The Commonwealth of Kentucky
Programs of All-Inclusive Care for the Elderly (PACE)

PACE Provider User Guide

Last Updated: May 18, 2023

Table of Contents

1. Introduction

1.1 Overview of PACE

Program of All-Inclusive Care for the Elderly (PACE) is a federal program administered by the Centers for Medicare and Medicaid Services (CMS). In the Commonwealth of Kentucky, the PACE Program is regulated through a three-party agreement among CMS, Kentucky's Department for Medicaid Services (DMS), and the PACE organization.

The PACE Program enables the Commonwealth of Kentucky to use Medicaid funds to provide home and community-based services to Medicaid Members 55 years of age or older who meet a nursing facility level of care determination, but for whom care can be provided safely in the community. The PACE Program becomes the sole source of services for its Participants.

1.2 Overview of KLOCS

The Kentucky Level of Care System (KLOCS) is the singular system of record keeping for Level of Care (LOC) applications. It is a platform for all stakeholders involved in the LOC application, review, and approval processes. KLOC also enables the stakeholders to interact electronically via Tasks and Notifications.

Beginning in August 2020, Medicaid certified nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and Institutionalized Hospice Service Providers were required to submit LOC applications for Medicaid Members and those pending Medicaid Eligibility in KLOCS. The Pre-Admission Screening and Residential Review (PASRR) workflow is also generated and processed through KLOCS.

The PACE LOC applications for Medicaid Members and those pending Medicaid Eligibility must also be submitted in KLOCS. The PACE organization is responsible for entering PACE applications into KLOCS, completing any associated Tasks, and managing LOC applications.

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.

1.2.1 PACE Organization

The PACE organization is responsible for enrolling Individuals into the PACE Program. Benefits include, but are not limited to, all Medicaid and Medicare covered services:

- Interdisciplinary Team (IDT) Case Management
- Dentistry
- Home Care
- Meals
- Primary Care Physician Services
- Prescriptions
- Social Services
- Transportation

- Adult Day Primary Care
- Emergency Services
- Laboratory/X-ray services
- Skilled Nursing Care
- Personal Care Services
- Specialized Therapies
- Social Work Counseling

DMS makes capitated monthly payments to the PACE organization for each Medicaid Participant. If at any time the PACE organization determines that the PACE Participant can no longer be safely cared for in the home, the PACE organization may place the PACE Participant in another health care setting for a temporary/short-term period. Temporary and/or permanent placements do not change an Individual's PACE enrollment status or capitation rate. The PACE organization is responsible for payment related to cost of care.

1.2.2 PACE Program Enrollment

To enroll in the PACE Program, an Individual must meet the following criteria:

- Live in the approved geographic area of the PACE organization
- Be at least 55 years old or older
- The PACE organization determines that the Individual can be cared for safely in the community
- Meet the Commonwealth of Kentucky's eligibility criteria for nursing home level of care

A PACE Participant's service start date is always the first day of the month following the month that the PACE application is approved.

> **Please Note:** PACE Services provided to a member before the LOC Effective Start Date **will not** be reimbursed by Medicaid.

> **Please Note:** PACE Participants must be 55 years old or older to receive services. However, if an Individual is about to turn 55, their PACE application may be entered into KLOCS three months before they turn 55 (i.e., 54 years and 9 months old).

1.2.3 PACE Regulation

The Commonwealth of Kentucky's PACE Program regulation can be found in 907 KAR 3:250. Information on Medicaid covered services, appeals, and hearings can be found in 907 KAR 1:560 and 907 KAR 1:563.

1.3 KLOCS PACE Stakeholder Overview

This section describes PACE stakeholder roles specific to KLOCS.

PACE PRO is a KLOCS application role assigned to DMS PACE Coordinators. The PACE PRO makes the LOC determination for PACE applications and ongoing annual reassessments. When the PACE Provider submits an application, a task is triggered for the PACE PRO to review the application and make an LOC determination. The PACE PRO may trigger a Lack of Information (LOI) Task for the PACE Provider to submit additional information necessary for LOC determination. The PACE PRO also receives tasks to review PACE annual reassessments.

DMS Staff is a KLOCS application role, separate from the PACE PRO role, that resolves Partial Matches triggered by PACE applications. If the demographic information (e.g., First and Last Name, Social Security Number, etc.) in a LOC application matches an existing Individual ID in the Integrated Enrollment and Eligibility (IEES) system, a Partial Match Task is triggered for DMS to review and determine if the PACE application is for a truly new Individual or for someone with an existing Individual ID. DMS Staff also review and approve LOC Correction requests.

Provider Staff (PACE) submit PACE LOC applications and manages active PACE LOCs via KLOCS. When the PACE Provider submits a PACE application a LOC Review Task is triggered for the PACE PRO or triggers a partial match task for DMS. The PACE Provider may receive a Lack of Information (LOI) Task from the PACE PRO to submit additional information necessary for LOC determination. The PACE Provider is responsible for managing active LOCs including completing semi-annual and annual reassessment tasks via KLOCS, submitting transfers and discharges, and reporting in KLOCS when a PACE Participant goes into a nursing facility.

Provider Staff (Nursing Facilities) – Preadmission screening and Resident Review (PASRR) is a federal requirement for Individuals being placed or retained in a long term care setting. In the event a PACE Participant either temporarily or permanently enters a long term care facility, the PACE Provider must report institutionalization in KLOCS. This triggers a task in KLOCS for the nursing facility to complete the PASRR screening on the PACE Participant.

The following graphic is a user role matrix that provides a high-level overview of each PACE stakeholder's main responsibilities in relation to entering and managing PACE applications in KLOCS.

PACE User Role Matrix

Application Life Cycle	PACE Provider	PACE PRO	DMS Staff	Nursing Facility
Entering an Application	✓			
Complete the Partial Match Task			✓	
Making the LOC Determination		✓		
Complete the LOI Task	✓			
Completing the Semi-Annual Task	✓			
Completing the Annual Assessment Reminder Task	✓			
Review the Annual Assessment		✓		
Enter PACE Member Transfers/Discharges	✓			
Reporting Institutionalization	✓			
[If PACE Participant goes into a nursing facility] Complete PASRR Task				✓

1.4 Glossary of Key Terms

Term	Description
CMHC	Community Mental Health Centers
DMS	Department for Medicaid Services
ICD-10	2015 International Classification of Diseases (10th revision)
IEES	Integrated Eligibility and Enrollment System
KOG	Kentucky Online Gateway
LOC	Level of Care
LOI	Lack of Information
LTC	Long Term Care
LTSS	Long Term Services and Support
MA	Medicaid
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
NF	Nursing Facility
OATS	The Office of Application Technology Services (OATS) administers a broad range of Cabinet programs and services, from information technology to facilities management
PACE	Programs of All-Inclusive Care for the Elderly
PACE PRO	PACE Peer Review Organization
PASRR	Pre-Admission Screening and Resident Review

Term	Description
Reassessment	All PACE LOCs will be reassessed every 365 days (12 months) by the PACE PRO. A semi-annual reassessment task is conducted by the PACE Provider.
SNF	Skilled Nursing Facility

2. Getting Started

2.1 Kentucky Online Gateway (KOG)

The following criteria must be met to access KLOCS:

- 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 PACE organization 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 the user already has an existing KOG account, they do not need to create a new KOG account.

2.2 KOG Login Instructions

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

1. Navigate to https://kog.chfs.ky.gov/home.

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

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

3. To log in, enter the **Email Address** and click **Next**.

4. Enter **Password** and click **Verify**.
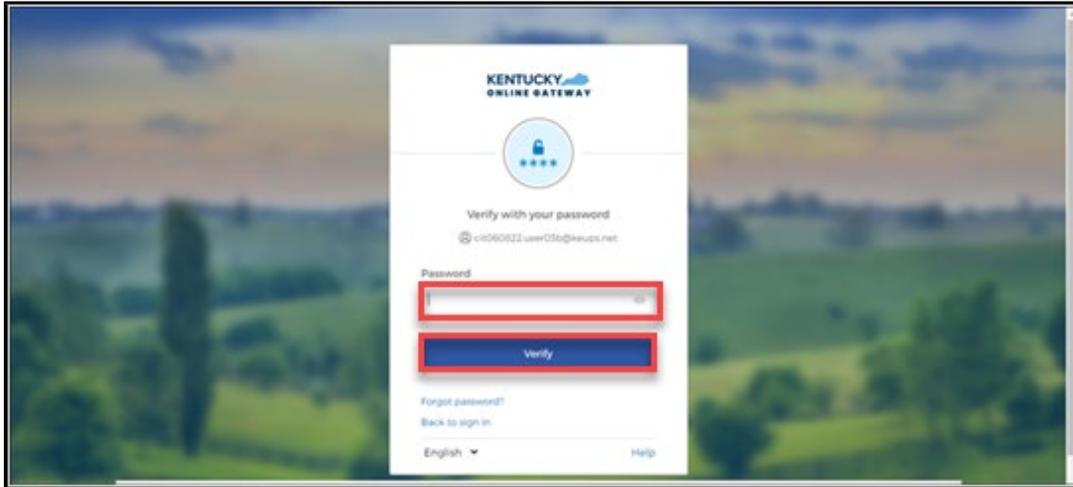
Please Note: As KLOCS utilizes Multi-Factor Authentication (MFA), users are prompted to complete MFA when logging into KOG.

