

Division of Medicaid - eLTSS System Training

Level of Care Assessment and Informed Choice

August 24, 2022



LTC Pre-Admission Screening Requirements

Rule 1.1: Clinical Eligibility Determination

A. A Pre-Admission Screening and Resident Review (PASRR) Level I must be performed prior to admission to a Medicaid certified nursing facility (NF), except for the exclusions listed under Miss. Admin. Code Part 207, Rule 1.2., to:

1. Assess the person's clinical eligibility and need for NF services.
 - a) A person must meet the Division of Medicaid's specific numerical threshold for clinical eligibility, or be approved based on a secondary review, in order to be considered clinically eligible.
 - b) Clinical eligibility determinations, which are unable to be determined by the Division of Medicaid, will be submitted to a Mississippi licensed physician for the determination.
 - c) A person must also have signed physician's orders upon admission to the NF.

LTC Pre-Admission Screening Requirements (con't)

Rule 1.1: Clinical Eligibility Determination

- A. A Pre-Admission Screening and Resident Review (PASRR) Level I must be performed prior to admission to a Medicaid certified nursing facility (NF), except for the exclusions listed under Miss. Admin. Code Part 207, Rule 1.2., to:
2. Confirm whether or not the person has a mental illness (MI), an intellectual disability/developmental disability (ID/DD) and/or a related condition (RC), and/or
 3. Assess whether the person requires specialized rehabilitative services or supplemental services and supports.

LTC Pre-Admission Screening (con't)

Rule 1.1: Clinical Eligibility Determination

- B. If the PASRR Level I confirms that an individual has MI, ID/DD and/or an RC, or if specialized rehabilitative services or supplemental services and supports are required then the individual must complete a PASRR Level II prior to admission to the NF. [Refer to Miss. Admin. Code Part 206, Chapter 3]
- C. The PASRR Level I must be submitted to the Division of Medicaid via the Envision web portal upon completion. The completed PASRR Level I must be faxed to the Division of Medicaid if the provider is not a Mississippi Medicaid provider.
- D. The provider who performs the PASRR Level I certification must retain the document in the person's medical record and must make it available to the Division of Medicaid upon request.

Source: Miss. Code Ann. §§ 43-13-117; 43-13-121.

Exclusions

Rule 1.2: Exclusions

A. A Pre-Admission Screening and Resident Review (PASRR) Level I is not required when a person is:

1. Admitted to a nursing facility (NF) when the person was discharged from an acute care hospitalization directly into a NF for continued treatment of a condition for a period of less than thirty (30) days.
 - a) The person must be admitted to a NF short stay covered under Medicare Part A, Medicare Part C Plan, or other payor, as a skilled NF resident, and
 - b) The attending physician must certify before admission to the NF that the person is likely to require less than thirty (30) days of NF services.
2. Discharged from a NF due to exhaustion of hospital temporary leave days and is subsequently re-admitted to a NF.
3. Transferring from one (1) Medicaid certified NF to a different Medicaid certified NF with or without an intervening hospital stay.

Exclusions (con't)

Rule 1.2: Exclusions

- B. If a person who enters a NF as an exempted hospital discharge is later found to require more than thirty (30) days of NF care, the State mental health or intellectual disability authority must conduct a resident review within forty (40) calendar days of the NF admission.

Source: 42 C.F.R. § 483.106; Miss. Code Ann. §§ 43-13-117, 43-13-121.

New Level of Care Assessment Tool

- The Pre-Admission Screening and Resident Review (PASRR) Level I will be replaced with the new LTSS Screening Tool – Level I.
- Envision will no longer be used to enter assessments.
- The new LTSS Screening Tool will be completed in eLTSS, an upgraded technology platform with a more user-friendly interface.

Who can complete the LTSS Screening Tool?

The LTSS Screening Tool must be completed by the following qualified individuals:

- A. Physician,
- B. Nurse Practitioner or Registered Nurse or Licensed Practical Nurse,
- C. Licensed Social Worker,
- D. Rehabilitation Counselor, or
- E. Designee by facility/setting.

*Administrative Code updates pending.

Preparing to Complete a Screening

Prior to starting a screening, users should navigate to the “Person’s Profile” and validate/update the following information to ensure that is correct and complete:

- Address(es),
- Contact Information,
- Representative or Guardian Information,
- Physician Information, and
- Advanced Directives

Representative/Physician Information

Person's Profile — Representative New

Cancel Save

Representative Contact Form

Representative Information

First Name: *

Last Name: *

Middle Name:

Suffix:

Relationship to Person: *

Representative Contact Information

Phone Type: *

Phone Number (XXX XXX XXXX): * Ext.

