

The Commonwealth of Kentucky



KLOCS

Common Scenarios

Quick Reference Guide

Last Updated: April 6th, 2021



Contents

1. Overview	2
2. Criteria for Entering an Application in KLOCS	2
When should an application be submitted in KLOCS?	2
When NOT to submit an application into KLOCS?	3
2.1 KLOCS Common Scenarios	3
Scenario 1: An Individual is not a Medicaid Member, nor does the facility calculate the Individual will become Medicaid eligible in the next 365 days.....	3
Scenario 2: An active Medicaid Member is being admitted to a nursing facility. ...	3
Scenario 3: The Individual being admitted isn't a Medicaid Member but may be eligible/plans to apply in the next 365 days.	4
Scenario 4: An Individual is being admitted to a facility for Institutionalized Hospice Services.	4
Scenario 5: A Medicaid Member in Institutionalized Hospice passes away prior to the LOC application being submitted in KLOCS.	5
Scenario 6: An existing Resident becomes Medicaid eligible/plans to apply for Medicaid.	6
Scenario 7: The Facility waits to submit an LOC application for a Medicaid Member or an Individual pending Medicaid Eligibility.	6
Scenario 8: The Medicaid Member or an Individual pending Medicaid eligibility being admitted likely meets PASRR Level II criteria.	7
Scenario 9: An existing Medicaid resident has a Significant Change.	7
Scenario 10: An incorrect Social Security Number (SSN) was submitted on the LOC application.	7



1. Overview

The purpose of KLOCS is to streamline Level of Care (LOC) processes across the entire spectrum of Long-Term Services and Supports (LTSS). Nursing Facilities, Institutionalized Hospice Providers, and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) submit the LOCs for Medicaid Members and Individuals pending Medicaid Eligibility, also known as Pending Eligibles in KLOCS.

The Pre-admission Screening and Residential Review (PASRR) workflow are generated and processed through KLOCS for the Medicaid Members and the Pending Eligibles. This information is sent to the Integrated Eligibility and Enrollment System (IEES), which stores benefit information. This eliminates paper processes and enables more accountability and transparency across all stakeholders.

The entities not required to use KLOCS are out-of-state Nursing Facilities, and in-state Nursing Facilities that are not Medicaid Certified or Medicaid enrolled providers. For these exceptions, the paper process for PASRR must be utilized.

2. Criteria for Entering an Application in KLOCS

When should an application be submitted in KLOCS?

Individuals should have an application submitted in KLOCS when:

1. The Individual being admitted to the facility is a Medicaid Member.
2. The Individual being admitted to the facility isn't currently a Medicaid Member, but by the facility's calculation the Individual will become Medicaid eligible, and plans to apply for Medicaid in the next 365 days.

Please Note: If the facility isn't sure the exact date the Individual plans to apply for Medicaid, enter the LOC application in KLOCS six months prior to when the Individual may submit their Medicaid application. If the Medicaid application is not approved within 365 days from the date the LOC was entered, then the system will purge the application in KLOCS.



3. The Individual is an existing facility resident who historically was not a Medicaid Member, but by the facility's calculation will become Medicaid eligible within the next 365 days.
4. If the Individual being admitted is a Medicaid Member/Pending Eligible and meets PASRR Level II criteria.
 - If the facility anticipates an Individual being admitted may meet PASRR Level II criteria, **there must be an LOC determination prior to admission**. Applicants requiring a PASRR Level II may be exempted or delayed from a Level II evaluation only for the provisional admission of Hospital Exemption, Respite, or Delirium.

When NOT to submit an application into KLOCS?

Private Pay Individuals, meaning Individuals who are not Medicaid Members nor plan to apply for Medicaid, should not be entered into KLOCS.

2.1 KLOCS Common Scenarios

Below is a list of common scenarios. This is not an exhaustive list.

Scenario 1: An Individual is not a Medicaid Member, nor does the facility calculate the Individual will become Medicaid eligible in the next 365 days.

Sheila is being admitted to a facility as Private Pay. Sheila is not an active Medicaid Member, nor does she plan to apply for Medicaid within the next 365 days. The facility does not need to submit an LOC application in KLOCS.