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

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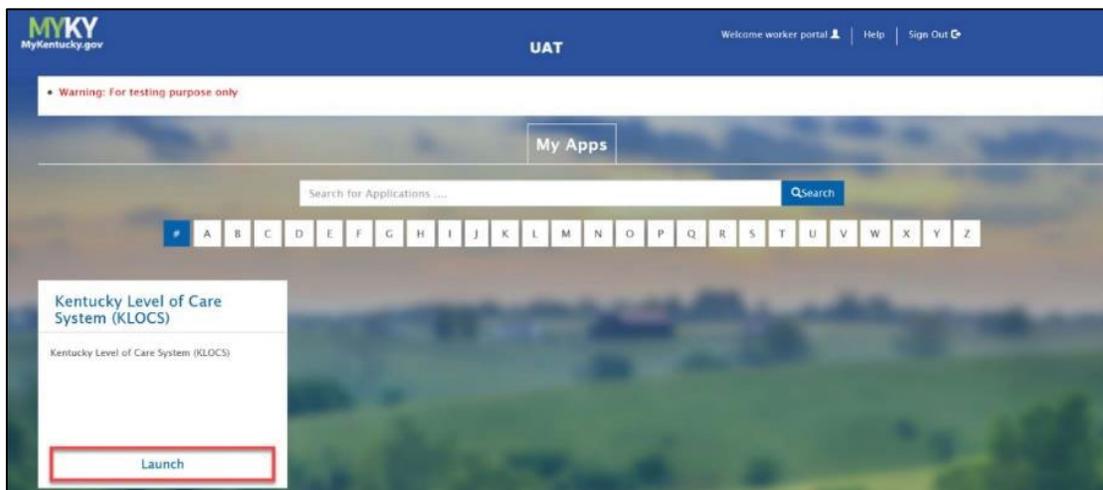
6. The **Warning** page displays. Click **Accept** to proceed.
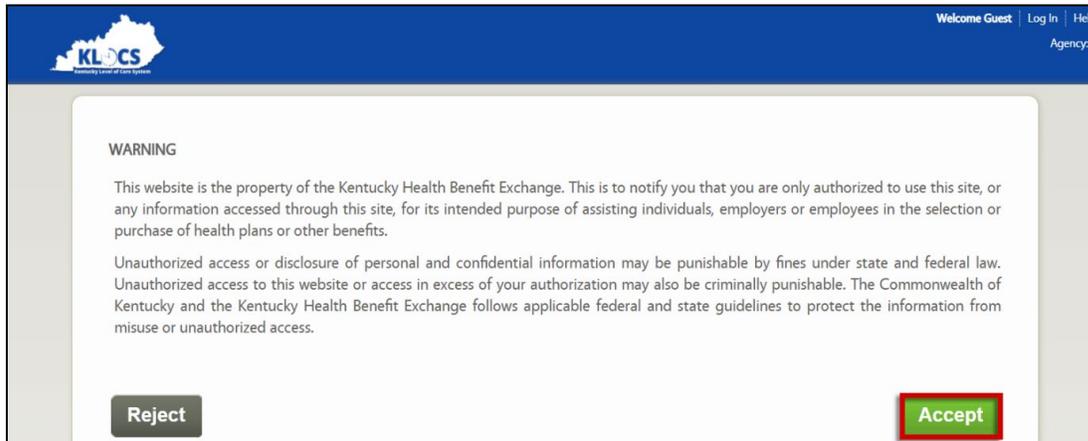
7. The system navigates to the KLOCS **Dashboard** screen.

3. Application Overview

3.1 Integrated Eligibility and Enrollment System (IEES)

IEES (eligibility system) determines eligibility and enrollment for a number of state programs including Medicaid. IEES currently has an existing interface with the Medicaid Management Information System (MMIS) to receive and send LOC information. MMIS utilizes the LOC information in determining which Provider should receive payment for Long Term Care services for an Individual. LOCs that are submitted via KLOCS are reviewed and approved by the appropriate reviewers. After review, the LOC is sent to IEES for Medicaid benefit determination. While KLOCS and IEES are two separate systems, they are both tied to the Individual ID and work in unison to ensure the services are covered by the correct Provider.

3.2 Individual ID

Every Individual who applies for benefits in Kentucky and/or has an LOC entered in KLOCS is assigned an Individual ID that is specific to their identification. The Individual ID is attached to the Individual throughout the entire system and is linked to their name, date of birth, gender, and SSN. Individuals should not have two member ID's – if they do, their information has been entered into the system multiple times with some variation (incorrect SSN, misspelled name, etc).

The Individual ID ensures that the Individual is receiving all benefits they have applied and been deemed eligible for – the number is tied to the Individual's LOC, Medicaid benefits, and other benefits.

3.3 Master Client Index (MCI)

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

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

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

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

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

Please Note: The Provider proceeds normally through the application process but will receive a Partial Match message upon submission.

3.4 PACE Application Intake

3.4.1 PACE Application Intake Overview

While the age requirement for PACE is 55 years or older, PACE Providers may enter PACE Applications in KLOCS for the PACE Participant up to three months prior to the month they turn 55 (i.e., 54 years and 9 months). Applications for PACE enrollment are initiated by the PACE Provider and entered and managed in KLOCS. Part of the application intake process involves the PACE Provider uploading a signed Participation Agreement and Assessment form. Once the PACE PRO approves the application (i.e., LOC is marked as Met), the PACE Enrollment Start Date is always the first day of the month following the month that the application is approved. Once enrolled in PACE, the PACE

Participant receives a one-year enrollment, unless they disenroll (either voluntary or involuntarily) from the program. PACE Participant semi-annual and annual reassessment tasks are systematically triggered for the PACE Provider to complete via KLOCS. PACE Providers only need to submit PACE LOC Applications for Medicaid Members or those members pending Medicaid eligibility.

3.4.2 Application Number

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

If an Individual transfers to a new PACE organization, a new Application Number is system generated.

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

3.4.2.1   PACE Application Intake Steps/Screen Flow

System Navigation: Log into KLOCS to begin PACE application.

To begin the PACE application intake, PACE Providers must complete the following steps for Medicaid Members or those pending Medicaid-eligibility:

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

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

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

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

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

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

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

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

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

10. Click **Next**.

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

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

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

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

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

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

Possible Address Match

An address was not found exactly as you entered, but one that is similar was found. Please select the address you would like to use below

Address you entered:

○ 123 MOON UNIT WAY
  LEXIINGTON , KY 40513

Suggested addresses:

Sorry, we were not able to find any known addresses that match what you entered.

[Enter Address Again]   [Choose and Continue]

16. Pop-up closes, returning to the **Contact Details** screen, use the drop-down in the *County* field to select the **County**.
17. (Optional) Enter the **Email Address** in the *Email Address* field.
18. Enter the **Primary Phone Number** in the *Primary Phone Number* field.
19. Choose **"Yes"** or **"No"** in the *Does the Individual have a legal representative?* field.
    a. If **Yes** is selected, enter the **Legal Representative** in the *Name* field and select the **"Appropriate Answer"** from the drop-down in the *Designation* field. Several fields below the *Does the Individual have a legal representative?* field are triggered, proceed to Step 20.
    b. If **No** is selected, proceed to Step 28.

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

21. Enter the **Relationship** of the person in Step 38 with the Individual being admitted in the *What is the relationship to the person being admitted?* field.

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

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

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

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

26. The pop-up closes. Select the **"Legal Representative's County"** from the drop-down in the *County* field.
27. Enter the legal representative's **Main Phone Number** in the *Primary Phone* field.
28. Click **Next**.

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

Please Note: If an incomplete application exists for the Individual with the same Provider, the following message displays: "There is already an in-progress application for this member. You should not create a new application, instead you can go to below link to continue the existing application – Click **Here**." Clicking the link will take the User to the incomplete application.

29. Enter the **Provider's Title** in the *Title* field on the **Signature** screen.
30. Enter the **Provider's Phone Number** in the *Phone* field.
31. Click **Next**.

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

33. Under the *Facility Physician Information* section, enter the **Admitting Healthcare Provider** in the *Admitting Healthcare Provider* field.

34. Enter the **Admitting Provider's Street Number** and **Street Name** in the *Mailing Address Line 1* field.

35. Enter the **Admitting Provider's City** in the *City* field.

36. Select the **"Admitting Provider's State"** using the drop-down in the *State* field.

37. Enter the **Admitting Provider's Zip Code** in the *Zip Code* field.

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

39. The pop-up closes, select the **"Admitting Provider's County"** from the *County* field drop-down.

40. (Optional) Under the *Relative Information* section, enter the **Relative's Name** in the *Relative Name* field.
    a. If a relative was entered in the *Relative Name* field, seven new fields are triggered. Proceed to Step 41
    b. If no relative was entered in the *Relative Name* field, proceed to Step 48.
41. Enter the **Relative's Street Number** and **Street Name** in the *Address Line 1* field.
42. Enter the **Relative's City** in the *City* field.
43. Select the **"Relative's State"** from the *State* field drop-down.

44. Enter the **Relative's Zip Code** in the *Zip Code* field.
45. The **Possible Address Match** pop-up screen triggers, this screen identifies any possible matches to the address information entered. If choosing an address option listed on the pop-up, select that **Address** and click **Choose and Continue**. Otherwise, click **Enter Address Again**.
46. The pop-up closes, select the "**Relative's County**" from the *County* field drop-down.
47. Click **Next**.

