC Pended LOI" electronic notification to the respective Provider's **Message Center**. The Pending LOI – Request for Additional Information Notice is generated once the reviewer selects **Pended** on the *Determination Status* field on the **LOC Determination** screen.

Once the reviewer submits the LOC determination as "Pended", this will pend the LOC application and request more information from the Provider through a Lack of Information (LOI) task. The Provider must complete the LOI task and submit the requested information within 14 business days.

The Pending LOI – Request for Additional Information Notice may be triggered in one of two ways:

Reviewer / Evaluator	Correspondence / Notification Trigger
PRO (Health NF Coordinator)	After completing the Non PASRR referrals, Private ICF, or Swing Bed LOC application review, the PRO determines that more information is needed. The PRO enters a comment to request additional information from the Provider on the **Verify Complete Information** screen. PRO marks the LOC determination as 'Pended' and enters a comment about the requested information on the LOC Determination screen.
CMHC	After completing the PASRR Level II - SMI only LOC application review, the CMHC determines that more information is needed. The CMHC enters a comment to request additional information from the Provider on the **Verify Complete Information** screen. CMHC marks the LOC determination as 'Pended' and enters a comment about the requested information on the LOC Determination screen.

Please Note: If the Provider does **NOT** complete the LOI Task and provide the requested information within **14 business days**, the Individual's **LOC application will close**.

Once the LOC application is closed, the Provider must submit a new LOC application for the Individual.

Paper Correspondence: Pending Lack of Information (LOI)

LOC-002 COMMONWEALTH OF KENTUCKY Application #: <Application #>

<Date>
<Individual Name> <Provider Name>
<Address>

Lack of Information for Level of Care

Dear <Responsible Party or Individual Name>:

This is to tell you <Individual Name>, that the request from <Provider Name> 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>

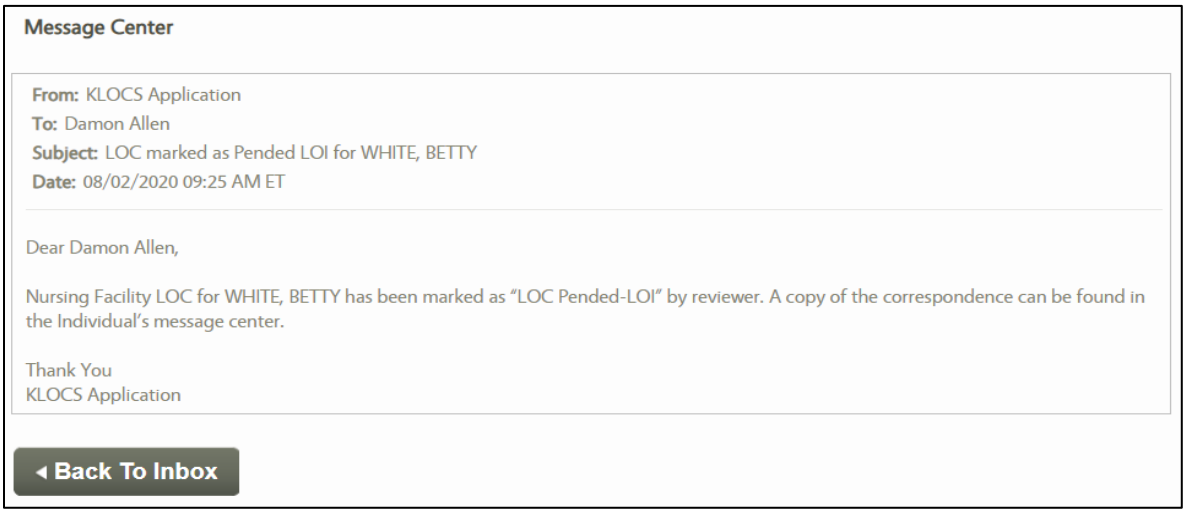
If we do not get this in 14 business days the request will be denied for lack of information because of regulation number 907 KAR 1:022, 907 KAR 3:130

Please have your provider upload this information on KLOCS.

<Evaluator>

Please Note: Comments entered by the reviewer on the **Verify Complete Information** screen display on the Pending LOI – Request for Additional Information notice.

Electronic Notification: LOC Pended LOI



Please Note: After DBHDID reviews a PASRR Level II – ID-RC/Dual LOC application, the system may create a Lack of Information (LOI) task for the respective CMHC. KLOCS sends the "LOC Pended LOI" electronic notification to the respective CMHC's **Message Center**. A copy of the correspondence is also sent to the Individual's **Message Center** found on the **Individual Summary** screen.