Scenario 2: An active Medicaid Member is being admitted to a nursing facility.

Tonya is an active Medicaid Member being admitted to a nursing facility in Owensboro. Since Tonya is a Medicaid Member and the Owensboro nursing facility plans to bill Medicaid for services provided to Tonya, they must submit an application in KLOCS at the time of admission. The facility may submit the application into KLOCS prior to Tonya's actual admission date.



Otherwise, the facility must submit the application within three calendar days of admission.

Scenario 3: The Individual being admitted isn't a Medicaid Member but may be eligible/plans to apply in the next 365 days.

Jeff is being admitted to a nursing facility in Paducah. Jeff isn't an active Medicaid Member, but by the facility's calculations, he will be eligible within the next 365 days. Jeff plans to apply for Medicaid at the time of admission. The facility should submit an application in KLOCS at the time of admission. The facility may submit the application into KLOCS prior to Jeff's actual admission date. Otherwise, the facility must submit the application within three calendar days of admission.

Please Note: In the event an Individual being admitted is pending Medicaid eligibility, go ahead and submit the application at the time of admission. Do not wait until Medicaid eligibility is determined to submit the LOC in KLOCS.

Please Note: LOCs for pending Medicaid Eligibles older than 365 days will be automatically closed by KLOCS. This is because it has been a year since the application was submitted and the Individual isn't an active Medicaid Member. This is not a system issue. The closed LOC will not be reopened. A new application must be submitted.

Scenario 4: An Individual is being admitted to a facility for Institutionalized Hospice Services.

Mike is being admitted to a facility to receive hospice services and does not already have an active LOC. Mike is not a Medicaid Member, but plans to apply for Medicaid at the time of admission. Since Mike does not have an active LOC, the Hospice Provider must submit the application either prior to the admission date or within three calendar days after admission. The Institutionalized Hospice Provider is responsible for submitting the initial application on KLOCS – not the nursing facility. Once the Hospice Provider



submits the application in KLOCS, a task is created for the nursing facility to submit complete the PASRR.

Please Note: If the Individual being admitted for institutionalized hospice plans to apply for Medicaid go ahead and submit the LOC in KLOCS at the time of admission. Do not wait until Medicaid eligibility is determined to submit the LOC.

If the nursing facility applies for the member's Medicaid they must inform the Hospice facility when submitting the application.

Scenario 5: A Medicaid Member in Institutionalized Hospice passes away prior to the LOC application being submitted in KLOCS.

If an Individual passes away prior to the LOC application being submitted in KLOCS, then **the Provider MUST prioritize submitting the application no later than three calendar days after the admission date. The LOC start date must be on or before the date of death.**

Beth, a Medicaid Member, is admitted to Institutionalized Hospice on March 8th. She passes away on March 9th, and the Hospice Provider submits the LOC application on March 11th. Since March 11th is still within three calendar days after the admission date, the Hospice Provider is able to backdate the application to March 8th. The Hospice Provider has to backdate to the date of admission, which in this scenario is March 8th, in order for KY MMIS to accept the LOC. Then the application flows through the approval process, and once MET, it is sent to KY MMIS with a start date of March 8th. Since the start date is on or before the Individual's date of death, KY MMIS will accept and apply the LOC.

Now let's say the Hospice Provider delays submitting Beth's LOC into KLOCS until March 18th, which is well past the three calendar day timeframe. The Hospice Provider is only able to backdate the LOC to March 15th. KY MMIS rejects the LOC claim because the start date must be on or before the Member's date of death. The Hospice Provider may send an email to DMS Eligibility (DMS.ELIGIBILITY@ky.gov) to request a special circumstance LOC and justify why the LOC was not submitted in a timely manner. There is no



guarantee the request will be approved by DMS as the Provider failed to submit the LOC within the required timeframe.

Scenario 6: An existing Resident becomes Medicaid eligible/plans to apply for Medicaid.