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

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

48. On the **Patient Information** screen, under the *Vital Statistics* section enter the Individual's **Height** (inches) and **Weight** (pounds) in the *Height* and *Weight* fields.
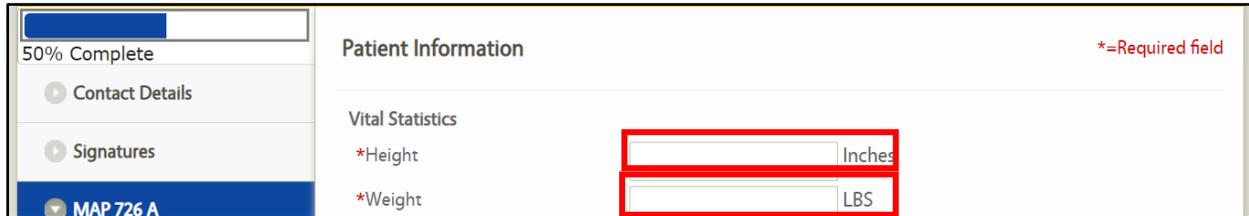
Please Note: The *Vital Statistics* section has only two mandatory fields on the **Patient Information** screen. All other sections/fields are optional; however, it may be beneficial to enter any available information and may help avoid the need to complete a Lack of Information Task.

49. Click **Next**.
50. The **Diagnosis** screen displays, click **Add Diagnosis**.

51. Additional fields are triggered, select if the diagnosis is based on **ICD-10** or **DSM-5**.
52. Enter the **Diagnosis Code** in the *Diagnosis Code* field. Use numbers and letters only, field does not accept special characters.
53. Select the **"Onset Date"** of the diagnosis from the calendar in the *Date of Onset* field or enter the **Onset Date** manually.

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

54. Indicate the type of diagnosis by selecting one of three options (Admitting, Primary, Secondary) in the *Type* field.

Please Note: At least one of the entered diagnoses must be selected as an Admitting Diagnosis to proceed with the application. Once the application is submitted, the Admitting Diagnosis cannot be changed.

55. Click **Save**, the diagnosis details populate in the summary near the top of the screen.
56. Click in the *Select* column next to the Admitting diagnosis.
57. Enter any **Medications / X-ray findings** & **date** for the Individual on the **Diagnosis** screen.
58. Click **Next**.

59. On the **Documents Upload** screen, a list of the required documents is displayed near the top of the screen. Initially, the required documents have a Red X in the *Status* column. Under the *Document Upload Section*, select the **"Appropriate Document Type"** from the *Document Type* field drop-down.

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

61. A non-KLOCS **Choose File to Upload** pop-up screen launches, review the available files and select the **"Required Document"** by clicking it. Click **Open**.
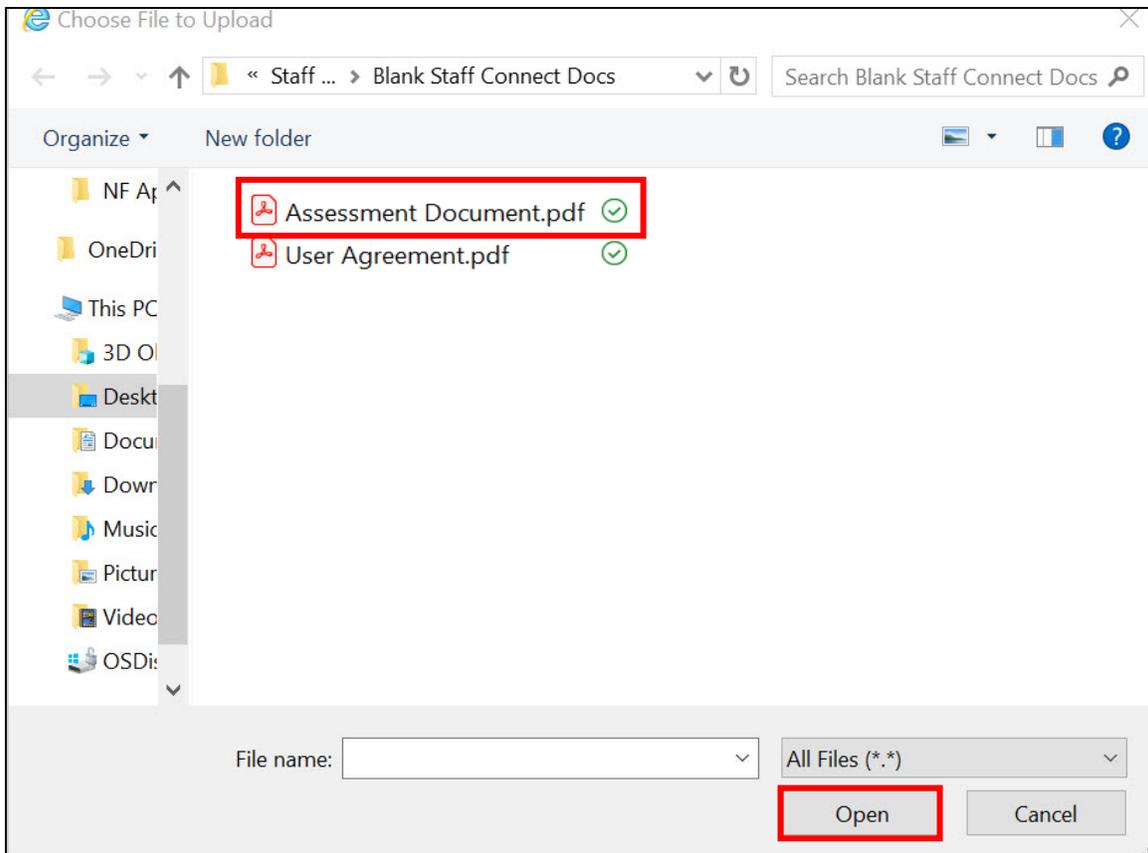
62. The pop-up window closes, returning to the **Document Uploads** screen, the selected file name auto-populates the *File* field.
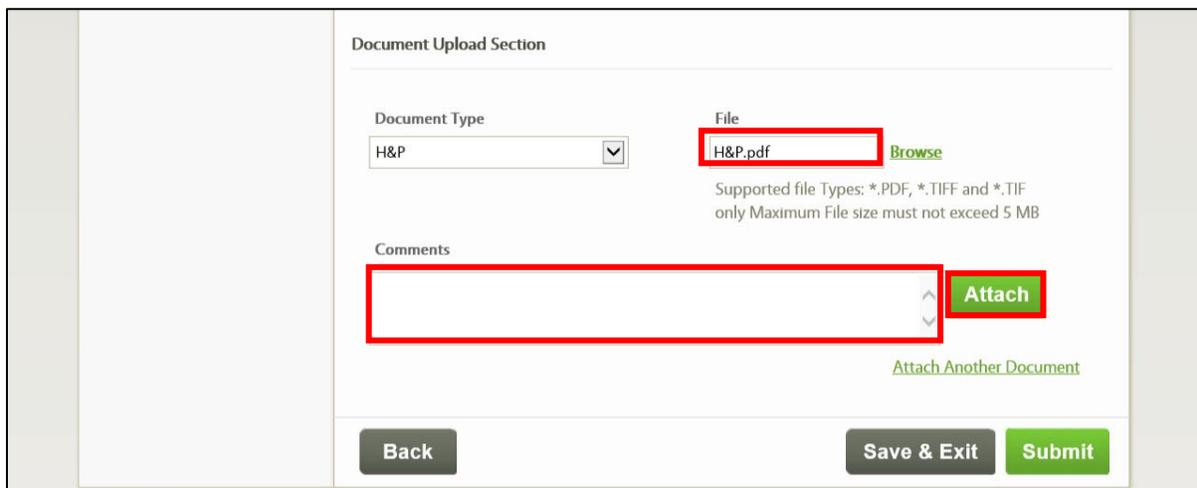
63. (Optional)Add any **Applicable Notes** to the *Comments* field.

64. Click **Attach**, the attached document's details populate the *Document Summary* section. In the *What is Needed* table near the top, there is now a Green ✓ in the *Status* column for the uploaded document(s).
   a. If additional documents need to be attached, click **Attach Another Document** and complete Steps 61-64 again.
65. Click **Submit**.

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

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

66. The **Application Confirmation** screen displays, the application is submitted and there are two options to click: **Print Application Summary** or **Return to Dashboard**.
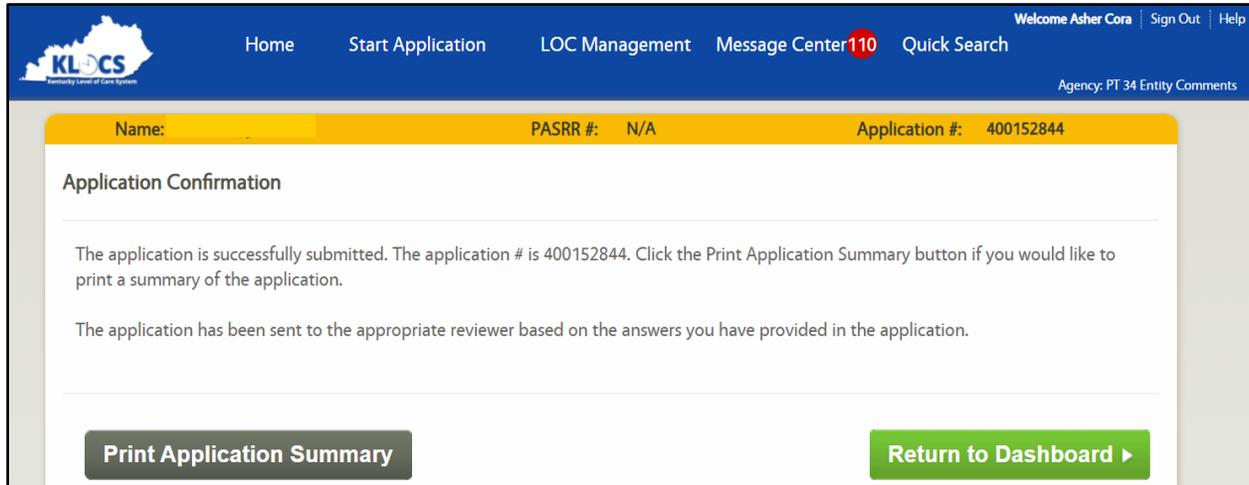
> **Please Note:** A Partial Match notification will appear on the **Application Confirmation** screen if there is an Individual in the system with personal information that may match the information on the members application. Any time a Partial Match notification is received, double check that the basic information has been entered correctly. If any is incorrect, withdraw the application immediately and re-submit a new application for the member. If the incorrect application is not withdrawn and resubmitted, additional delays may occur in approving the LOC, which will delay payment.