5.5 LOC Not Met for Pending LOI Expiration Notice

The LOC Not Met for Pending LOI Expiration Notice is sent to the Individual or Guardian, informing that the LOC was denied because the Provider did not complete the Lack of Information (LOI) task within 14 business days. If the Provider does not complete the task of providing additional information within the 14 business days, the Individual's LOC application is denied. Additionally, the LOC application is closed with the LOC determination marked as "Not Met".

When the reviewer marks a LOC application as "Pended", a task is generated for the Provider to provide the additional information needed and to resubmit the application within 14 business days.

Paper Correspondence: LOC Not Met for Pending LOI Expiration

LOC-001 COMMONWEALTH OF KENTUCKY Application #: <Application #>

<Date>
<Individual Name> <Provider Name>
<Address>

You Did Not Meet the Level of Care Needed

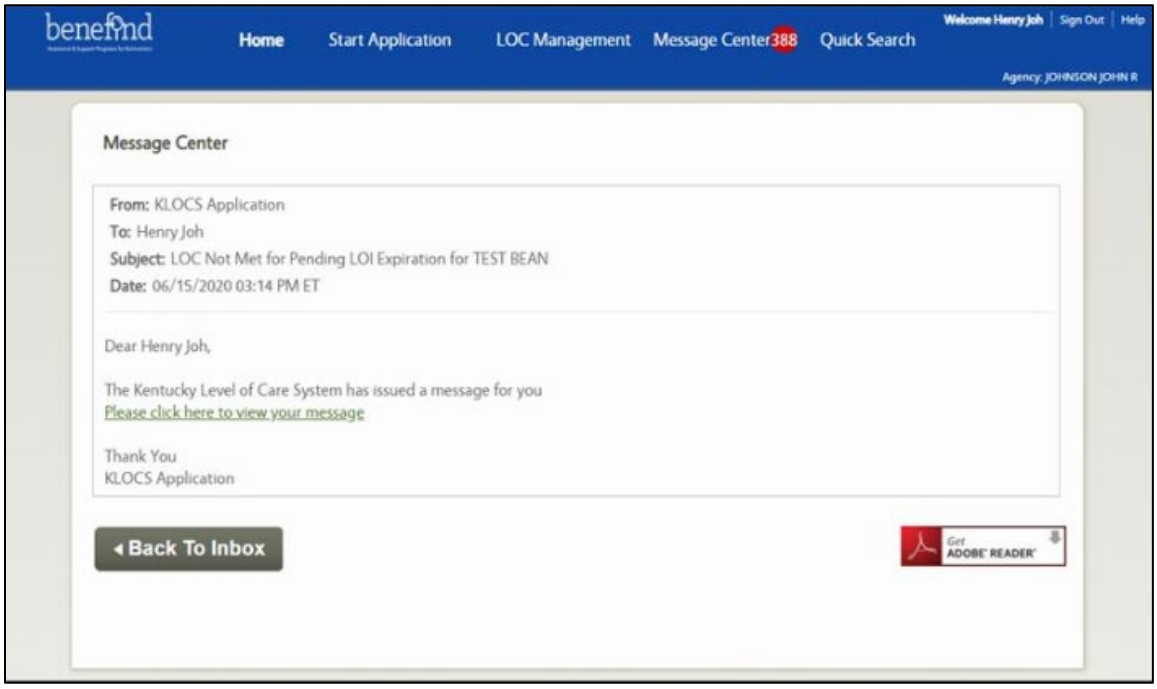
Dear <Responsible Party or Individual>:

A request for Nursing Facility Level of Care was received for <Individual Name>. We notified you on <Date> 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.

Your provider may submit a new review request on your behalf if you feel that complete information can be provided. The new review request must contain all the information necessary to perform a review.

<Evaluator>

Electronic Notification: LOC Not Met for Pending LOI Expiration



5.6 Hospice Correspondences

No paper correspondences are generated or sent to Individuals when a Hospice Provider submits Hospice LOC applications. However, Hospice Providers may view and print Hospice LOC applications. In addition, PDF versions of the Pending LOI, LOC Not Met, and LOC Met notices are available in the KLOCS **Message Center**.

