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Accessing AssessmentPro

1. How do I access the Maximus system?

The Maximus AssessmentPro web system is available 24 hours a day, 7 days a week at www.assessmentpro.com. You will use this same website to submit PASRR Level I screens and/or Level of Care interRAI assessments. Ensure your facility has this website put on its safe list so it is accessible by 7/1/16.

To ensure the utmost security and HIPAA compliance, login access to AssessmentPro is tightly controlled. Each facility will be asked to designate 1 to 3 *Facility Access Administrators* who will manage user access for their facility. Facility Access Administrators will be verified and will receive important training mid-May 2016 to learn how to assign roles to users in their facility.

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2. How can I obtain a login and password privileges?

Go to www.assessmentpro.com. Locate the *New User?* link under the login box. Follow that link and complete the registration form. You will receive an email from AssessmentPro requesting you to confirm your email address; complete this step to enable you to login to AssessmentPro. The *AssessmentPro Administrator* for your facility will review your registration form and decide whether to grant you access. You will receive another email from AssessmentPro to alert you when the administrator has approved your access.

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3. How can I begin to submit information online?

Go to www.assessmentpro.com and login using your unique username and password. From your home page, select *Complete New Screen* to navigate to the screening form for completion.

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4. Can I sign up as a user at multiple facilities? Do I need to have a separate email address for each facility?

Yes, your login may be associated with multiple facilities. You may use the same email address for all facilities, or you may designate a separate email address for each facility.

To sign up for an additional facility, first you must login to www.assessmentpro.com. Locate your name to the top right of the screen, just above the search bar. Click on your name to navigate to your profile. On the right side of your profile, select *Add a Facility* +. Indicate your contract and facility. The AssessmentPro Administrator for that facility will review your request and determine whether to grant you access to that facility.

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5. I don't remember my username and/or password. What should I do?

Go to www.assessmentpro.com. Locate the *Forgot Password?* link under the login box. Follow that link and enter the email address you use to login to AssessmentPro. You will receive an email from AssessmentPro to reset your password.

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6. The person who is an AssessmentPro Administrator for my facility is no longer here. What do I do in order to be able to submit screens?

Your facility needs to assign at least one new AssessmentPro Administrator to approve access for new facility users and to update user access, terminate, delete, etc. Detailed training will be provided for AssessmentPro Administrators.

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7. Can my coworkers and I share one username and password?

No. For HIPAA and security purposes, each user must have his/her own unique username and password. Use of another person's username/password can result in termination of system privileges.

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8. Does our Maximus account show all information to all users?

Users within the same facility will be able to access their facility's pending/saving referrals (regardless of who began them) in order to complete and submit to MAXIMUS. They will also be able to access completed reviews from others in their facility.

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9. Will SNFs be able to access cases that a hospital has started?

No, you will only have access to screens started within your identified facility. If a person admits to a NF from a hospital, a copy of the outcome determination should accompany the person to the NF, at the time of admission. Once the person has been admitted to the NF in the PathTracker system, the admitting NF will be able to view and print the outcome determination.

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10. Do we need our Medicaid Provider number for the hospital?

You must have your Medicaid provider number (LPI#/NPI#) to register as an AssessmentPro system user or administrator. You cannot complete the registration process without it. If you need assistance identifying this number, you can speak with your supervisor or someone in your billing office.

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11. Not every item in AssessmentPro has a help icon or question mark. Will those definitions be available in the training materials?

The interRAI-HC will have training and item explanations provided through authorized training. These items will match those in AssessmentPro. For items in the Level I, refer to your provider manual or the training for additional information if help is not provided in AssessmentPro.

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12. I am attempting to upload supporting documents but the system won't let me. What should I do?

If you have already submitted the screen, the system locks down to prevent further editing. If you need to upload documents, wait until requested to do so. Also, confirm that your documents are in .PDF format. To prevent delays, be sure to include supporting documentation before you submit the assessment.

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13. I can't add a facility to my account.

You must confirm your email address by clicking the link sent to you in the confirmation email during the account set-up for your first facility before adding an additional facility. After confirming your email, click your name in the upper right-hand corner to access your user page and add the facility.

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14. The Link on my email expired and now I can't access my account.

Hit the Forgot Password link on the login page to resend an activation email to your email address listed on the account.

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15. Which facility do I register for—there are two with the same name, except it has an A or a B at the end?

Check with your AssessmentPro administrator for whether your LPI # has an A or B at the end, then select the corresponding facility.

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16. A prior employee was terminated in AssessmentPro when they left our facility, but their replacement needs to use the same email address that was tied to that account. How can I do this?

If you need to re-use an email address for a new employee, the AP Admin will need to follow these steps:

A. Find the prior user in AssessmentPro.
B. Click the **trashcan icon** in the **Facilities box on the right** to delete the facility from the user's profile.
C. On the same page, click **pencil/edit icon** in **User** box
D. Click on the **X** in the **Email** field to delete the email address.
E. Click **Save** at the bottom.
F. Enter the **new user** with the email address, add facility and user roles, and you are done!

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PASRR & LOC Tools and Processes

17. Will there be a Maximus clinician available on the weekends?

Maximus clinicians will be available during business hours, Monday through Friday, 8 AM to 5 PM EST. AssessmentPro, the web system for PASRR Level I and LOC, will be available 24 hours a day, 7 days a week. Approximately 65% of all Level I screens are negative. For these reviews, you will receive immediate notification of approval through the system, allowing for NF admission. Screens submitted during off-times which require clinical review and potentially a Level II onsite assessment will be processed as soon as possible the next business day. *BACK TO TOP*

18. Who will have access to the Maximus system and ability to submit PASRR and LOC referrals?

Designated hospital, NF, and AAA users will have login access to submit referrals.

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19. How long will it take to receive the results of my submitted Level I and or LOC? If there are no indicators that additional review is required, you should receive an immediate web reviewed approval. If a clinical review is required, you will receive an approval within 6 business hours of your referral, if or once all information is received.

Keep in mind that if additional information is required, the review is placed on hold until the information is received; therefore it is vital that you submit all requested information as to not create any undue delays in processing the review.

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20. What information is needed to ensure my review is completed within 6 business hours?