3.5 Application Outcomes

Once the application has been submitted by the PACE Provider, the PACE PRO will enter a determination for the application based on the information submitted. The PACE LOC is reviewed and there are three possible outcomes available: LOC Met, LOC Not Met, and LOC Pended - LOI.

- **LOC Met:** If the PACE PRO determines that the LOC is Met then the PACE LOC is marked as Met and the PACE Enrollment Start Date is the first of the next month following the month that the LOC is Met. If the member is 54 years and 9 months, the LOC may also be approved and enrollment will pend until the month that the member turns 55 years of age.

- **LOC Not Met:** If the PACE PRO determines that the PACE LOC is Not Met then a correspondence is sent to the Individual with appeal rights and an electronic notification is also sent to the associated PACE Provider.

- **LOC Pended - LOI:** If there is any missing information (i.e., Lack of Information or 'LOI') in the application, the PACE PRO will trigger a task for the PACE Provider to submit and updated application. The PACE Provider must update the application and resubmit it within 14 business days. If multiple LOIs are sent for a single determination, the 14 business days "clock" starts from the first LOI and does not reset with subsequent LOIs. When the PACE Provider works the LOI Task and submits the updated application, a Review task is generated for the PACE PRO. If the LOI task is not complete in 14 business days the application cannot be submitted for further review and will be systematically closed. If needed, the PACE Provider will have to submit a new application.

3.6 LOC Start Date Scenarios

There are four different LOC Start Date scenarios:

The PACE Provider submits an application for Joe on 4/4/2022 with an anticipated admission of May 2022. The LOC Review is completed on 4/21/2022, so Joe's PACE services are effective 5/1/2022.
The PACE Provider submits an application for Joe on 4/4/2022 with an anticipated admission of May 2022. The LOC Review is completed on 5/21/2022, so Joe's PACE services are effective 6/1/2022.
The PACE Provider submits an application for Joe on 5/4/2022 with an anticipated admission of July 2022. The LOC Review is completed on 5/21/2022, so Joe's PACE services are effective 7/1/2022.
The PACE Provider submits an application for Joe on 6/4/2022 with an anticipated admission of August 2022. It is determined that Joe is 54 years and 9 months, so Joe's PACE services are not effective until he is 55.

Please Note: The earliest an application may be submitted is when the applicant is 54 years and 9 months. The applicant cannot begin PACE services until they have turned 55, but an application may be submitted by the PACE Provider for that future date.

> **Please Note:** PACE Services provided to a member before the LOC Effective Start Date **will not** be reimbursed by Medicaid.

3.7 Application Status

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

Application Status	Description
Saved	A PACE Provider has saved an application (i.e., it hasn't been submitted)
Complete	Indicates that the PACE PRO has completed application review/evaluation and determined that LOC is Met or Not Met
PACE PRO Review	Indicates that the application has been submitted and has been sent to the PACE PRO for review
DMS Partial Match	Indicates that the system cannot identify the member and a task is sent to DMS to resolve the Partial Match
Pended—LOI	Indicates that the PACE Provider/Facility has completed the application, but the reviewer needs more information
Closed	Indicates the application has been closed by a batch as the LOI or Annual Reassessment is not completed and returned
Discharged	Indicates that the member has been discharged from and by the PACE Provider/Facility
Systematically Discharged	Indicates that the Individual has been discharged systematically
Transferred	Indicates that the Individual has been transferred by the PACE facility to another facility

Cancelled	Indicates that the facility cancelled the approved LOC as member was never admitted to their facility
Withdrawn	Indicates that the facility has withdrawn the LOC application for the member

3.8 Withdraw an In-Progress Application

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

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

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

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

Please Note: A saved application can only be withdrawn by the user whom saved it.

4. System Navigation

4.1 General Navigation

The screens in this section are primarily common screens accessible to other KLOCS users. Certain functionality of these screens may only be accessible to users with specific roles; however, all screens may be accessed to view information.

4.2 Dashboard

The **Dashboard** screen is the default homepage for KLOCS users and is the first screen PACE Provider sees upon logging in to KLOCS.

Dashboard Screen - Functionality Guide

Element	Control Type	Action
Announcement Banner	Banner	Displays when the PACE Provider has Unread Active Announcements.
Start New Application	Link	Navigate to the **LOC Application – Basic Information** screen
Message Center	Link	Navigate to the PACE Provider's **Message Center**
View Announcements	Link	Navigate to the **View Announcements** screen
Quick Search	Link	Navigate to the **Search Individual** screen
Manage Discharge	Link	Navigate to the **Discharge** 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
Member Review	Link	Navigate to the **Member View** screen
Policy Documents	Link	Navigates to Kentucky's Administrative Regulations
CHFS Website	Link	http://chfs.ky.gov/
Page Help	Link	Navigates to the master online help table
Search Tasks	Link	Redirect to **Search Task** screen
Select Queue	Drop-down	Up to two options: My Tasks, Group Tasks
Filter Columns	Check Boxes	Allows User to add or remove columns from the *Task* table
Filter	Button	Applies the selected *Filter Columns* criteria
Radio Button next to each task	Radio Button	Selects a specific task on which to act
Individual Name (Tasks Table)	Link	Navigate to **Individual Summary** screen
View History	Button	**Task History** pop-up screen launches for selected task
Mark as New	Button	Marks selected task as New
Mark as Closed	Button	Marks selected task as Closed
Individual Name (Applications Table)	Link	Navigate to **Individual Summary** screen
Continue (Tasks Table)	Link	Allows User to continue with tasks

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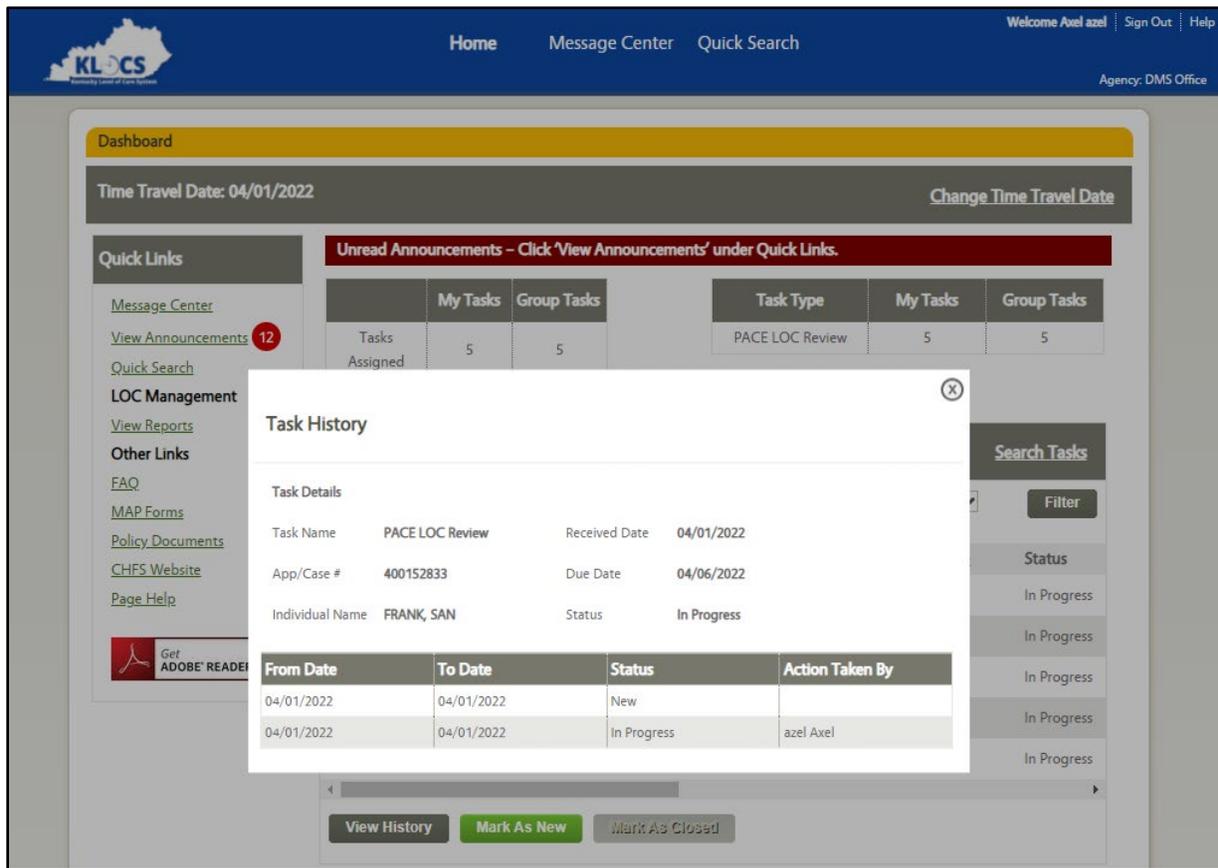
Task History Screen - Data/Functionality Guide

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
Change Facility	Link	Only visible to Providers with access to multiple facilities

Please Note: In KLOCS, once a user starts working a task it becomes assigned to that specific user. However, another user may mark the task as new to then work that task.