5.7 Electronic Notifications

KLOCS Users may view electronic notifications via the **Message Center** on KLOCS. Additionally, KLOCS Users 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

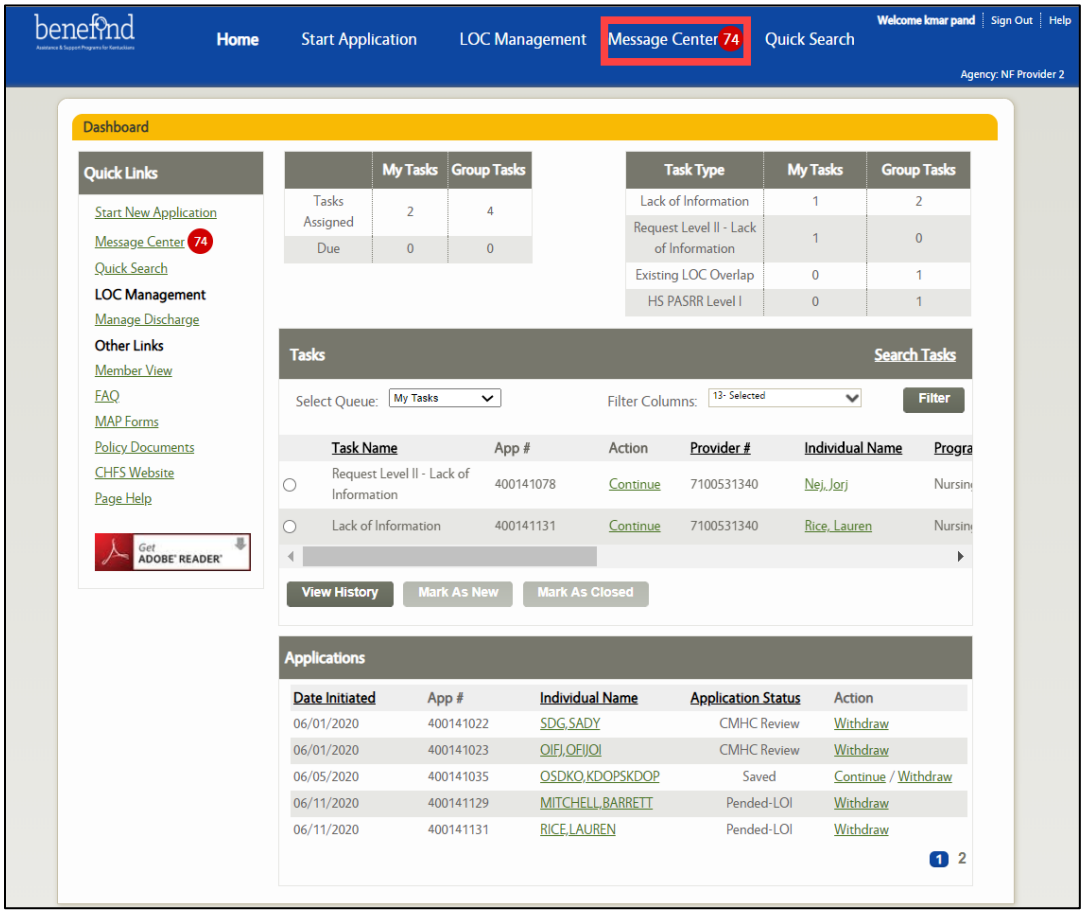
Electronic Notification	Event	Receiver(s)
LOC marked as MET for <Individual>	This notification is sent to the NF Provider after the LOC Reviewer has completed their review and concluded LOC 'Met'	NF Provider CMHC
LOC marked as NOT MET for <Individual>	This notification is sent to the NF Provider after the LOC Reviewer has completed their review and concluded LOC 'Not Met'	NF Provider 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.	NF Provider 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	NF Provider Hospice Provider
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	NF Provider
PASRR Level II Completed for <Individual>	This notification is sent to the NF Provider once the CMHC has completed the PASRR Level II evaluation	NF Provider
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	NF Provider
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'	NF Provider