If you do not receive an automatic approval via the web, a H&P is required. Additionally, a list of current medications (MAR), psychiatric evaluations/consult and/or progress notes, as available. If it is determined that the individual does not require a Level II evaluation, you will receive a Level I outcome within 6 business hours of the time all information has been received by Maximus.

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21. How long is the Level I "good?"

If the individual does not immediately admit to a NF, the Level I is valid for 90 days from the date of the review, as long as there has been no significant change. If a significant change in mental health status has occurred since the last approval, a new Level I screening is required. This applies to reviews completed in the hospital or the community.

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22. When is a new Level I needed for a NF resident who admitted with a negative Level I PASRR approval?

A negative Level I review is valid indefinitely, as long as there has been no change in mental health status. If the individual has psychotropic medications prescribed for a mental health diagnosis not identified on the Level I completed prior to admission, you will need to submit a status change screen.

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23. When is Status Change review required?

Whenever there is a change in the mental status of an individual, since the prior Level I review

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24. When is a Level of Care (LOC) review required?

This answer is in two parts: Applicant and Resident.

Applicant: An LOC review is required for Medicaid recipients seeking admission to a Medicaid Certified NF and Medicaid will be the pay source

Everyone receiving a MI/ID Level II, regardless of their pay source.

Resident: An LOC is required: 1. If the person admitted under Medicare or Private Pay and is converting to Medicaid active and Medicaid will be the primary pay source; 2. If the person has an expiring time-limited stay on an LOC screen and requires continued nursing facility stay; and/or 3. If there is a significant change in status from a previously identified LOC screen.

If you have a 4B from the AAA, you might not need to enter anything. You need to read the 4B carefully and note whether the AAA completed the LOC. If the LOC was not due to be completed until after 7/1/16, the AAA would have issued a 4B advising you to do a LOC in AssessmentPro after 7/1/16. If it was early enough for the AAA to complete the LOC themselves you would get a 4B that says there was a long or short term LOC decision.

For Residents who are now Medicaid recipients who had no LOC approval from the 4B and have already discharged from the NF, submit an LOC through Assessment to review medical necessity for the timeframe the individual was a NF resident.

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25. When is a combination ("Combo"), Level I and LOC review required?

Medicaid pay source admitting to a Medicaid-certified NF

MI, ID/DD/RC, or dual Level II referral will be made

LI not required

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26. How long are the Level I and Level of Care (LOC) forms? How long will they take to complete?

The forms are approximately 25 questions each. If you have comprehensive information on the person available when completing the forms, it should take, on average, 7–10 minutes to complete a Level I screen and 15 minutes to complete the LOC short form. It may take 5–10 minutes longer on each form at first, but that will decrease as your familiarity with the system increases. Naturally, the more complex a person's presentation is, or with limited availability of the information in the person's record, the more time you will require to complete the screen(s). For a person with no indicators of a PASRR condition, the screening could take as few as 5 minutes. We encourage you to have robust information about the person available and gathered

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prior to beginning the screen(s). Also, ensure you have completed the interRAI-HC assessment prior to entering the information in AssessmentPro.

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27. Will there still be a 30-day exclusion option for the Level I?

Persons who meet the Exempted Hospital Discharge (EHD) criteria will be eligible for this 30 day exemption. As a reminder, the EHD criteria states that a person is only eligible when admitting to a NF from a hospital for treatment of the same issue for which the person was in the hospital and is expected to rehab from that same medical condition and discharge within 30 days. Individuals with admissions expected to be longer than 30 days will not be eligible for this exemption. A 30-day EHD is not applicable for persons with no Level II condition.

An LOC is not required for application of the EHD, regardless of pay source.

If the person requires a stay longer than the 30-day EHD approval period, a new Level I and a LOC are required to complete the full Level II. Please submit a Level I and a LOC 7 days prior to the end of the 30 day approval to avoid Federal compliance issues.

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28. For completion of the short-form of the interRAI LOC for all Medicaid beneficiaries—does it matter if the person has another insurance as their primary?

The LOC should only be completed for Medicaid recipients, or those converting to Medicaid from a different pay source, when Medicaid will be the pay source or if the person requires an MI, IDD/RC, or dual Level II assessment. This includes persons converting to Medicaid.

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29. Should the NF complete the Level I on emergency admissions coming from either the ER of a hospital or are an observation patient from a hospital?

Maximus encourages the facility who has the person to complete the Level I. If the individual is in the ER or an observation bed, the hospital should submit the Level I. Ultimately, the NF is responsible for ensuring the Level I is complete prior to admission and should not admit the person to the NF until a Level I decision has been rendered, regardless from where the person is admitting.

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30. For Respite Care, when there is a Resident or anyone from the Community wanting to come to our Facility, I usually fax a packet (Application Form, Physician Form, and Level I) over to the Physician. How do I send this information to the Physician now, or do I not need to do that anymore?

The nursing facility will complete the Level I and the LOC assessment for Medicaid recipients. You no longer need to fax the packet to Physicians.

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31. Are any electronic signatures needed from the resident or doctors?

Indiana does not require a signature from the resident or an MD certification. The MD signature will be provided on the required H&P.

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32. Is the Level I Communication able to go to a group email address, for situations when someone is scheduled off and another staff member will be following up but they do not have access to another person's e-mail?

You will not receive an email reminder to check the status of your referral. It is important that you monitor your referral where you will be able to monitor and communicate with MAXIMUS reviewer, as well as see the outcome determination of the review. Any registered system user for the same facility will be able to monitor review status for their facility. This means, you will also be able to track submissions entered by an absent coworker.

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33. Does LOC have to be signed by a physician?

No, the interRAI must be completed in accordance with the training provided by the state. No additional signatures are required.

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34. What is the process for someone coming from home and not from an acute care setting?

If the individual is truly seeking nursing facility admission, the nursing facility would make the referral to the local Area Agency on Aging for the at home assessment/review.

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35. How do the Nursing Facilities obtain the PASRR paperwork (Application, Physician Form, and Level I) from the Hospitals?

Hospital and NF workers must communicate regarding the individual and outcomes. Most facilities will fax a completed Level I or otherwise transmit the outcome with the medical record.