4.2.1 Dashboard – Member View

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

There are different *LTC Benefit Status* options:
- Not found: No MA application in process or under review.
- Pending: The member has a submitted application and is pending MA eligibility determination.
- Approved: The member has active/approved MA.

Please Note: The Program Code column will list either PACE or IPACE. If IPACE is listed, it means that the PACE Provider previously reported the PACE Participant entered a long-term care facility and the PACE Participant is still listed in the system as being in the facility. Refer to Section 6 of this User Guide for more information.

4.3 Quick Search

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

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

4.4 Individual Summary

The **Individual Summary** screen is accessed by clicking on the **Individual's name** after using the *Quick Search* function to find them. PACE Providers have access to the **Individual Summary** screen and may take action on this screen.

4.5 View/Print Applications

The **View Applications** screen is accessible by clicking **Print/View Applications** from the **Individual Summary** screen, this screen provides a detailed view of all applications associated with the Individual.
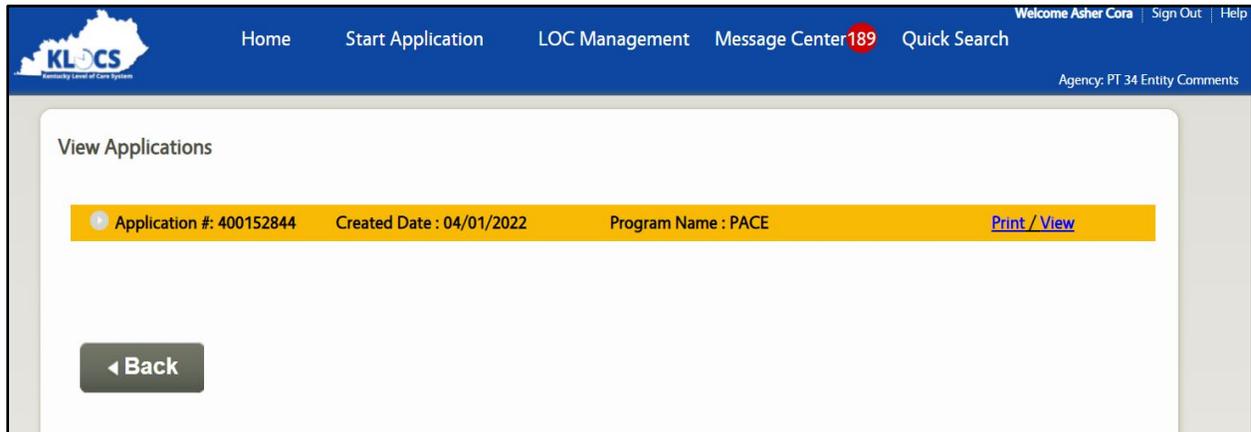
Please Note: Once an application is submitted, the Provider much wait until the next business day to print. The batch must run overnight, which will allow for the print functionality to become available.

4.6 Message Center

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

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

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

5. Tasks for PACE Providers

5.1 Task Overview

Tasks are available for PACE Providers to complete if information is missing from the application or clarification is needed prior to the LOC being MET. Tasks are triggered during the PACE PRO Review process.

5.2 PACE LOI Task

If the PACE PRO pends a LOC application due to missing information/lack of information (LOI), the PACE PRO sends the application back to the PACE Provider, Facility, or both. This generates the LOI Task for either the PACE Provider, Facility, or both to correct the application/provide additional information and resubmit to the PACE PRO for review. The PACE Provider should make these corrections and resubmit within 14 business days.

Please Note: Any time a Partial Match notification is received, double check that the basic information has been entered correctly. If any is incorrect, withdraw the application immediately and re-submit a new application for the member. If the incorrect application is not withdrawn and resubmitted, additional delays may occur in approving the LOC, which will delay payment.

To Close the PACE LOI Task, PACE Providers should complete the following steps:

1. From the **Dashboard** screen, click **Start** on the task.

2. Navigate through the various screens and update as needed on the **Level of Care Assessment Summary** screen.

3. Provide **comments** in response to Lack of Information.
4. Click **Next**.

5. Upload **documents** required.
6. Click **Submit**.

5.3 PACE Semi-Annual Assessment

PACE Participants are subject to two assessments per year – the first is a semi-annual assessment which is conducted by the PACE Provider/Facility. The second assessment is the annual reassessment which is reviewed by the PACE PRO and is completed annually

During the Semi-Annual Assessment, the LOC determination is not changed for the PACE Participant. PACE Providers should upload any documentation to ensure that the PACE Participant continues to meet PACE criteria.

To close a Semi-Annual Assessment task, PACE Providers should complete the following steps:

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

2. Navigate through the various screens and update as needed.
3. **Upload documents** required.

4. Click **Submit**.

5.4 Reassessment Reminder Task

Annual reassessments are completed and conducted every 12 months for PACE Participants. The reassessment date is 12 calendar months from the LOC Start Date or any existing Reassessment Dates for the PACE Participant.

The Reassessment Reminder Task is generated 40 business days prior to the reassessment due date. PACE Providers are notified to add any updated diagnosis codes, upload additional documents, and resubmit the application for reassessment.

To close a Reassessment Reminder Task, PACE Providers should complete the following steps:

1. From the **Dashboard** screen, click **Start** <u>or</u> **Continue** under the *Actions* column in the *Tasks* section.
2. The **Diagnosis** screen displays, add or edit the diagnosis (or diagnoses) as needed, click **Next**.
3. On the **Document Upload** screen, upload any required documents, click **Submit**. This triggers a task for PACE PRO to review the application and determine an LOC determination.

KLOCS
Kentucky Level of Care System

Home   **Start Application**   **LOC Management**   **Message Center** 54   **Quick Search**

Agency: PT 19 Entity Comments

Dashboard

Time Travel Date: 07/18/2022   **Change Time Travel Date**

Quick Links

Start New Application

Message Center 54

View Announcements 1

Quick Search

LOC Management

Manage Discharge

Other Links

Member View

FAQ

MAP Forms

Policy Documents

CHFS Website

Page Help

Get ADOBE READER

Unread Announcements – Click 'View Announcements' under Quick Links.

As per KLOCS data records the Medicaid enrollment period for the provider you have logged in is currently past due. You are not supposed to start a new application unless the provider is in process or planning to continue participating as a KY Medicaid provider.

	My Tasks	Group Tasks
Tasks Assigned	2	3
Due	2	3

Task Type	My Tasks	Group Tasks
HS PASRR Level I	2	0
PACE Reassessment Reminder	0	1
PACE Semi-Annual Assessment	0	2

Tasks   Search Tasks

Select Queue: [Group Tasks ▼]   Filter Columns: [13- Selected ▼]   [Filter]

	Task Name	App #	Action	Provider #	Individual Name	Progra
○	PACE Reassessment Reminder	214449955	Start	7100770400	Kurapptransfer, Peter nftonf	IPACE
○	PACE Semi-Annual Assessment	214449955	Start	7100770400	Kurapptransfer, Peter nftonf	IPACE
○	PACE Semi-Annual Assessment	214449966	Start	7100770400	Kurapptrsfr, Peterpac etopace	IPACE

[View History] [Mark As New] [Mark As Closed]

Applications

Date Initiated	App #	Individual Name	Application Status	Action
04/28/2022	214450633	HUTADLT, EMADIS	PACE PRO Review	Withdraw
05/24/2022	214451999	HUTPACEAPP, EPACEAPP	PACE PRO Review	Withdraw
06/15/2022	214452842	RETA, RETA	PACE PRO Review	Withdraw
06/20/2022	214453131	UROLAL, YERTSA	Saved	Continue / Withdraw
06/23/2022	214453400	WENW, GNU	PACE PRO Review	Withdraw

1 2

5.5 Existing LOC Task

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

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

Existing LOC Overlap Task

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

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

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

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

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

To Close the Existing LOC Overlap Task, PACE Providers should complete the following steps:
1. From the **Dashboard** screen, click **Start** or **Continue** under the *Actions* column in the *Tasks* section.
2. Proceed with the application intake screen flow.
3. Click **Submit** on the **Document Upload** screen, making sure any mandatory documents are uploaded.
4. This triggers a task for PACE PRO to review the application and determine an LOC determination.

5.6 Age Requirement Failure

When DMS resolves the Partial Match task, the system may determine that the PACE Participant has not met the required age for the PACE application. A task is then created for the PACE Provider to confirm the PACE Participant's age.

To Close the Age Requirement Failure Task, PACE Providers should complete the following steps:
1. From the **Dashboard** screen, click **Start** on the task.
2. Navigate through the various screens (screens are Read-Only).
3. Click **Submit**.

The task is marked as closed and when the PACE Participant reaches 55 years of age, the application may be re-opened.

Please Note: If the DOB or any other Personal Information has been entered incorrectly, triggering the Age Requirement Failure Task, the Provider will need to withdraw the application and resubmit with the correct information.

Please Note: Any time a Partial Match notification is received, double check that the basic information has been entered correctly. If any is incorrect, withdraw the application immediately and re-submit a new application for the member. If the incorrect application is not withdrawn and resubmitted, additional delays may occur in approving the LOC, which will delay payment.

6. PACE Participant Goes into a Long Term Care Facility

6.1 PACE and Long Term Care Facilities

If a PACE Participant enters a long term care facility, as long as they reside in the nursing facility and remain enrolled in PACE, the PACE Provider will continue to pay for all their care. However, under Medicaid regulation when a Medicaid Member enters a nursing facility, the Medicaid Member may be responsible for paying a portion of their health care costs. The amount that a Medicaid Member must pay for long term care services is called Patient Liability. PACE Participants do not owe Patient Liability while being cared for in the community.