Electronic Notifications Overview – Continued

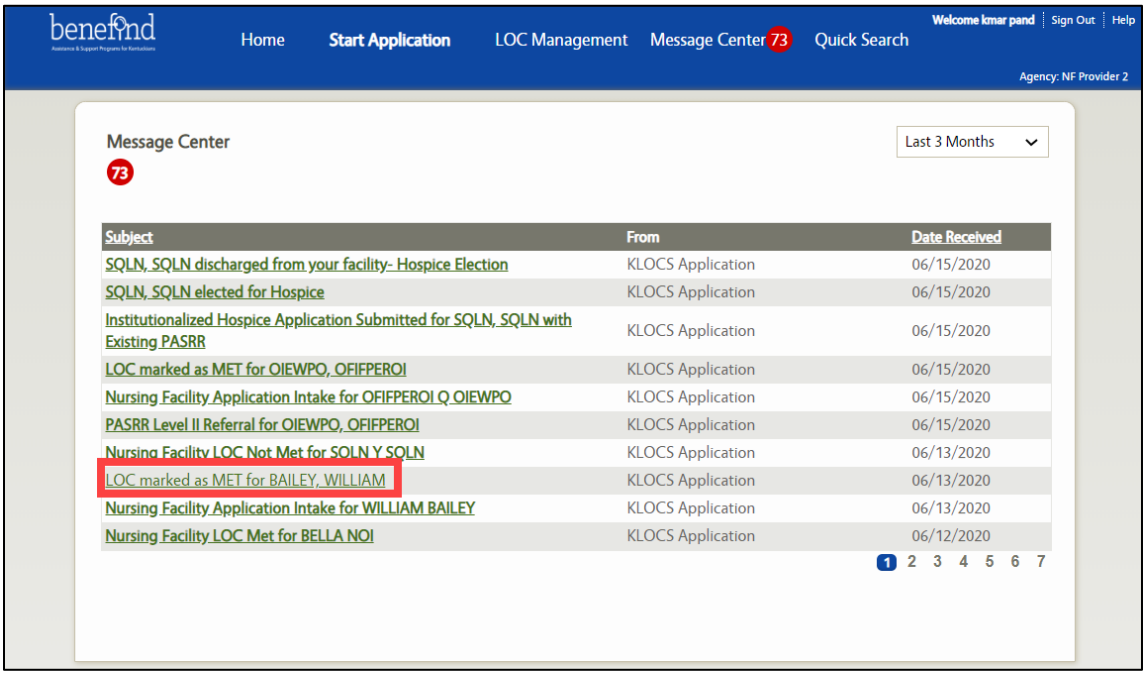
Electronic Notification Continued	Event	Receiver(s)
Reassessment Overview for <Individual>	The NF and Hospice Provider will be notified that an Individual has been automatically discharged because they were not reassessed before 15 days after their reassessment date	NF Provider Hospice Provider
Reassessment Due for <Individual>	This notification will be send to the NF Provider on the Individual's reassessment date that the reassessment has not been completed yet	NF Provider
CHOW Pending due to in progress application for <Existing Nursing Facility>	This notification will be sent to the existing owner and future owner for the facility if any in-progress applications are in the system	Providers
CHOW processed Successfully for <Old Provider>	This notification will be sent once CHOW batch completes processing of all the records	Old Provider New Providers Old CMHC New CMHC DMS 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	Nursing Facility ICF
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)	Facility 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	NF Provider

To view electronic notifications and PDF versions of paper correspondences sent to Individuals, CMHCs and DBHDID must complete the following steps:

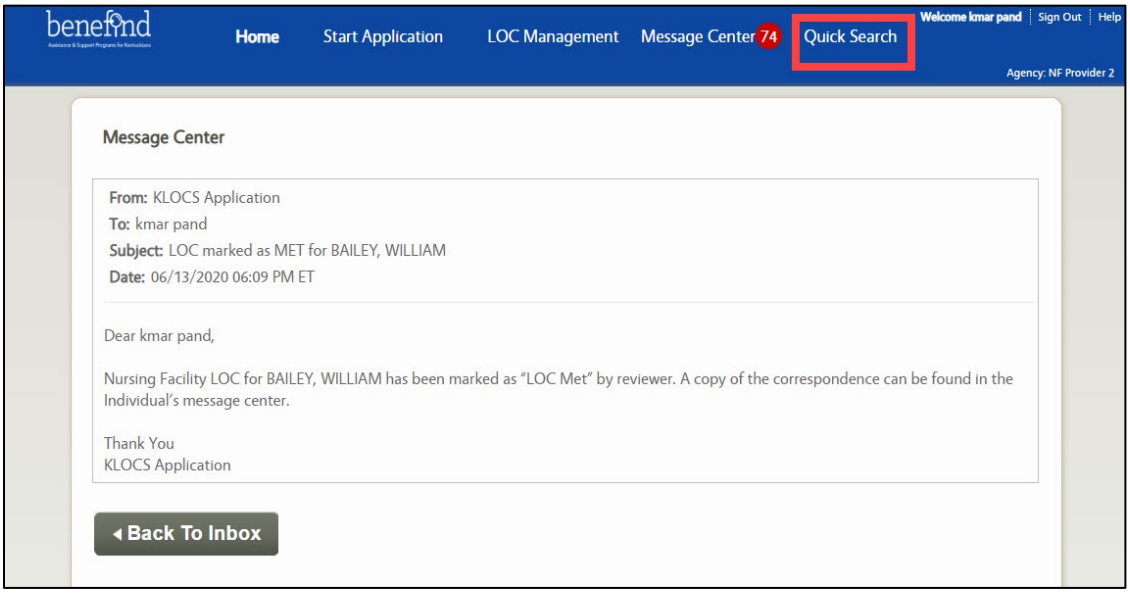
1. On the **Dashboard** screen, click **Message Center** on the top navigation panel.