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36. In a CCRC facility that is moving a resident to healthcare, do we do the same procedure like the hospital does?

The nursing facility would complete the Level I and the LOC if needed.

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37. Since this will switch from paper to electronic, what are the guidelines for having copies of the PAS/PASRR in the resident chart?

The NF must have a copy of the PASRR in the resident's active/floor chart at all times. If your facility does not use paper floor charts and all records remain in the EMR, be sure the PASRR remains readily accessible to all who work with the individual.

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38. If a Level II is required how long does that process take?

This process can take up to 6 business days. A Level II must be sent to the state within 5 business days and once there, the state has one day to complete it.

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39. Will substance abuse and mild depression trigger a Level II?

Maximus looks at more than just diagnoses when evaluating the need for a Level II. For many people, although certainly not all, the presence of substance use signifies the existence of an undiagnosed mental illness. Not every instance of substance use will result in a Level II, but many may depending on all provided information.

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40. Will the NF have the ability to check online if the hospital has said that the appropriate paperwork has been completed?

The NF will have access to completed paperwork through the system following the person's admission to the NF. For information prior to admission, the hospital will need to transmit the records to the NF.

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41. How will transferring a resident from another nursing facility work?

A new Level I/LOC is not required if the individual is transferring from NF to NF without interruption in the level of service, in other words no discharge to the community or lower level of care. NF providers will be able to update discharges, transfers and admissions in PathTracker, a service within AssessmentPro for tracking persons with Level II conditions. As long as there has been no change in mental health status or medical care needs, a Level I is good indefinitely.

If a person experiences a Status Change, a new Level I is required before transferring to a new NF. If the individual has a Level II condition or found to have a Level II condition via the Status Change review, a Level I and LOC is required in order to refer for a Level II evaluation.

If a person discharges from a NF to a lower level of care, such as a community placement, and then needs to return to the same or different NF, a new Level I is required. If the individual has a Level II condition and or is an active Medicaid recipient, a new Level I and LOC are required.

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42. The Level I requires formal diagnoses. How do we obtain these when the person is living in a community setting?

The Level I requests formal diagnoses whenever possible. This means that you may need to contact the individual, the person's physicians, case manager, social worker, or family members.

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43. How do I indicate PRN medications in AssessmentPro?

The medications area of the Level I has a free text box under the medication grid. In this area, include any PRN medications, the daily dosage, the diagnosis, and, most importantly, the frequency with which the person takes the PRN medication. PASRR guidelines do not require PRN psychotropic medication reporting on the Level I screen, but it might be important for the reviewer to know. If the PRN is prescribed for medical purposes, it is not a requirement to include on the Level I.

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44. If documents are faxed as opposed to uploading, will this cause a delay in getting a decision on the case?

We encourage you to upload documentation whenever possible using the document upload feature in AssessmentPro to reduce any possible delay in receiving a determination. If that is not possible based on your technology, you can submit supporting documents via fax. AssessmentPro requires you indicate which documents you are faxing, and you MUST print a QR coded fax coversheet from AssessmentPro. By using this coversheet, your fax will upload directly to AssessmentPro, minimize any potential delays, and ensure the documents are uploaded to the correct record.

The QR code is unique to each individual, so you must print a QR Code coversheet for each person for whom you are uploading documents.

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45. Can I see screens that someone else in my facility submitted or started but didn't finish?

Yes, the system gives you access to every screen started or completed by anyone associated with your facility. So if someone in the Emergency Department begins the screen, someone in the OR Recovery Unit can complete it if necessary.

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46. What if the person does not have a primary care physician or if the primary care provider is a physician's assistant or nurse practitioner?

Maximus does not require a specific licensure type for the primary care provider. AssessmentPro provides the opportunity for you to give the primary care provider's information, regardless of licensure.

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47. The new Level I tool is four pages in length. Are there trigger questions that will indicate the need for further review?

The new Level I tool is designed to review all aspects of the individual's mental health needs and based on the outcome of all the questions will determine the need for the Level II.

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48. If we have identified a missed Level II for a nursing facility resident, what is the Level II process?

The NF can submit a Level I in AssessmentPro. Then, a Level II can be requested if appropriate.

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49. Is the dementia exclusion still available?

Yes, the dementia exclusion is available for those who meet the criteria.

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50. Currently we update the Level I on a resident at times. How will we do this with the new system? Also, if we have a resident of our facility with a Level II mental illness do we still need to do an annual Resident Review?

If an existing Level I is no longer an accurate representation of the individual's clinical presentation, submit a new Level I in AssessmentPro.

Annual Resident Reviews (RRs) are no longer a federal requirement.

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51. Does the Level of Care screen only pertain to skilled nursing facilities? We are a hospital and wanted to know if this applies to us?

Level of Care screens must be submitted on everyone who receives Medicaid or who receives a referral for a Level II, regardless of the individual's pay source if they are going to a Medicaid-certified nursing facility. This applies to hospitals, NFs, AAAs, and other community providers.

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52. Is the InterRAI tool to be done on-line as well as AssessmentPro? Can it be printed out to transfer the information?

The interRAI-HC assessment is a paper-based assessment and the forms are available on the Division of Aging website and maximus.com. You MUST complete the interRAI prior to entering the information into AssessmentPro. AssessmentPro is a means to submit the interRAI information for a LOC determination.

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53. How do I ask for extensions and trigger a Level II for people who received a 30 day exemption?

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There is no “extension” to a 30 day Exempted Hospital Discharge approval. If a person requires continued NF stay beyond the 30 day approval, the NF must submit a new Level I and LOC referral in order for a Level II referral to be made. The referral should be completed in a timely manner, in order for the Level II to be completed before the end date of the 30 day approval. At this time, follow the existing Level II referral process.

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54. If someone has a long-term NF approval and goes to a psych hospital on a bed hold, do we have to do a new LOC?

If a person requires inpatient psychiatric hospitalization, you will need to submit a new Level I. Because of the hospitalization, they will likely also require a Level II assessment. This means that a new LOC will be required for completion of the Level II.

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55. What happens if a NF admits a resident without a completed Level I?