The PACE Provider is responsible for reporting a PACE Participant's nursing facility admission date in KLOCS on the **Report Institutionalization** screen.

57

This action triggers a task for a Department of Community Based Services (DCBS) case worker to determine the Patient Liability amount. In parallel, a task is also triggered for the nursing facility to complete the PACE Participant's Preadmission Screening and Resident Review (PASRR) in KLOCS.

6.1.1 Report in KLOCS that a PACE Participant is going into a Long Term Care Facility

To Report in KLOCS that a PACE Participant is going into a facility, PACE Providers should complete the following steps:

1. On the **Dashboard** screen, click **Quick Search** from the left navigation panel under the *Quick Links* section or in the top navigation panel to be navigated to the **Search Individual** screen.

2. On the **Search Individual** screen, enter the **first** or **last name** of the Individual. Click **Search**.

3. Under the *Search Results* section, click the appropriate **Individual's Name** hyperlink to navigate to the **Individual Summary** screen.

4. On the **Individual Summary** screen, under the *LTC Information* section, click **Report Institutionalization** under the *Action* section to navigate to the **Report Institutionalization** screen.

5. On the **Report Institutionalization** screen the *Reporting Date* field pre-populates.

6. Select the **Date** the PACE Participant is entering the facility in the *Nursing Facility Admission Date* field.

Please Note: The date cannot be greater than 3 days in the future.

7. The PACE Provider must identify what facility the PACE Participant is going to enter. Click **Look Up**. The **Nursing Facility Provider Search** pop-up displays.

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

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

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

11. Click **Select**.

12. The pop-up closes and the *Provider Name* and *Provider Number* fields populate with the information previously selected in **Nursing Facility Provider Search**. Click **Add**.

13. The previously entered information populates in the *Nursing Facility Details Summary* section. The PACE Provider should review the information. If the information is correct, click **Submit**. That action triggers a PACE PASRR Task for the selected Nursing Facility to

complete on the PACE Participant. If the information entered is incorrect, click on the radio icon under the *Action* column and click **Delete**. Repeat the previous steps to correct the information.

6.1.2 PACE Participant Changes their Long Term Care Facility Location

There may be instances when a PACE Participant is in a nursing facility but moves to another nursing facility. For example, the PACE Participant currently resides in Nursing Facility One but is going to move to Nursing Facility Two to receive a particular service. To track the current location of the PACE Participant, the PACE Provider should update the facility in KLOCS.

To update the long term care facility location of a PACE Participant, PACE Providers should complete the following steps:

1. On the **Dashboard** screen, click **Quick Search** from the left navigation panel under the *Quick Links* section or in the top navigation panel to be navigated to the **Search Individual** screen.

2. On the **Search Individual** screen, enter the **first** or **last name of the Individual**. Click **Search**.

3. Under the *Search Results* section, click the appropriate **Individual's Name** hyperlink to navigate to the **Individual Summary** screen.

4. On the **Individual Summary** screen, under the *LTC Information* section, click on the **IPACE** hyperlink under the *LTC* section to navigate to the **Program Summary** screen.

5. On the **Program Summary** screen click **Update Facility** under the *Action* column to navigate to the **Update Facility** screen.

6. The most recent nursing facility where the PACE Participant was reported to be located pre-populates. To update the facility, click **Look Up**.

7. The **Nursing Facility Provider Search** pop-up displays.

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

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

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

11. Click **Select**.

12. The pop-up closes and the *Provider Name* and *Provider Number* fields populate with the information previously selected in **Nursing Facility Provider Search**.

13. The PACE Provider should review the information. If the information is correct, click **Next**. KLOCS navigates back to the **Program Summary** screen. If the information entered is incorrect, repeat steps 1-12 to correct the information.

6.2 PASRR Overview

Preadmission Screening and Resident Review (PASRR) is a federally mandated screening of any Individual who applies or resides in a Medicaid-certified nursing facility, regardless of payment source, to determine whether they might have a serious mental illness (SMI), an intellectual disability (ID), or a related condition (RC). PASRR is meant to ensure appropriate placement and services for persons with SMI, ID, and/or RC in the least restrictive environment that can effectively meet their needs. PASRR Level I screenings are used to determine whether the Individual has a diagnosis or presenting evidence that suggests the potential for a SMI, ID, and/or RC condition. It is ultimately the responsibility of the nursing facility to assure that the PASRR Level I screening is completed. If during the Level I screening it is identified that the Individual may have a SMI, ID, and/or RC condition a task is triggered via KLOCS for the Community Mental Health Center (CMHC) to conduct the appropriate Level II evaluation.

6.3 Outcomes from the PASRR Evaluation

When the PACE Provider reports a PACE Participant has been admitted to a Nursing Facility on the **Report Institutionalization** screen, this triggers a task via KLOCS for the Nursing Facility to fill out the PASRR for the PACE Participant.

If the Level I screening <u>does not</u> indicate the possibility of SMI, ID, or RC, then KLOCS automatically updates to the LOC to MET. If the Level I screening <u>does indicate</u> the possibility of a SMI, ID, or RC condition, then a task is triggered for the local Community Mental Health Center (CMHC) to conduct a Level II in-depth evaluation to assess for nursing facility placement and for potential specialized care needs.

In the event the CMHC conducts a Level II evaluation and marks the LOC as Not Met, a task is triggered for the PACE PRO to review the PACE Participant's LOC application.

6.4 PACE Participant Leaves the Nursing Facility/Resumes Services in the Community

When the PACE Participant leaves the nursing facility, it is the responsibility of the PACE Provider to report in KLOCS that the PACE Participant is resuming services in the community. To do this, the PACE Provider goes to the **Submit Discharge** screen. For *Discharge Type*, the PACE Provider selects **Transfer** and for *Discharge Reason*, selects **Discharge from Nursing Facility**.

This action by the PACE Provider triggers a new task for DCBS to re-run eligibility as the PACE Participant has returned to the community and Patient Liability is no longer owed.

6.5 PACE Participant Chooses to Remain in the Nursing Facility

A PACE Participant may choose to remain in the nursing facility/not return to the community. In this instance, the PACE Participant may elect to voluntarily disenroll from PACE <u>or</u> transfer the LOC to the Nursing Facility. The PACE Provider must submit a discharge in KLOCS. For *Discharge Type*, the PACE Provider selects **Transfer** and for *Discharge Reason*, they should select one of the following options: "**PACE Revoked and admitting to the Nursing Facility**, **PACE Revoked and admitting to a new Nursing Facility"**, or "**Another PACE Provider and admitting to a new Nursing Facility"**. Disenrollment is effective the first day of the next month.

7. Ongoing Management

7.1 Request LOC Correction

If a PACE Participant has an LOC Correction that needs to be completed, the PACE Provider may submit a request to DMS. Only PACE Providers and DMS Staff are able to access the **Request LOC Correction** screen for members only with a PACE LOC. Only DMS Staff are able to edit and approve LOC Correction requests for PACE members

Please Note: LOC date corrections will be treated as month pure correction requests.

- Example: A member transfers from PACE provider A to PACE provider B in MAY.   Provider A enters the transfer request with a May 10th transfer date, this date may be corrected to any date between May 1 – May 31 only.
- Example: A provider reports member's institutionalization with a May 10th NF admission date, this admission date may be corrected to any date between May 1 – May 31 only.

An LOC Correction may be requested for the following scenarios:

1. If the member transfers from PACE Provider A to PACE Provider B.
2. If the member is admitted into a nursing facility, institutionalization is reported. This institutionalization date may be corrected.
3. If the member has discharged from a nursing facility back into the community. This discharge date may be corrected.

If a PACE Participant has any PACE LOC Correction requests, then they are displayed in the *LTC Correction Request Summary* section. PACE Providers are only able to view LOC Correction requests for PACE segments. If there are multiple segments for different LOC types, they are not shown for PACE Providers.

Complete the following steps to request a LOC correction:

1. Pull up the PACE Participant in KLOCS by either using **Member View** or **Quick Search**.
    a. To pull up the participant with **Member View**, click **Member View** under the *Quick Links* tab.
    b. To pull up the participant with **Quick Search**, click **Quick Search** under the *Quick Links* tab or click **Quick Search** from the top navigation pane.

2. Search for the Individual by entering the **First** and **Last Name**.

3. Under the *Search Results* section, click the appropriate **Individual's Name** hyperlink to navigate to the **Individual Summary** screen.

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

5. KLOCS navigates to the **Request LOC Correction** screen.

6. Click the **Pencil Icon** under the *Action* column. The *LTC Information* section expands with additional fields.

7. Select the **Request Type**.

8. If applicable, select the **LOC Start Date** from the Calendar or **enter it manually.**

9. If applicable, select the **LOC Discharge Date** from the Calendar or **enter it manually**.

10. Enter **Request Comments**. Comments are required once users select a **Request Type**.

11. (Optional) Under the Document Upload section, select **LOC Correction** for the **Document Type**.

12. (Optional) Select **Browse** under **File.**

13. (Optional) Enter **Comments.**

14. (Optional) Click **Attach.** The document will display under the *Document Summary* section.

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

Please Note: Another LOC correction request cannot exist for the same LOC segment (LOC ID would not mean anything to the user of this guide) nor can the LOC correction request overlap with another LOC record for the Individual. If either hold true, KLOCS triggers an error, and a Banner Message will display.