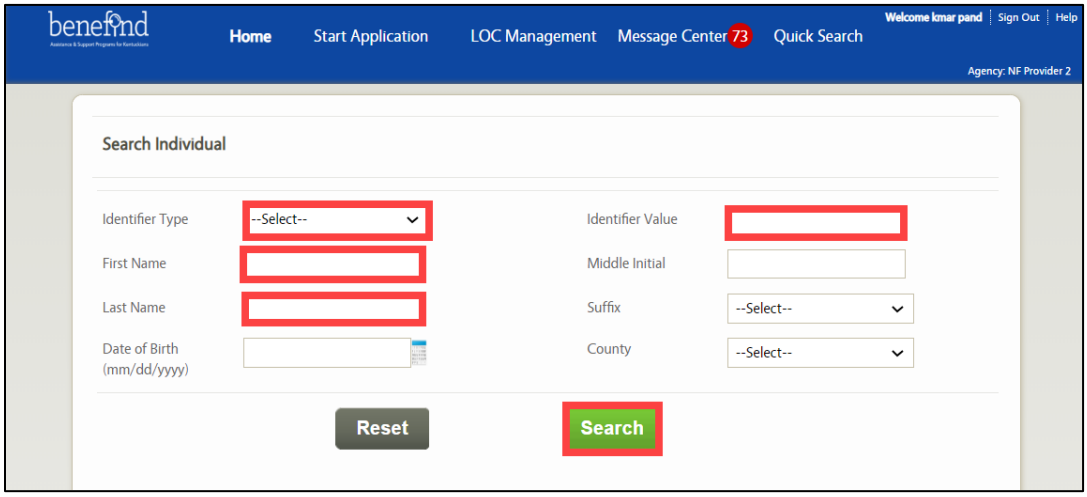
2. The **Message Center** screen displays. Click the **appropriate subject hyperlink** to view the electronic notification.



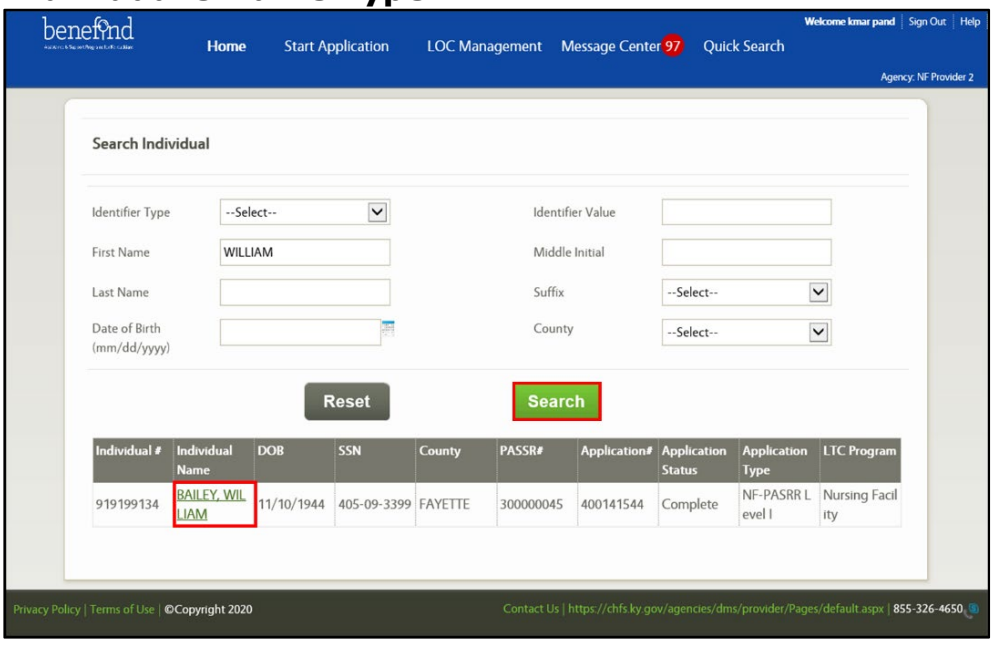
3. To view PDF versions of paper correspondences sent to an Individual, click **Quick Search** in top navigation panel.