To be in compliance with state and federal regulations, the person must have a complete Level I, and Level II when appropriate. Failure to comply with these regulations can result in financial penalties and loss of Medicaid certification.

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56. As the interRAI-HC questions match the MDS assessment, is there capability to interface with the electronic medical records system to autofill that data?

Although the interRAI-HC and the MDS are closely linked, AssessmentPro does not have the capability to extract or autofill data from any electronic medical record systems.

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57. LOC Short Form denials will go to the Area Agency on Aging for further screening—how does that work?

AssessmentPro has a built in referral system for any potential LOC Short Form denial. If a person does not appear to have medical necessity for NF LOC based on the information provided in the Short Form, a member of the AAA will receive a referral in AssessmentPro to complete a Long Form assessment for a final LOC determination.

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58. Is it okay to ask family members about the person's level of functioning with ADLs?

When completing the InterRAI-HC, you can obtain the information in whatever way is the most appropriate. Family members can be an excellent resource, as well as nurses, therapists, techs, and others who provide support. It is always a good idea to include whomever best knows the individual and their functioning.

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59. I am a NF and think I should have filled out a long form, but the system gave me a short form to complete.

You will select the option Medicaid / Medical Necessity LOC and then the reason for screening is Nursing facility resident whose approval period is expiring and needs additional time in the nursing facility or Nursing facility resident who is converting to Medicaid.

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60. How do I look up the drug codes for Section M?

These codes may vary depending on what country you are in. For example, some but not all countries use the National Drug Code (NDC), which is a standardized system for coding medications. An individual NDC code provides information on the drug name, dose, and form of the drug. One resource to look up the NDC code is the FDA site, http://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm.

61. I made a mistake when admitting into PathTracker. How can I correct this?

To **prevent** mistakes, make sure to **carefully** review all information **prior** to admitting or discharging the individual into PathTracker.

Editing ability is now available for Admission Notices. Review the training for this process: (https://www.ascendami.com/ami/Providers/YourState/IndianaPASRRUserTools/Training/IndianaAssessmentProTraining-PathTrackerActivity.aspx)

62. I received notice of a potential LOC denial. What happens now?

Refer to the Provider Procedure Manual on the Maximus Indiana PASRR Tools site (https://www.maximuscliicalservices.com/svcs/indiana), specifically section 3.1.3 on Clinical Review and Outcomes. In short, there is nothing more you need to do. The AAA will conduct a review and formally issue a denial, if appropriate, as well as

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provide options counseling to the individual. The individual will receive formal notice of the denial along with appeal rights.

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63. I have a resident that admitted from home on 7/01/16. We worked with our area agency and rec'd the 4B prior to admission. I thought I should add him to path tracker, so I went in and added him, then I went to admit him to our facility and it gave me a warning: individual does not have a level I screen and admitting to our facility without that level I would make us out of compliance. Should I go ahead and admit him anyway?

Yes, the warning is just for you to be sure you do have the required paperwork. Since it was pre-July 1, 2016 it is not in AssessmentPro with Maximus. You can go ahead and admit as long you have your documentation.

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64. What is the difference between the Level I/Level II and the Level of Care?

The PASRR Level I and Level II are different from the Level of Care (LOC) determination. Quick explanation is this: PASRR is a federal requirement to screen all applicants to Medicaid certified nursing facilities regardless of the applicant's payer source. The screening, or Level I, is intended to identify any potential indicators of mental health or intellectual disabilities. If there are any indicators, referred to as a positive Level I outcome, then a Level II assessment must be completed. The Level II determines if there are home and community-based service options available for the individual or if nursing facility placement is appropriate for any period of time. If nursing facility placement is found appropriate by the Level II assessor, they must also address any specialized services the individual should receive while in the nursing facility. The Level II may specify a time frame if the assessor OKs admission to the facility.

Now the LOC is a completely separate determination. There is another federal regulation separate from PASRR that requires Medicaid recipients to meet the state's definition of nursing facility level of care if any Medicaid dollars are to be used to pay for their care in the facility. Maximus's clinical reviewers are making that LOC determination based on state LOC standards and they may decide that the individual has long term LOC and can stay indefinitely in the facility. Or they may find that, due to the short term nature of the individual's physical impairments and/or medical condition, the individual only has LOC for a short term—perhaps 30, 60, 90, or 120 days depending on the situation.

The two decisions are made separately of one another because they are really assessing different things. The Level I (and Level II if triggered) determine if admission is appropriate. The LOC determines if Medicaid can reimburse for the care the Medicaid recipient receives in the facility.

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65. I received a positive Level I outcome indicating that I need to refer for a Level II. How do I do that?

Maximus will complete the Level II process.

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66. What happens when a facility can't be found in Path Tracker?

Note that in PathTracker, your facility fills in automatically at the top as the admitting facility. The facility you are selecting at the bottom is where they are coming from—might be another nursing facility, might be a hospital, might be the community. Your facility should not display in that list.

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67. How do I edit a Medicaid number in someone's record in AssessmentPro?

Use the following steps to edit someone's Medicaid number in AssessmentPro:

1. Open the individual's record in AssessmentPro
2. Click the pencil/edit icon in the **Individual Information** box
3. Edit the Medicaid number (and any other that is not correct)
4. Click **Save** at the bottom of the Individual Information box.

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68. How can we communicate with one of the Maximus clinical reviewers about a specific screen?

If Maximus requests information on a screen, respond with information about that screen using the communication box in AssessmentPro. Keep in mind that after the screen has an outcome, you cannot communicate using this process. If you have a general clinical question or a question about an outcome, the way to communicate with Maximus is using the helpdesk email: pasrr@fssa.in.gov. The helpdesk will forward the communication to a reviewer, who will respond directly.

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69. I returned the requested information but I still don't have a determination. It has been about 30 minutes since I submitted it. Is there something more I need to do?

If you submitted the requested information, the screen will be processed in the order we received the requested information. Many times, there are several screens that were put on hold for additional information and clinicians require time to review the documentation. We will access the information quickly and process the screen within the 6 hour turnaround time from the time we receive the information. To prevent outcome delays, include all necessary information at the time of initial submission.

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70. What happens to the Level I if the LOC outcome is a potential denial?