KLOCS
Kentucky Level of Care System

Home   Start Application   LOC Management   Message Center **125**   Quick Search

Agency: PT 19 NE Entity

Request LOC Correction

Individual Information

Individual Name	CLEMENTS, RAYNE	Last Action Date	02/01/2022
Date Of Birth	05/15/1966	SSN	401-88-6094
Gender	Female	Age	55
Primary Phone#	(207) 959-6959	Mailing Address	116 BROADWAY STREET BARDSTOWN KENTUCKY NELSON 40004

LTC Information

Action	LTC Program	LOC ID	LOC Start Date	LOC End Date/ Discharge Date	Provider Number
✏	PACE	5941	03/01/2022	N/A	7100770260

Request LOC Correction for LOC ID 5941

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

* Request Comments [   ]

Document Summary

Document Type	Date	Comments	Action

Document Upload Section

Document Type   File
--Select--   [   ] **Browse**

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

Comments
[   ]   **Attach**

Attach Another Document

Close   **Add Request ▶**

LTC Correction Request Summary

No LOC correction requested

◀ Back   **Submit Request ▶**

16. Click **Submit Request**.
17. KLOCS navigates the User back to the **Individual Summary** screen.

7.2 Discharges and Transfers

7.2.1 Overview

It is the PACE Providers responsibility to manage active LOCs associated with their organization. To view the current active LOCs tied to the organization, go to the **Dashboard** screen and under the *Quick Links* section click **Member View**. PACE Providers may only submit a discharge or transfer for PACE Participants in their facility.

It is critical LOCs are kept up to date by all Providers to ensure that services to the Medicaid Member are not disrupted and that payments are issued to the appropriate facilities in a timely manner.

From the **Manage Discharge** screen, PACE Providers are able to enter both Discharges and Transfers for a PACE Participant. Once processed, KLOCS automatically updates the LOC End Date.

- The PACE Provider should select **Transfer** when the LOC is being "handed off" to another PACE organization or a nursing facility (if it was previously reported the PACE Participant is currently in a nursing facility).
- If level of care services are not being "handed off" to another Provider, then select either **Voluntary Discharge** or **Involuntary Discharge**.
- There maybe situations where an Individual applies for PACE and the application is approved, but prior to their service start date the Individual decides they no longer want to participate in the PACE Program or are going into a long term care facility prior to their PACE service start date. In those instances, the PACE Provider should select **Admission Cancellation**.

Please Note: If a PACE Participant is receiving services in the community (i.e., not currently in a nursing facility) and wishes to leave the PACE Program and enter a facility, the PACE Provider cannot transfer the LOC from a PACE Provider to the nursing facility. In this scenario, the PACE Provider will have to Voluntarily Discharge the PACE Participant and the nursing facility will need to submit an application.

If a PACE Participant is currently receiving care in a nursing facility (i.e., been reported as institutionalized by the PACE Provider), in this instance the PACE Provider has the ability to transfer the LOC from the PACE Provider to the nursing facility.

With a Voluntary Discharge, the Discharge Date is auto-populated for the end of the month, and the NF LOC may not begin until the first of the following month. For example, Member A voluntarily discharges on 3/15. The PACE LOC discharge is auto-populated for 3/31. The NF LOC may begin on 4/1.

With an involuntary Discharge, the Discharge Date is auto-populated for the end of the next month, and the NF LOC may not begin until the first of the following month after discharge. For example, Member B is involuntarily discharged on 3/21. The PACE LOC discharge is auto-populated for 4/30. The NF LOC may begin on 5/1.

Please Note: The NF may not submit for an LOC until the PACE LOC has expired. Even though the member may be discharged from PACE, the NF must wait until after the auto-populated discharge date before submitting for an LOC on the member.

The below table outlines the *Discharge Type* options and corresponding *Discharge Reasons*:

Discharge Type	Discharge Reason
Involuntary Discharge	Failure to pay or make arrangements to pay spend down after 30-day grace period
	Participant engages in disruptive or threatening behavior
	Participant moved out of PACE Program service area
	Participant no longer meets NF LOC
	PACE Program agreement not renewed or is terminated
Voluntary Discharge	Death
	Member choice
Admission Cancellation	Member never admitted
Transfer	Another PACE Provider
Transfer – If it was reported a PACE Participant was admitted to a nursing facility, the following	PACE Revoked and admitting to Nursing Facility
	PACE Revoked and admitting to new Nursing Facility
	Discharge from Nursing Facility

Discharge Reasons will display if Transfer is selected for that Participant	Another PACE Provider and admitting to new Nursing Facility

7.3 Enter a Discharge/Transfer

To request a discharge, complete the following steps:

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

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

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

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

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

3. Click **Search**.

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

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

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

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

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

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

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

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

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

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

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

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

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

    b. Enter **Discharge Comments**.

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

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

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

f. Click **Select**.

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

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

16. The *Document Upload* section is optional.

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

17. Click **Submit Request**.

Transferring To

Provider Name

| PT 34 Entity Comment: | LOOK UP |

Provider Location

930 BYPASS ROAD930

* Discharge Comments

TEST

7996 of 8000 characters remaining

Document Summary

Document Type	Date	Comments	Action

Document Upload Section

Document Type

--Select--

File

Browse

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

Comments

Attach

Attach Another Document

◀ Back

Submit Request ▶

Note : Do not submit a discharge for an individual who is in a bed hold situation.

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

7.4 Cancel a Discharge Request

If a discharge was entered in error or needs to be cancelled, as long as the application has not been systematically closed the PACE Providers have the ability to cancel the discharge request.

- If the PACE Participant is <u>voluntarily</u> disenrolling from the PACE Program, disenrollment is effect on the first day of the month after the disenrollment date is entered into KLOCS by the PACE Provider.
- If the PACE Participant is <u>involuntary</u> being disenrolled from the PACE Program, the disenrollment effective date is the first day of the month beginning thirty days after the day the PACE organization sends the notice of the disenrollment to the PACE Participant.

If the application has been systematically closed, the PACE Provider cannot re-open the application. The PACE Provider will need to enter a new application.

To cancel a discharge request, PACE Providers complete the following steps:

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

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

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

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

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

3. Click **Search**.

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

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

6. On the **Submit Discharge** screen, click **Cancel Request**.

8. Correspondence and System Notifications

8.1 Correspondence and Notifications Overview

Correspondences are sent out to the respective party for various notices. There are paper and electronic correspondences within KLOCS. Paper Correspondences are sent to the Individual or their Guardian (if Guardian details are available in KLOCS). Electronic Messages are set to the respective PACE Provider's Message Center in KLOCS. Correspondences will let the respective party know what next steps are necessary.

8.2 LOC Met Notice

The LOC Met Notice is sent to the Individual or Guardian, informing that the Individual meets the Level of Care for PACE. 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 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.

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

<letdate>
<respnam>   <Provider Name>
<adr1>
<adr2>
<citystatezip>

You Have Met The Level of Care Needed

Dear <Responsible party or Individual>:

This is to notify you that the requested Level of Care for <patnam>, was processed by <Provider Name>. <Patient Name> has met Level of Care effective <date>.

Paper Correspondence: LOC Met Notice

8.3 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 PACE and explains the appeal process. KLOCS also sends the 'LOC Not Met' electronic notification to the respective 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.

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

<letdate>
<respnam>   <Provider Name>
<adr1>
<adr2>
<citystatezip>

You Did Not Meet The Level of Care Needed

Dear <Responsible party or Individual>:

This is to notify you, that the request for the Level of Care for <patnam> has been denied in accordance with regulation number 907 KAR 3:250, 907 KAR 3:130

The specific reason for the denial is <VAR_notetext>

If you, the recipient, your authorized representative, your legal guardian, or provider acting on behalf of the recipient, are dissatisfied with this decision, you may exercise your right to dispute these findings by following the procedure listed on the last page of this letter.

<Evaluator>

Paper Correspondence: LOC Not Met Notice

8.4 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. If multiple LOIs are sent for a single determination, the 14 business days "clock" starts from the first LOI and does not reset with subsequent LOIs.

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

<Provider Name>

<letdate>
<respnam>
<adr1>
<adr2>
<citystatezip>

Lack of Information for Level of Care

Dear <Responsible party or patient name>:

This is to tell you, that the request from <facnam> may be denied because they did not give the right information for <patnam>, necessary to complete a review of this request.

The following information is needed:

Comments from the reviewer

<WAV_asmnts>

If we do not get the information required to complete a review by <Due date> the request will be denied for lack of information because of regulation number 907 KAR 3:250, 907 KAR 3:130

Please have your provider upload this information on KLOCS.

<Evaluator>

Paper Correspondence: Pending Lack of Information (LOI)

8.5 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.

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

<letdate>
<respnam>   <Provider Name>
<adr1>
<adr2>
<citystatezip>

You Did Not Meet The Level of Care Needed

Dear <Responsible party or patient>:

A request for Program of All-Inclusive Care for the Elderly (PACE) Level of Care was received for <patnam>. We notified you on <needdate> that additional information was needed. Your provider either did not submit the requested information or did not provide the correct information required to complete review on this request. This is to notify you that this request is denied due to lack of information in accordance with 907 KAR 3:250, 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>

Paper Correspondence: LOC Not Met for Pending LOI Expiration

8.6 Involuntary Discharge Notice

The Involuntary Discharge Notice is sent to the Individual or Guardian, informing them that the Individual has been Involuntary Discharged from PACE and explains the appeals process. To initiate an Involuntary Discharge, the PACE Provider must Discharge the Individual in KLOCS and select Involuntary Discharge as the reason.

The Individual is disenrolled from PACE effective on the first day of the next months that begins 30 days after the day the PACE Provider enters the involuntary discharge in KLOCS.