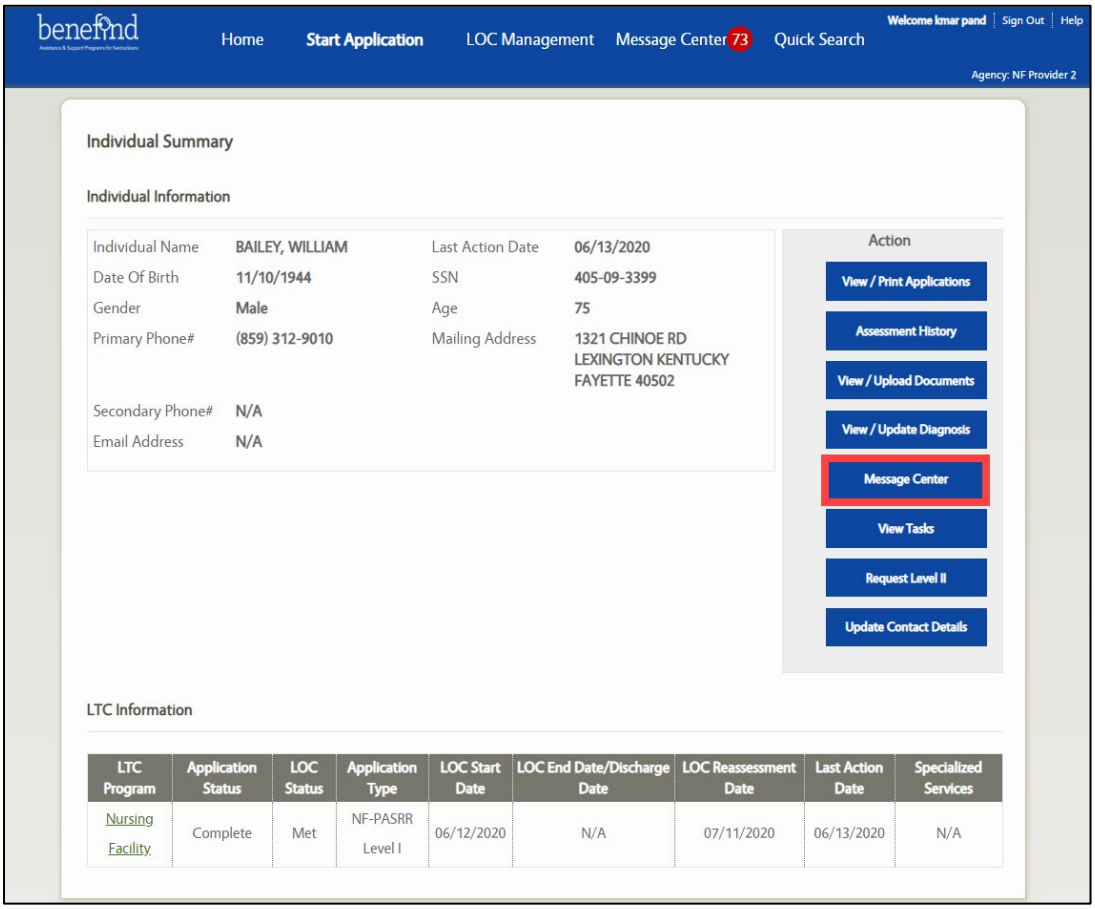
4. The **Search Individual** screen displays. Search for the Individual in one of the following ways:
    - Select the appropriate "**Identifier Type**" from the *Identifier Type* field drop-down. Enter the appropriate **Identifier Number** for the Individual in the *Identifier Number* field.
        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**.