If a LOC review is determined to potential not meet LOC the Assessment Pro system will give a denial outcome. The AAA will receive notification to complete a LOC long form. If the LOC has an associated Level I, the Level I will be placed on hold until the LOC is completed.

Upon completion and review of the LOC, if determined that the person ***does*** meet LOC, the Level I review will be completed and a determination rendered. If the person requires a Level II evaluation, they will receive an outcome of Refer for Level II. If it is determined the person still does not meet LOC, via the AAA long form LOC, the associated Level I will be cancelled. If, at any time, it appears there has been a change in status and the person now meets LOC criteria, a new LOC and or Level I should be submitted for review.

71. I am a nursing facility and have questions about billing. Are there any available resources to answer my questions?

There is a **Tip Sheet** available if you have questions about billing issues. Ensure the accurate admission date information is entered in PathTracker and a level of care with the correct assessment reference date in assessment Pro or the payment authorization to reach the Medicaid system so that you can bill for your services. If you have billing issues email PASRR@FSSA.IN.GOV

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Changes from Current State Forms/Processes

72. As a NF receiving interest from the community—do we now refer them to the AAA or can we still assist with PAS?

If an individual is currently residing at home in the community and wishes to enter a nursing facility, the nursing facility must refer to the AAA for completion of the Level I and LOC prior to admission. The NF can complete Level I's and LOC as appropriate for respite stays or emergency admissions.

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73. If hospitals are completing the LOC process for all Medicaid recipients, how will this interact with the Managed Medicaid entities that require prior authorizations?

There is no change to how NF LOC and the PASRR process interact with Medicaid eligibility or participation in a managed care program. Guidelines of the managed care program must still be followed in conjunction with PASRR requirements.

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74. Will there still be a PAS application?

No application will be required.

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75. Does this replace the 450b process?

Yes, the e450B system shut down on or about July 1, 2016.

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76. Since the 450b is going away, what is required for the Medicaid Waiver program?

There are no requirement changes for the Medicaid Waiver program.

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77. What if the hospital doesn't start their portion prior to transfer to a Skilled Nursing facility?

The NF should not accept a new resident without having a completed PASRR screening. Any delay in discharge because the hospital neglected to complete the Level I/LOC in a timely manner does not justify the NF accepting the person without a completed screen. Residents may return to the NF prior to Level I/LOC re-screening but the screen must be completing within 14 days following their return if a change in status has occurred.

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78. Will we still have contact with our local PAS office?

There will not be a local PAS office per se. The Aging and Disability Resource Center/Area Agency on Aging will continue to have a role in assessments for admissions from home and review of any level of care denials. They will also act on referrals for options counseling to assist individuals in returning to the community as appropriate.

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79. How does the new online PAS interface work with our Curaspan electronic transmission system?

The new system will not interact with any EMR or billing system specific to the hospital or nursing facility.

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80. If we accepted a resident through the old system—will they transfer over to the new system?

You will not have to re-screen anyone to simply add them to AssessmentPro. If a person needs a **new screen**, you will enter their information at that time.

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81. Will we know on admission if it is a long-term approval or a short-term approval?

Yes, the outcome you receive through AssessmentPro will indicate Long-term approval or Short-term approval and the number of days approved. For any short-term approval, you must submit a new level of care if the person will need to stay longer than the approval period allows.

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82. Do we have to have an identified nursing facility when doing a Level I screening to get approved by a Maximus Clinician? Can we start this process before a facility is chosen?

You do not have to identify the accepting NF to complete the Level I process. However, the NF cannot accept the person without a completed Level I, and the hospital should not delay the Level I process to identify the receiving facility. If you submit a screen that results in an automatic approval, the NF admission can take place.

83. If an action is required will we be notified by email or will we need to check in through Maximus?

You will not receive an email reminder to check the status of your referral. It is important that you monitor your referral where you will be able to monitor and communicate with the Maximus reviewer, as well as see the outcome determination of the review. The *Action Required* queue will alert you to any requests from Maximus's clinicians. You will be able to communicate with Maximus's clinicians directly within the referral, in real time.

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84. Do we need to get family approval/signature page like we do now, on the Application for LTC Services?

No application will be required. However, individuals and their families need to be made aware of their options and the potential for NF placement as a part of their discharge planning.

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85. Will the new interRAI assessment make it more difficult for a person with mental illness to secure long-term care placement?

The new processes are not designed to make LTC placement more difficult or challenging. The redesign is intended to ensure state compliance with federal regulations to avoid legal and financial penalties from CMS. Additionally, the redesigned process ensures the individual's accurate needs are represented to the LTC receiving facilities so that the facility is aware of and can meet those needs, prior to accepting them as a resident.

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86. Can a patient still opt out of PAS as before with them incurring a penalty of a year not eligible for Medicaid?

No, for an individual to enter a Medicaid certified NF, the PASRR process must be complete. If an individual chooses to refuse participation, they are not eligible for admission to a Medicaid certified NF.

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87. Can a person using private pay refuse to participate in PASRR?

No, PASRR is a requirement for all individuals seeking placement in a Medicaid certified nursing facility, regardless of payor source.

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88. We are discovering a lot of different Medicaid plans when a Medicaid resident needs long term care. Will you switch them over to the proper Medicaid plan that covers nursing home stay?

It is the responsibility of the individual/family (and nursing facility if it is an authorized rep for the individual) to work with the DFR office regarding the Medicaid aid category issue.

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89. This is starting on a Friday before a holiday weekend. Do we have to wait all weekend for a Level I response? This is not time effective for a hospital that is 24/7.

Depending on the responses to the Level I assessment and/or the InterRAI assessment, the individual may be eligible to transfer to the nursing facility right away. Approximately 65% of all Level I screens statewide will not require a clinician review and will receive automatic approvals. We encourage you to submit the Level I screens as soon as possible for those individuals who will likely require a clinical review.

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90. Do the Medicaid Waiver clients still have to sign the Freedom of Choice document, or is it handled by the AAA?

The Freedom of Choice document is a required function of the Waiver case manager and is not required to be submitted through the Maximus system.

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91. What are the requirements for the PACE program (for initial LOC and annual LOC)?