PAC-006   COMMONWEALTH OF KENTUCKY   Application #: <Application #>

<letdate>
<respnam>   <Provider Name>
<adr1>
<adr2>
<citystatezip>

Involuntary Discharge

<Client's name>

<PACE Provider's name> has recommended your discharge from receiving PACE services. If you have questions about your discharge please call <phone number to be determined> within 30 days from the date of this letter. The effective date of your discharge is <PACE discharge effective date>.

Paper Correspondence: Involuntary Discharge Notice

8.7 Electronic Notifications

PACE Providers may view electronic notifications via the **Message Center** on KLOCS. The Electronic Notifications previously visible in KLOCS will remain, with the addition of the PACE-specific notifications. Additionally, PACE Providers may view PDF versions of paper correspondences sent to an Individual and a PDF version of the application intake by navigating to the **Message Center** within the **Individual Summary** screen.

The following table provides an overview of the various notifications:

Electronic Notifications Overview

Electronic Notification	Event	Receiver(s)
LOC marked as MET for <Individual>	This notification is sent to the Provider after the LOC Reviewer has completed their review and concluded LOC 'Met'	PACE Provider
LOC marked as NOT MET for <Individual>	This notification is sent to the Provider after the LOC Reviewer has completed their review and concluded LOC 'Not Met'	PACE Provider
<Individual> has voluntarily discharged self	This notice will be triggered when the provider submits a discharge request with the discharge reason as Involuntary Discharge	Individual/Guardian
LOC Not Met for Pending LOI Expiration	This notice is sent to Level of Care recipients to notify them that level of care was denied due to lack of information.	Individual/Guardian
Pending LOI -- Request for Additional Information	This correspondence is sent to the Individual/Guardian to provide more information in a given time frame of 14 business days to continue the nursing facility level of care application.	Individual/Guardian

9. Do This, Not That

9.1 Social Security Verification

When an Individual needs PACE services, the PACE Provider will need to submit an application, ensuring all information entered is correct in order to receive payment for services rendered.

For example, Meredith, a current Medicaid recipient, needs an application submitted to receive PACE benefits. When the PACE Provider enters her application, they must enter in her SSN, DOB, and full name. When entering

the SSN, you should make sure that the number matches what is on her card. It is important that the name and SSN matches what is on the member's social security card, as the PACE application will be tied to the Individual's Medicaid case, allowing for appropriate payment of services rendered.

After submitting an application, you may notice that you receive a Partial Match which has been triggered for DMS Review. This is an indicator that the information entered does not match. If this happens, double check that the information entered in the application is correct – you will be able to view the application but not edit. If there is incorrect information, withdraw the application and enter a new one for the member.

9.2 Complete the Task

When there is a task available for PACE Providers to complete, the task must be completed from the **Dashboard** screen. Tasks must be completed within 14 business days, otherwise they will be closed out and the LOC will be systematically marked as Not Met. To complete the task, please refer to the steps outlined in Section 5 of this User Guide.

9.3 PACE Participant enters a Nursing Facility

When a PACE Participant enters a Nursing Facility, the PACE Provider must report institutionalization on that member. The PACE Provider is responsible for reporting a PACE Participant's nursing facility admission date in KLOCS on the **Report Institutionalization** screen. This action triggers a task for the Nursing Facility to complete the PASRR for the PACE Participant.

9.4 PACE Participant leaves the Nursing Facility

When the PACE Participant leaves the Nursing Facility to return to the community, a discharge must be submitted by the correct Provider Type. When this discharge happens, the PACE Provider must enter the discharge from the NF within KLOCS. Discharges can be found in Section 7 of this User Guide.

9.5 PACE Participant enters Nursing Facility prior to Admission Date

A PACE Participant needs to receive PACE services. The PACE Provider submits a PACE application in KLOCS on 1/15, PACE PRO approves on 1/20 (effective 2/1), but the PACE Participant has to go into the nursing facility on 1/20 for a COVID vent. Even though the PACE services aren't effective until 2/1, that PACE LOC is approved. This creates a situation because the PACE Participant isn't active for services until 2/1 (so PACE Provider isn't responsible for coverage yet) but the NF can't enter a LOC on their end because that PACE

LOC already exists/active. The PACE Participant must go into the NF, so the PACE Provider needs to "cancel" that LOC in KLOCS on the **Discharge** screen. This will allow the NF to submit an LOC. Once the PACE Participant is out of the NF (and they need to submit a discharge in KLOCS), the PACE Provider will have to go and enter another app for that participant.

9.6 Submit Applications in a Timely Manner

PACE Providers should submit applications in a timely manner in order to have the member's LOC approved prior to services beginning. If PACE services are provided to a member prior to the LOC effective start date, Medicaid will not reimburse for services, as PACE is month pure.

10. Reports

10.1 Medicaid Renewal Report

The Medicaid Renewal Report allows PACE Providers to generate a report of Medicaid Eligible Individuals who are due for Medicaid Renewals within a selected date range. This enables providers to proactively track upcoming Renewals and begin planning for Renewals by notifying the resident's family or representative, assisting the resident with the renewal, or completing the renewal on the resident's behalf.

Criteria found within the report includes:

Medicaid Renewal Report	
Data Element	**Description**
Provider Organization	Name of the Provider Organization
Provider ID	Provider ID
Individual ID	Individual ID of the person due for Medicaid Renewal
Social Security Number (SSN)	SSN of the person due for Medicaid Renewal
Medicaid (MA) Case Number	MA Case Number associated with the Individual
Medicaid ID	Medicaid ID associated with the Individual
Individual First Name	First name of the Individual
Individual Middle Name	Middle Name of the Individual
Date of Birth (DOB)	Individual's DOB
LTC Program	Displays the LTC Program
LOC Start Date	Start Date for the LOC
NF Resident Medicaid Termination Date	The Individual's Medicaid termination date
Residing Facility Organization	Name of the residing facility organization

Providers should follow the steps below to generate the Medicaid Renewal Report:

1. On the **Dashboard** screen, under the *Quick Links* section on the left navigation panel, click **View Reports** to navigate to the **Reports** screen.
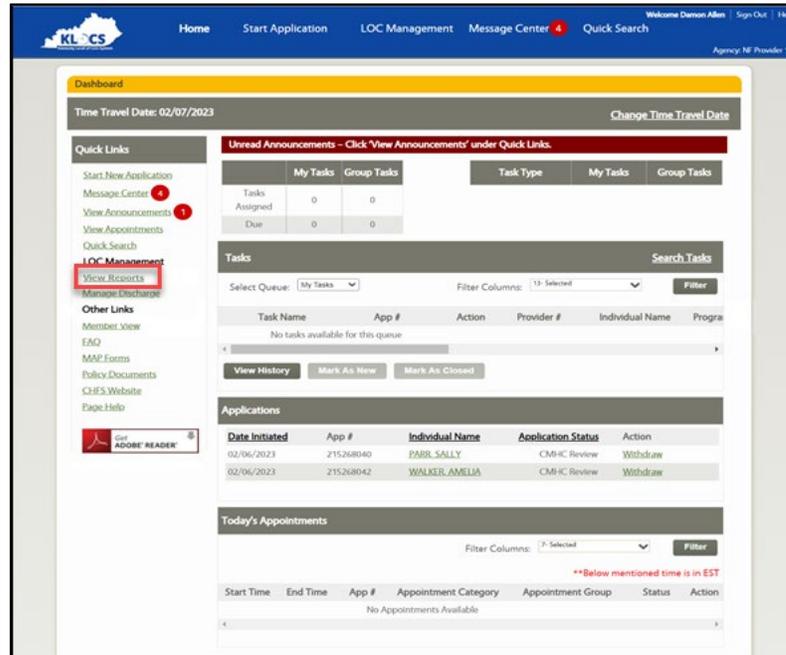
2. On the **Reports** screen, click **Medicaid Renewal Report** to navigate to the **Medicaid Renewal Report** screen.
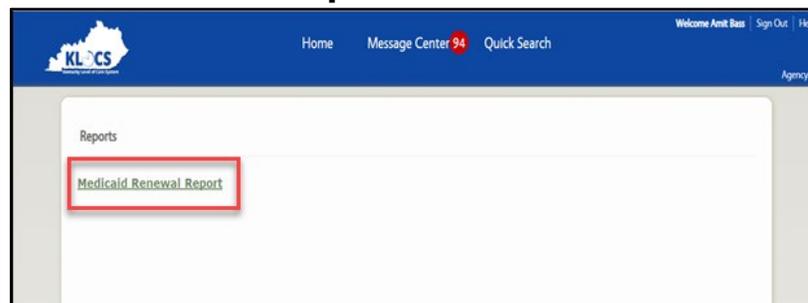
3. For *Start Date* enter the **appropriate start date**.
4. For *End Date* enter the **appropriate end date**.
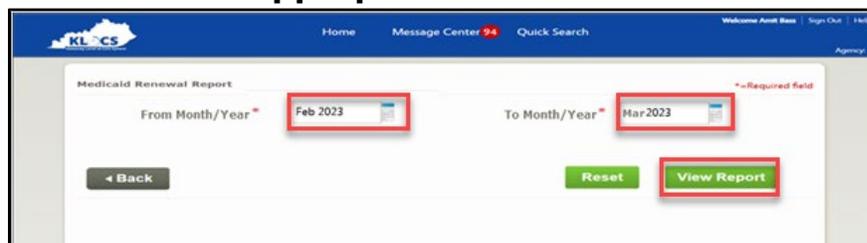
5. Click **View Report** to generate the Medicaid Renewal Report.

11. Questions?

For system related questions contact KLOCS Technical Support at (855) 326-4650. Press #2 for the Provider Menu. Then, Press #4 for Kentucky Level of Care Technical Support.