

Level of Care (LOC) Review Quick Reference Guide



MWMA

Level of Care (LOC) Review – Quick Reference Guide

This Quick Reference Guide is designed to help CHFS Internal Reviewers understand the process of reviewing an Individual’s LOC Assessment and making a LOC determination.




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1. LOC Review Overview

Once an Individual's Level of Care (LOC) Assessment is performed, results are recorded, and all necessary documents are uploaded, the CHFS Internal Reviewer group receives a task to make a LOC Determination based on the information provided.

1. In the *Tasks* table on the **MWMA Dashboard**, select **LOC Review** from the *Select Queue* drop-down.
2. Click **Start** next to the *LOC Determination* task to begin the task.

Tasks							Search Tasks
Select Queue		<input type="text" value="LOC Review"/>	Filter Columns:		<input type="text" value="16- Selected"/>	<input type="button" value="Filter"/>	
Task Name	App/Case #	Individual Name	Date Of Birth (Age)	Waiver Program	Provider Name	St	
<input type="radio"/>  LOC Determination	111692005	Lylxjos, Jyews	11/22/1962 (56)	Home and Community Based		In	
<input type="radio"/>  LOC Determination	112177878	Wlqgh, Mgeinlu	05/02/1999 (20)	Acquired Brain Injury - Acute		In	
<input type="radio"/>  LOC Determination	110970116	Jlqnj, Fnezm	05/24/1955 (64)	Supports for Community Living		In	

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3. Click **Next** on the **Individual Summary** screen.

Individual Summary

Individual Information

Individual Name	TAMMY	Last Case Action Date	05/08/2017
Medicaid#	N/A	SSN	N/A
Reported SSN :		Pseudo SSN :	
Date Of Birth		Age	22
Gender	Female	Mailing Address	
Residence Address			
Primary Phone#	N/A		
Secondary Phone#	N/A		
Email Address	N/A		
Legal Guardian	N/A	Authorized Representative	N/A
Case Management Agency	N/A		
Case Manager	N/A	Case Supervisor	N/A
Case Number		Case Status	Active

Waiver Program Information

Waiver Program	Program Status	LOC Start Date	LOC End Date	Last Action Date
Michelle P	Pending LOC Determination	N/A	N/A	05/09/2017

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- 4. Review the **Level of Care Assessment Results Summary** screen.
- 5. Click **Next**.

Level of Care Assessment Results Summary *Required field

Assessment Details

Assessment Type : Level of Care

Assessment Tool : MAP-351

Assessment Reason : Initial

Date of Assessment : 05/09/2017

Comments about the assessment :

Submitted By : Nancy Bell

Provider ID : N/A

Agency Name :

Agency Address : N/A

Initial Submission Date : 05/09/2017

Name of Location : Individual Residence

Associated Provider :

Assessment Requested StartDate : 05/10/2017

Assessment Requested EndDate : 05/10/2017

Assessment Status :

Assessment EndDate :

Assessment Activity

LOC Status	Comment	Comment Date	Comment Made By	Reason
Submitted for Review		05/09/2017	Nancy Bell	

Diagnosis

Diagnosis	Type	Date of Diagnosis	Indicator
F01	Primary	03/03/2000	ICD10

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- 6. Review the **Diagnosis** screen.
- 7. Click **Next**.

Diagnosis *-=Required field

Select	Diagnosis	Type	Date of Diagnosis	Indicator
<input type="radio"/>	F01	Primary	03/03/2000	ICD10

Add Diagnosis **Edit** **Delete**

NOTE: Please save the details before continuing to the next screen.

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- 8. Review the uploaded documents.
- 9. Click the **green hyperlink** of the document to review its content.
- 10. Mark each of the documents as **Invalid** or **Complete** in the *Status* drop-down.
- 11. Provide appropriate **comments** in the *Review Comments* field, if applicable.
- 12. Click **Next**.

*-=Required field

What is Needed	Types of Document Accepted
Assessment Documents Verification	OTHER, MAP-10, MAP-351, Adaptive Behavior Assessment

Document Summary

Document Type	Date	Status	Comments
MAP-10	05/09/2017	* --Select--	--Select-- Completed Invalid
Review Comments			<input type="text"/>
MAP-351	05/09/2017	* --Select--	--Select-- Completed Invalid
Review Comments			<input type="text"/>

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13. Select **Met**, **Not Met**, or **Pended** in the *Determination Status* drop-down.
14. Enter the **reason** for the status in the *Reason* field
15. Enter appropriate **comments** in the *Comments* field.
16. Enter the **start date** in the *Assessment Start Date* field.
17. Enter the **end date** in the *Assessment End Date* field.
18. Click **Done**.

In the situation where LOC is marked as 'Not Met', the correspondence generated for the Individual must be sent via certified mail. As MWMA does not currently have the capability for sending mail certified, a task is triggered for this letter to be manually printed by CHFS and sent certified to the intended recipient(s).

Please Note: These fields update based on the *Determination Status* chosen. Additionally, the dates on this screen auto-populate but may be edited, as applicable.

Assessment Determination

Reviewer Results

Date of Assessment 05/09/2017

* Determination Status --Select--

* Reason --Select--

* Comments :

* Assessment Start Date 05/09/2017

* Assessment End Date 05/08/2018

Reviewer Name Bohn, Mitch

Date Reviewed 05/09/2017

Back **Done**

The screenshot shows the 'Assessment Determination' form. At the top, there is a dropdown menu for 'Determination Status' with options: --Select--, Met, Not Met, and Pended. Below this are fields for 'Date of Assessment' (05/09/2017), '* Determination Status' (dropdown), '* Reason' (dropdown), '* Comments' (text area), '* Assessment Start Date' (05/09/2017), and '* Assessment End Date' (05/08/2018). The 'Reviewer Name' is 'Bohn, Mitch' and 'Date Reviewed' is '05/09/2017'. A calendar widget is open, showing May 2017, with the 9th highlighted. A dropdown menu for 'Reason' is also open, showing options: --Select--, Admin Hearing Approved, Administrative Approval, Meets Medical Necessity, Reconsideration Overturned, and State Mandate. At the bottom, there are 'Back' and 'Done' buttons.

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The *Reason* field updates based on the *Determination Status*:

Determination Status		
Met	Not Met	Pended

Met

Admin Hearing Approved – The denial was overturned after an Administrative hearing was concluded.
Administrative Approval – No longer applicable
Meets Medical Necessity – This is the standard selection when participant meets LOC.
Reconsideration Overturned – An initial reviewer overturns an initial decision of Level of Care Not Met.
State Mandate – No longer applicable

Not Met

Admin Hearing Denied – Agency decision was upheld by the Hearing Branch.
LOI (Lack of Information) – Lack of information wasn't returned within appropriate timeframe.
Not Medically Necessary- Individual does not meet medical necessity, program regulation, and nursing facility regulations.
Reconsideration Upheld – A request for reconsideration was reviewed by DMS and decision was upheld by a 2nd Reviewer.

Pended

PDS Budget – No longer applicable
Client Review – No longer applicable
LOI (Lack of Information) – Additional information is needed in order to make a Level of Care Determination.
MD Review – No longer Applicable
Pending Initial Review – Internal reviewer can update the status to pending if the need arises to exit the screen before making a determination. The task will remain in 'Continue' status. User can return to complete the review at a later time.

2. Updates to Correspondences

Correspondence Number	Correspondence Name	Summary of Changes
WCM-033	LOC Determination	Minor text updates