The PACE provider is required to submit the LOC request through Maximus for LOC determination (using the long interRAI form for both the initial approval and the annual LOC determination).

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92. Will the billing status codes continue to terminate LOC within the Indiana AIM system?

Refer to Chapter 14 of the Medicaid Provider Manual regarding proper billing procedures to avoid inappropriate LOC stop dates.

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93. What is the deadline for the Long Form to be completed? For example, do you have to have it done within 5 business days from referral?

The AAA must complete the level of care assessment within their designated time frames (five business days from receipt of the referral for at home referrals and three days for potential denials). Also, once the form is generated, it must be submitted within 72 hours or it will be canceled. Additionally, if the referral generates a request for additional information on behalf of the submitter, the additional information must be submitted within fourteen days or it will be canceled.

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94. Do I need to wait on a Medicare pre-cert before beginning the Level I/LOC process?

A Level of Care screen is not required for persons who only have Medicare as their pay source. A LOC is required if/when a person has a Medicaid pay source or Medicare ***and*** Medicaid.

Begin the Level I/LOC process as soon as you believe the person will require NF admission. Anyone with Medicaid or anyone who will require a Level II assessment will need a LOC screen. This will help expedite the process and prevent delays in discharge, particularly if the person will require a Level II.

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95. What is the process for A&D waiver clients to enter a nursing facility?

Upload waiver into the PASRR screen

All individuals seeking nursing facility placement must have a Level I completed. If the individual is a current A&D Medicaid waiver client, a Level I still needs to be completed. If the individual does not trigger a Level II and there is current waiver LOC on file, then the nursing facility can go to PathTracker and enter the admission date. If there is not a current LOC on file or he triggers a level II, then a LOC assessment and Level II is required prior to admit.

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Level II Process for Persons with Intellectual and Developmental Disabilities (IDD)

96. What is the process for completing an IDD Level II for someone out of state?

If a person is out of state and is planning to admit to an IN nursing facility, Maximus will complete a Document Based Review (DBR) as a Preadmission IDD Level II assessment. We will review the person's medical records and interview, via phone, staff who are currently working with the person. If the person appears to meet medical necessity for NF placement, Maximus will recommend an approval period of no longer than 90 days. BDDS will review for authorization. If approved, the person will require an in-person Level II assessment closer to the conclusion of the initial 90-day approval period.

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97. What is the turnaround time for a completed IDD Level II?

Maximus will make the Level I determination to refer for an IDD Level II within 6 business hours of receiving the necessary information. Maximus has five business days to complete the IDD Level II assessment. This time includes the face-to-face clinical interview, the quality review, the summary of findings development, identification of PASRR services, and BDDS authorization. Maximus will notify the referral source (the person who submitted the Level I) with the IDD Level II outcome and fax a copy of the summary of findings.

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98. What are the possible outcomes for an IDD Level II?

One of three outcomes is possible for an IDD Level II assessment:

- Long-Term Approval: the person can go to or remain in the NF for whatever medical reason they need to be there without an identified approval end date. If a person receives a LT approval, it does not mean they are exempt from status change assessments. If a person experiences a change in status—either better or worse—such that you would change the plan of care, submit a new Level I/LOC. It could be that previously identified PASRR services will no longer benefit the person and some changes should be identified
- Short-Term Approval: If a person receives a time-limited approval, it means that s/he received an approval for a specific timeframe and a new Level I, LOC, and Level II will be needed if the person needs to remain in the NF longer than for the initial approval period. This short term approval could be for a couple of reasons:
    - The person is expected to improve to the point that NF care will no longer be needed
    - The person is entering the NF from out of state
    - The person has behavioral concerns that need to be closely monitored through the PASRR process
- Denial: Maximus would make this determination recommendation if the person does not appear to need NF placement or if their symptoms or behaviors are too severe and the person would be an immediate threat to self or others. If a denial is given because of instability, a new Level II can be reviewed once the person is more stable or with the provision of additional information that was not included in the initial review.

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Completing the Level I / LOC Referral Process:

99. How should I respond if a reviewer has asked multiple questions in the Communications field?

If a reviewer has asked multiple questions in the Communication field, please respond to each question or request. If all are not addressed, the review cannot be completed.

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100. Should an individual with Seizure and / or TBI be noted on the LI PASRR screening form? If so, how should this be indicated?

Many times, supporting documentation has a diagnosis listed, but not included on the referral. You must indicate if this diagnosis did, or did not, occur **prior to the age of 22**. In addition, if there are any **functional limitations** related to the diagnosis.

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101. What are the next steps if the provider identifies inaccuracies after an individual has already received a Level I review?

A subsequent review must be submitted as a Status Change. This applies even if the individual has not, yet, admitted to the NF.

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102. What is the best way to help ensure a quick review?

Providing documentation at the time of the Level I and LOC referral will assure the review is completed as quickly as possible and can significantly reduce the six hour turnaround time.

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103. If a resident is discharged from PathTracker, will this cause a problem with the facility getting payment for Medicaid?

No, this will not result in non-payment. The NF must admit and discharge through PathTracker.

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104. If a person is admitting to a facility from out-of-state, who completes the referral?

The admitting Indiana NF completes the referral in AssessmentPro. If the person does not have a Level II condition, they can be admitted as soon as the outcome determination is provided. If there is a Level II condition, Maximus will complete a Document Based Review (DBR) as a Preadmission LII assessment. We will review the persons medical records and interview, via phone, staff who are currently working with the person. If the person appears to meet medical necessity for NF placement, Maximus will recommend an approval period of no longer than 90 days. If the person requires additional time a new PASRR and LOC is required to initiate a face to face assessment.

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105. If a facility is unable to locate a person by their SSN in PathTracker, how can the facility admit the person into the nursing facility?

Contact the HelpDesk at: PASRR@FSSA.IN.gov where the Project Support Specialist can use other search methods to assist, in the event the SSN, Name, or DOB are incorrectly entered.

106. Hospitals frequently make an assumption that SNF personnel can view the Level I outcome determination. Is there any way to see this without having it faxed in advance?