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

County:


Guardian Information

Set as Current Guardian of Person

Set as Current Guardian of Property

Set as Current Surrogate

Set as Current Representative Payee

Set as Current Power of Attorney Contact 

Set as Current Durable Power of Attorney Contact

Set as Current Case Manager or Service Coordinator Contact

Set as Current Physician

Set as Current Emergency Contact

Advanced Directives

Person's Profile — Advanced Directives Edit

Cancel Save

Advanced Directives Form

Advanced Directives

DNR: Yes No Unknown

Advanced Directives Living Will: Yes No Unknown

Medical POA: Yes No Unknown

Advanced Directives Medical POA Durable: Yes No Unknown

Advanced Directives General POA: Yes No Unknown

Advanced Directives General POA Durable: Yes No Unknown

Advanced Directives Guardian of Person: Yes No Unknown

Advanced Directives Guardian of Property: Yes No Unknown

Surrogate: Yes No Unknown

New LTSS Screening Tool

Screening — Questionnaire Status: In Progress View Edit

Back to Summary Save Save & Done Expand All ↕

- A. Intake Information
 - Source
- B. IADLs
 - Meal Preparation
 - Housework
 - Telephone Use
 - Managing Medication
- C. ADLs
 - Assistive Devices
 - Mobility Indoors
 - Dressing Upper Body
 - Dressing Lower Body
 - Toileting
 - Mobility in Bed
 - Bathing
 - Transferring
 - Eating
- D. Environment and Living
 - Physical Environment
 - Moved in With Others
 - Left Alone
 - Better Off Elsewhere
- E. Health
 - Wound/Ulcer
 - Home Care Aide
 - Physical Therapy
 - Nurse
 - IV Medication
 - Speech Therapy
 - Occupational Therapy
 - Primary Caregiver Relief Services
- F. Behavior
 - Threatening
 - Wandering
 - Hallucinations
 - Delusions
 - Self-injurious
- G. Communication
 - Making Self Understood
- H. Cognition
 - Decisions
 - Disorganized Speech
 - Memory/Learning
- I. Medications

Questionnaire

- ▶ ● A. Intake Information **
- ▶ ● B. IADLs **
- ▶ ● C. ADLs **
- ▶ ● D. Environment and Living Arrangements **
- ▶ ● E. Health **
- ▶ ● F. Behavior **
- ▶ ● G. Communication **
- ▶ ● H. Cognition **
- ▶ I. Medications
- ▶ ● J. Disease Diagnoses **
- ▶ ● K. Financial **
- ▶ ● L. Referral Questions **
- ▶ ● M. PASRR **
- ▶ Attachments

LTSS Screening Tool – Section A. Intake Information

- Intake Information – Pre-populated from the Person's Profile
- The following questions will require a response:
 - Source of Information?
 - Does (Person) require a foreign language or sign language interpreter?
 - Is this a Nursing Facility or HCBS screening?

LTSS Screening Tool – Section B. ADLs & C. IADLs

- Assessment responses should consider the past 3 days. The old PAS considered 30 days.
- The appropriate radio button option should be selected that describes the level of assistance needed.
- All questions in each section must be addressed.

LTSS Screening Tool – Section D & E

- Section D. ENVIRONMENT & LIVING ARRANGEMENTS – Identify and describe environmental hazards and the person’s ability to live alone.
- Section E. HEALTH – Identify and describe any health-related services or treatments the person has received in the last 3 days.

LTSS Screening Tool – Sections F, G & H

- Section F. BEHAVIOR – Identify and describe any behaviors the person has exhibited in the last 3 days.
- Section G. COMMUNICATION – Describe how well the person is able to make themselves understood.
- Section H. COGNITION – Describe current cognition and status over the last 3 days.