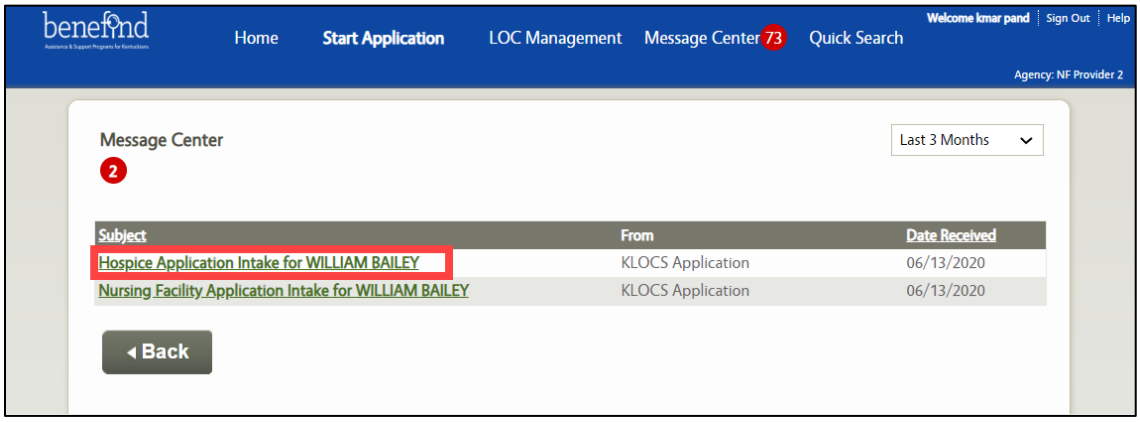
6. The Individual search results table displays. Click the **appropriate Individual's Name hyperlink**.



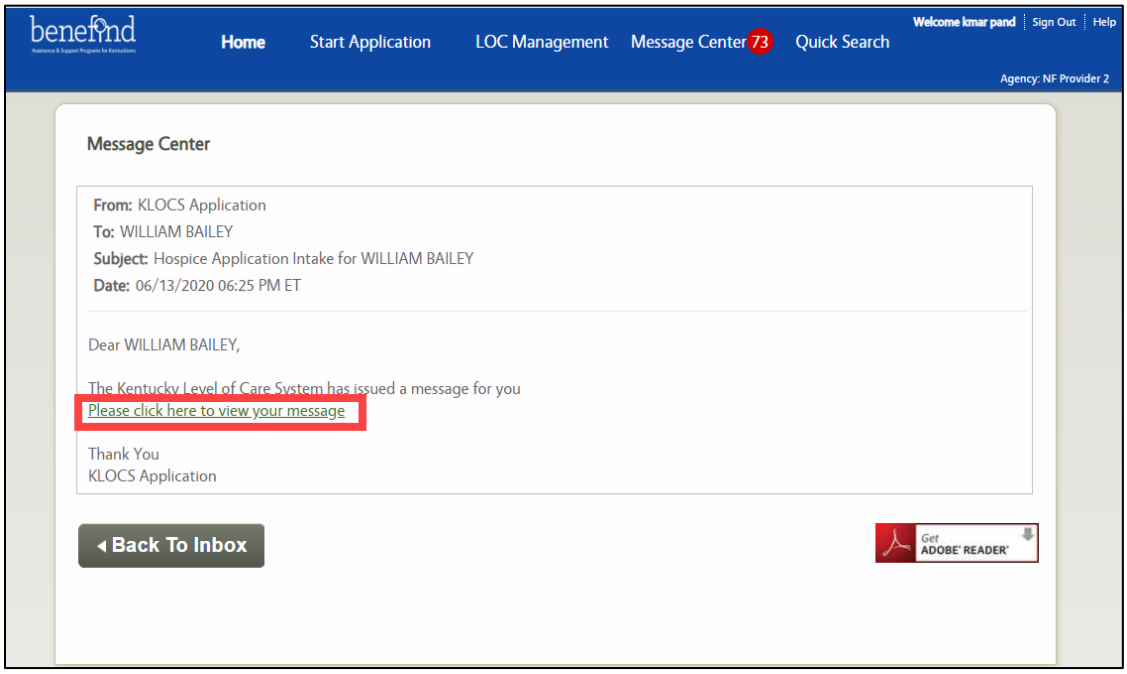
7. The **Individual Summary** screen displays. Click **Message Center** on the right navigation panel under the *Action*.