To maintain PHI and HIPAA compliance, the Level I cannot be seen prior to admission / admittance in PathTracker to your Nursing Facility. The submitter has the ability to provide a copy prior to admission by faxing or sending a hard copy with the patient.

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107. Are facilities required to enter every resident in PathTracker who admitted prior to July 2016?

All residents should be entered in PathTracker, but they do not require a new LI or LOC if there is a valid approval dated prior to July 1, 2016. Path Tracker will issue a soft warning indicating noncompliance as assessment Pro has no historic information, Disregard as the 4B/450B are valid.

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108. If a resident has a Level II and then receives a new diagnosis of Dementia, is this a change of condition that requires a new Level I?

If Dementia is now the primary diagnosis, this is considered a change in condition. The PASRR needs to be completed in order to determine if the person can be ruled out of PASRR population and whether PASRR identified services are still required. If Dementia is not primary, and there has been no significant change in mental status due to mental illness, medication, etc., then a new review is not required. Follow Status Change reporting criteria.

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109. If there is a LOC in the Maximus system with no Medicaid number, what process do I need to follow in order to make sure the LOC is updated, so billing can occur?

As long as the PathTracker information is correct, your billing will not be impacted if there is no number on the LOC. If the person converts to Medicaid submit a long form LOC with a (+) for Medicaid pending or the current Medicaid number.

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110. Does the Level I need updating when medication GDR's are completed?

Unless there is a significant change, a new Level I is not required where there is already an existing, approved Level I. If there is a change in mental health diagnosis, medication classification, or significant dosage increase, a new LI is needed. Example: an anti-psychotic medication was prescribed, significant dosage increase for currently prescribed psychotropic medication, etc.

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111. Who do I contact for assistance with a "secure message" from Maximus while waiting for a Level II outcome, for assistance with the message?

Send an email to the IN HelpDesk: PASRR@FSSA.IN.gov

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112. If a deceased resident become Medicaid active after he or she has passed away, can a LOC review be completed?

Yes, a LOC can be completed. The review requires supporting documentation for Nursing Facility medical necessity during the requested time period. The assessment reference date equals the Medicaid effective date.

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Tips to Avoiding Pitfalls in Selecting "Other Location" in PathTracker

113. What are some pitfalls to avoid in selecting "Other Location" in AssessmentPro's PathTracker?

When using AssementPro (AP), you should avoid this combination of PathTracker entry options:

Selecting "Other Location" as the Discharged / Transfer Location.
Choosing "Other" as the Discharge / Tranfer Location type.
Typing "Hospital" in the "Other" location type (specify) description field.

In one example, a user chose this set of options because the Hospital was listed in AP, but the user could not correctly identify which specific option to choose. The end-result of this combination of selections may be an "Out of Compliance" issue with the next admitting / readmitting NF.

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114. What should you do if a Hospital is not currently listed in the AssessmentPro PathTracker list of locations?

If a Hospital is not currently listed in AssessmentPro, then a request should be made for it to be added to the facility. Otherwise, an "Out of Compliance" result can occur with the next admitting/readmitting NF.

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115. Should I select the correct Discharge Location when available in the dropdown?

Yes.

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116. In what case should the "Other Location" option be selected in PathTracker?

Choose the "Other Location" option when the individual is transferring to a location other than a "Known Facility." From there, only choose "Other" in the Discharge / Transfer Location type field if their selected facility is not in the dropdown *and* it is not a hospital. If it is a hospital not listed in the dropdown, then it will need to be added to AP.

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117. What should I do if the discharge location is not in the dropdown options?

Please request the facility be added into the dropdown options by sending an email request to the HelpDesk: PASRR@fssa.in.gov

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Ways to Reduce or Eliminate Delays in Level I and Level of Care Outcome Determinations

118. What are some issues that can result in delays and reviews being placed on-hold for additional information, when a referral is completed incorrectly?

Medications not listed on the referral, but listed in the H&P/MARs or listed on the referral but not in the H&P/MARs.

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Incorrect medication dosages.

Diagnoses not listed on the referral, but listed in the H&P or listed on the referral but not in the H&P.

Incorrectly citing functional limitations under the Intellectual Disability /Related Condition (ID/RC) section of the Level I, for persons who have deficits due to a medical condition. This section should only be completed for Intellectual Disability /Related Condition. It would not apply to cases of CVA, Parkinson's Disease, Dementia, etc.

An Incorrect SSN or date of birth.

Incorrect review type; Status Change submitted as a preadmission, conclusion of a time-limited approval submitted as a Status Change, etc.

Adding a psychotropic medication which is prescribed for a medical condition. *Provide a note on the referral.

For Categorical or Exemption requests, all "boxes" for that request must be marked.

Omitting the required H&P within 12 months

Omitting the change in status reason

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119. Rather than waiting until it is requested by the reviewer, should I submit supporting documentation at the time of referral?

Yes, receipt of all needed information assures the review will be completed within 6 hours of submission. Receiving all information, at the time of referral, can greatly decrease the overall review time?

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120. What are the items of supporting documentation I should be prepared to submit at the time of referral?

Current or most recent H&P.

If current medications list is not included in the H&P, submit MAR.

Any additional documentation that might support the individual's medical needs.

Any psychiatric or behavorial evaluation / consult, progress notes, etc., needed to support stability.

MDS sections A, C, G, H for LOC continued stay requests.

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Other Questions

121. What is MMIS?

Medicaid Management Information System (MMIS) is a Medicaid claims processing and information retrieval system that the federal government requires.

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122. What does the RAI stand for in interRAI LOC?

Indiana will be using the interRAI-HC. This is the international Resident Assessment Instrument-Home Care.

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123. If there are concerns with the process, who does a hospital call?

Email: PASRR@FSSA.IN.Gov Phone: 833.597.2777

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124. Is a legal guardian different from a Health Care Representative?

A legal guardian is someone the courts have determined have legal authority over another person. A health care representative is someone who provides information and advises the individual in making their own healthcare decisions. A health care representative is not a legal guardian and, when completing screens in AssessmentPro, do not include their information in the Legal Guardian area.

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125. Are uploaded documents required to be in any specific format (e.g., .pdf, .doc, .rtf) and will certain formats be unaccepted?

AssessmentPro will accept .pdf

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126. What kind of web-security will this system use to protect patient information?