LTSS Screening Tool – Section I

- Medications

▼ I. Medications

🗨 List all required medications

Medication 1

[Delete](#)

a. Name: **

Search

b. Dose: **

c. Unit: **

d. Route: **

e. Frequency: **

f. PRN: **

g. ATC or NDC code:

+ Add Medication

LTSS Screening Tool – Section J

- Disease Diagnoses

Other Disease Diagnoses **

Disease Diagnosis #1

[Delete](#)

ICD Code: *

Search

Description: *

Disease Code: **

- 0 - Not present
- 1 - Primary diagnosis/diagnoses for current stay
- 2 - Diagnosis present, receiving active treatment
- 3 - Diagnosis present, monitored but no active treatment

[+ Add Disease Diagnosis](#)

LTSS Screening Tool – Sections K, L & M

- Section K. FINANCIAL – Describe current financial status.
- Section L. REFERRAL QUESTIONS – Identify conditions/situations that may require a Level II referral.
- Section M. PASRR Level I Information – Identify Level II Categorical Determination Criteria.

This section will not populate if “Nursing Facility” is not selected in Section A.

LTSS Screening Tool – Attachments

- Required attachments include:
 - History and Physical (H & P) dated within the last 12 months
 - Physician Orders
 - 3-5 Days of Nursing Notes (If available.)
 - Psychiatric Diagnostic Evaluation Notes (If applicable.)
- Include any consultations or evaluations that support and/or substantiate the mental health, physical and/or behavioral change(s) noted on this form.

Level of Care Scoring

- LOC score is only auto created from Screening, if the screening question in the Intake section indicates Nursing Facility.
- If Screening score is 1, 2, or 3, then LOC is automatically approved as a result of the submitted Screening (Level I) assessment.
- If Screening score is 0, then LOC is automatically system created as Pending Nurse Review.

Pending Nurse Review

Level of Care Scores resulting in “0” will receive a Secondary Clinical Review.

The DOM nurse may request that additional information be provided.

A determination of outcome will be provided after that review is completed.

Documentation of Informed Choice

Rule 1.4: Documentation of Informed Choice

- A. A person must be advised of all identified placement options funded by the Division of Medicaid as part of ensuring that an informed choice is made regardless of where a person applies for services. Medicaid beneficiaries have the right to freedom of choice of providers for Medicaid covered services. [Refer to Miss. Code Part 200, Rule 3.6]
- B. The PASRR Level I Informed Choice section must be signed by the person and/or their legal and/or designated representative.
- C. The PASRR Level I will not be processed without the Informed Choice section having being completed and signed.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

Changes to the Informed Choice

- An Informed Choice form will capture the Person's choice of Nursing Facilities. A person is required to select at least one nursing facility but may choose up to 3 Nursing Facilities that should be listed in the order of their preference on the Informed Choice form. When the selection is institutional, a Nursing Facility Informed Choice will be created. The admitting Nursing Facility must be listed on the Informed Choice.
- The latest submitted Informed choice will be in an "Active" state.
- At any point, only one Active Informed Choice where Person's choice is Nursing Facility can exist in LTSS.
- A Home and Community Based Services (HCBS) Informed Choice will override a Nursing Facility Informed Choice.

What is a My List?

- My List is a mechanism to retrieve information and act upon the statuses of beneficiaries in the eLTSS process.

Institutional My Lists for Screening Level I

The following are My List statuses that can be selected:

- Show me people with status of **'Level I/Status Change In Progress'** – These are individuals who have a Level I or Significant/Status Change form in progress.
- Show me people with status of **'Level I/Status Change Completed – PASRR Not Indicated'** – These are individuals who have had a Level I but did not meet indicators for additional review in the PASRR section of the screening.
- Show me people with status of **'Level I/Status Change Completed – PASRR Indicated'** – These are individuals who have had a Level I and did meet indicators for additional review in the PASRR section of the screening.

eLTSS System Demos

- Person's Profile
- Screening
- Level of Care
- Informed Choice

eLTSS Process Terminology

Reminder

- Create – A screening is created from the screening module by selecting either New Request or Initiate screening. This screening will serve as the Level I assessment.
- Cancel – Upon starting the screening questionnaire, the screener may cancel and opt to not record any information on the questionnaire.
- Save – During the questionnaire, the screener can opt to save the questionnaire and thus preserve any information that has been entered.
- Submit – Upon completion of the questionnaire, the screener can submit the screening. The screening will then be scored as a Level I assessment and a determination for Nursing Facility Level of Care can be made.

Saving/Submitting

Remember that for a Screening to be completed and scored, users must select the Submit button! Saving alone will not submit the screening for scoring and review.

Contact Information

For questions regarding
policy or the implementation,
please contact DOM
via email at

LTSSPrograms@medicaid.ms.gov

Questions?