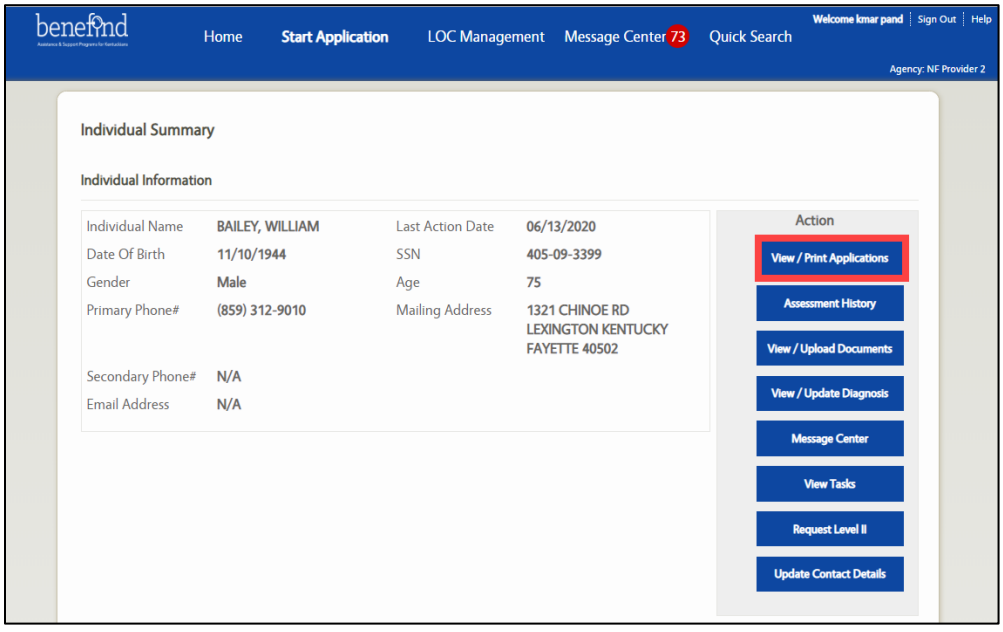
8. The Individual's **Message Center** screen displays. Click the **appropriate subject hyperlink**.



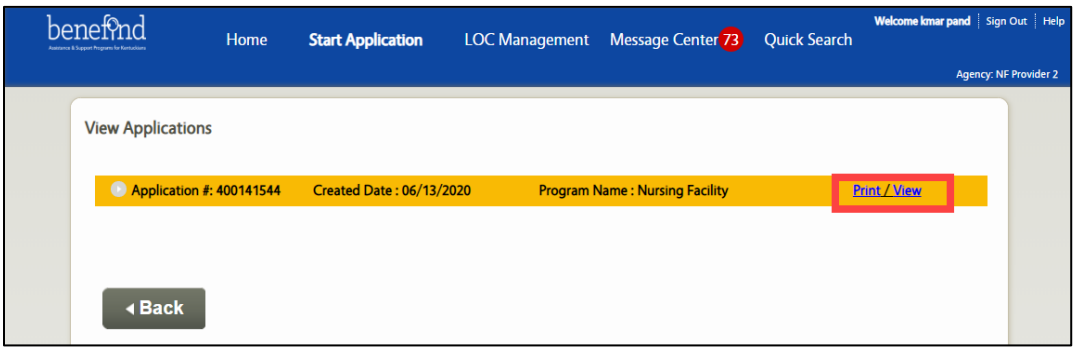
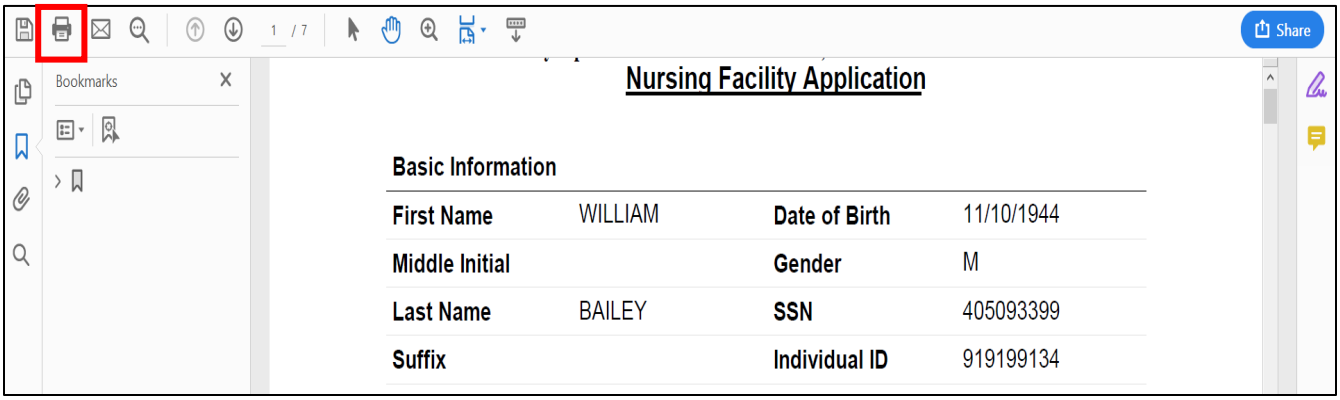
9. The electronic notification displays. To view the PDF version of the application or the paper correspondence sent to the Individual, click the **Please click here to view your message hyperlink**.



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 left corner to print the application.