James entered a Louisville nursing facility in 2015. At the time of admission, James was Private Pay and did not meet Medicaid eligibility requirements. In 2021, the nursing facility calculates that James may now meet Medicaid eligibility requirements, and he plans to apply for Medicaid. Since James plans to apply for Medicaid, the facility should proceed with submitting an LOC application for James in KLOCS the same day he applies for Medicaid.

Please Note: The “admission date” entered in KLOCS should be the date in 2021 that James applies for Medicaid and not the 2015 date of admission.

Scenario 7: The Facility waits to submit an LOC application for a Medicaid Member or an Individual pending Medicaid Eligibility.

Morris was admitted to the facility on January 8th. He already applied for Medicaid on January 6th. However, the facility waits until May 8th to submit an LOC in KLOCS. The following will occur:

- The facility will only be able to backdate an LOC in KLOCS by three calendar days. The facility may submit an LOC correction request, but they must provide justification for the correction. Justification reasons *may* include, but are not limited to:
 - KLOCS system issue (the help desk ticket number must be provided)
 - Other technical issues (e.g., the internet is out of service, access issues)
 - Inclement weather that is during the three day time limit to submit the LOC application



- Submitting an LOC application late and/or failing to complete tasks by the due date are not valid justification reasons and the LOC correction request will not be approved.
- If Morris's LOC is approved to be backdated, the LOC can only be backdated by no more than 90 days. Since the LOC was submitted on May 8th the LOC can only be backdated to February 8th.

Please Note: If the member is in the nursing facility under hospice care and they apply for Medicaid for the member; they need to notify the Hospice Provider so that the Hospice application is submitted timely on KLOCS.

Scenario 8: The Medicaid Member or an Individual pending Medicaid eligibility being admitted likely meets PASRR Level II criteria.

John is being admitted to a nursing facility. John's medical history includes a current hip stress fracture but also a diagnosis of a major depressive disorder. John must have the Level II evaluation and LOC determination completed prior to nursing facility admission. The facility is expected to be reasonably sure that the Individual, if a Medicaid recipient, will meet the nursing facility level of care criteria and is expected to provide all required information in KLOCS.

Scenario 9: An existing Medicaid resident has a Significant Change.

Laura has been a Medicaid Member and resident of a Bowling Green facility for several years. Recently, she received a new diagnosis that meets PASRR Level II criteria. The facility must initiate a significant change in KLOCS within 14 days of the change. The type of change is noted in KLOCS by the facility. Then KLOCS creates a task for the local Community Mental Health Center to begin the Level II evaluation process.

Scenario 10: An incorrect Social Security Number (SSN) was submitted on the LOC application.

During application intake, Providers are prompted to confirm if Member details are correct on the **Member Details Confirmation** screen. It is critical Providers verify the correct SSN is entered into KLOCS as this will cause issues matching the LOC in KLOCS with the Individual's Medicaid case.



If a Provider later finds that the SSN entered is incorrect, Providers **must** complete the following steps:

1. Contact the KLOCS Call Center, inform the representative of the situation and request that the Member's incorrect SSN be removed from Integrated Eligibility and Enrollment System (IEES). The Call Center will create a ticket to have the incorrect SSN removed from IEES.
 - a. It is vital that Providers notify the Call Center before submitting a new LOC application with the correct SSN. If the incorrect SSN remains in IEES, it will cause issues when Providers later submit a new LOC application for the Individual.
2. Once the incorrect SSN is removed from IEES, the Provider is notified. The Provider must then withdraw the LOC application in KLOCS (if the application is in progress) **or** do an 'admission cancellation' (if LOC has been determined).
3. After completing steps 1 and 2, the Provider is now able to start a new LOC application in KLOCS for the Individual.
 - a. When submitting the new LOC application, Providers are only able to backdate three calendar days. If the LOC start date needs to be corrected, the Provider must submit an LOC Correction Request and provide the appropriate justification (e.g., incorrect SSN was entered, and the original application had to be removed before submitting the current application).

Please Note: It is the responsibility of the Provider to confirm the Social Security Number (SSN) is correct. If the Provider does not verify the SSN is correct, this could delay payment.