Maximus has several ways we ensure security of protected health information, including secure, multi-level identity access management, data encryption, and use of a third party review firm to assess system and data security, as well as policies and procedures.

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127. How many users are allowed for each facility?

AssessmentPro has no limit on the number of users allowed for each facility. We encourage everyone who needs access to register; however, the AssessmentPro Administrator is responsible for ensuring the list remain accurate and valid at all times. This means that if a member of the staff leaves for any reason, their AssessmentPro access is terminated by the AssessmentPro administrator.

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128. For the purpose of submitting a Level I or LOC screen, who is considered "clinical"?

This is a determination your AssessmentPro administrator will need to make for your facility. Maximus does not have specific licensure requirements to define "clinical," although we encourage clinical users be those who are familiar with clinical work and understand the complexities of both medical and behavioral health. Some examples are nurses, doctors, social workers, and case managers, although certainly other staff could qualify as clinical.

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129. What happens if the Maximus AssessmentPro system goes down for maintenance or has a glitch?

Maximus schedules and announces maintenance in advance. Maximus ensures that maintenance includes minimal downtime and performs maintenance after normal working hours. In case of catastrophic outage, use the Emergency Outcome process. Instructions and resources to complete this process will be made available when needed on both the Maximus and DA websites.

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130. What do we do if a patient is confused and cannot provide information (e.g., doesn't know his social security number) and the family is also unable to provide the required information?

AssessmentPro includes an "other" option with several secondary identifiers. Simply choose one of these options:

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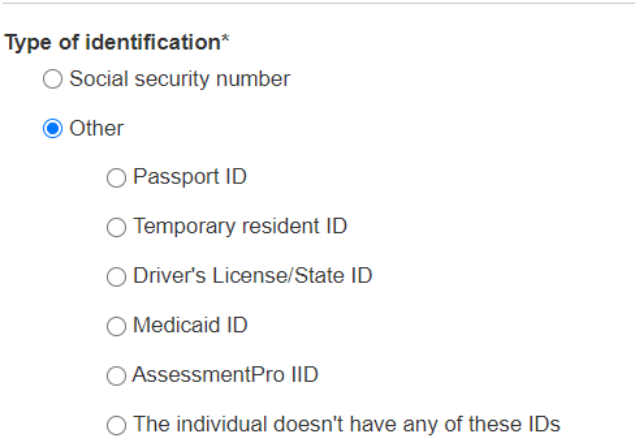

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131. If a mental status exam is not ordered to be completed, will one have to be requested to complete a Level I?

No. Maximus may need to see copies if one exists; however, no specific exams or assessments are required when submitting a Level I. A recent H&P or other documentation to support diagnoses/conditions can serve in lieu of some records, such as a mental status exam or medication record. If you believes supporting documents will expedite an outcome determination, please upload with the Level I referral.

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132. How does a facility become classified as Medicaid-certified?

The facility must complete the appropriate Indiana Health Coverage Program (IHCP) provider packet, located at the IndianaMedicaid.com website, sign the provider agreement, sign the signature authorization page, gather applicable certifications or licenses required for the enrolling provider's type and specialty (all nursing facilities require Indiana State Department of Health certification and that information must be forwarded to Hewlett Packard Enterprises before enrollment is completed), provide proof of Medicare and Medicaid participation when required, and submit the documents to the Provider Enrollment Unit.

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133. Is the parent of a minor under the age of 21 considered the "Legal Guardian?"

A parent is considered a legal guardian until the child reaches the age of 18. At that time, a parent will require a court order to maintain legal guardian status.

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134. Do you have to enter a Medicaid expiration date?

Although the expiration date is not required, please enter it if you have it available. If you do not have the date, the date field is not required. If you do not enter a date, it will default to 12/21/2299.

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135. Many discharge planners are social workers. The interRAI assessment questions are very clinical in nature. Can they still be completed by social workers?

The interRAI was carefully designed so that any person can complete the assessment. You will receive training on how to conduct the assessment if this will be one of your responsibilities. Information about the training will come directly from the Division of Aging.

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136. Is Healthy Indiana Plan (HIP) considered Medicaid?

For the PASRR / LOC process, every version of Medicaid is included. If a person has a Medicaid number, they must receive a Level of Care assessment. Indiana HIP provides access to comprehensive Indiana Medicaid State Plan services.

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137. To do business with our facility, policies require that Maximus sign security agreement or Business Associate Agreement for HIPAA purposes.

Maximus has contracted with the State of Indiana, and as such, does not sign agreements with individual facilities. Please contact the Division of Aging for further information.

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138. What actions should be taken when an LTC Crossover claim has been denied because the member's Level of Care (LOC) does not match the billing provider information?

If this occurs, please see Explanation of Benefits (EOB) 2008 - MEMBER NOT ELIGIBLE FOR THIS LEVEL OF CARE FOR DATES OF SERVICE.

PER POLICY, LOC is still required on these crossover claims, however at the request of FSSA, HPE has temporarily modified the system to bypass this editing. This will allow claims for nursing home members with a level of care that does not align with the billing provider on the claim to pay. This is only applicable to LTC Crossover (Medicare/Medicaid) claims. Regular LTC claims remain active for this EOB. This EOB will remain in this status until further notice. Future changes to this EOB will be communicated in upcoming IHCP publications.

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139. In order to maintain my account, how often do I need to log into AssessmentPro?

You should log into AssessmentPro at least once a month in order to avoid becoming inactive / terminated. If this happens, you can use the Forgot Password link to reactivate your account. Keep in mind, after 6 months of inactivity, your account will be terminated. If this occurs, you must contact the Help Desk to be reinstated.

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140. What are the risks associated with failing to provide accurate demographic information?

It is critical that you have used accurate demographic information in AssessmentPro. This includes:

First and Last Name
Gender
Date of Birth
Social Security Number
Medicaid (RID) Number – When Available

Missing or inaccurate information will prevent or delay entry of the authorization, which will cause you to experience claim denials. Further, your LOC entry needs to be made in a timely manner. This assures that LOC at time of service can be documented. Entries greater than a year will be withdrawn and forwarded to the state for consideration.

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