



Alabama Medicaid Agency
Medicaid



AMMIS LTC Web Portal Admission Notification Panel User Manual

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**Alabama Medicaid Agency
501 Dexter Avenue
Montgomery, Alabama 36104**

**Gainwell Technologies
301 Technacenter Drive
Montgomery, Alabama 36117**

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1 DOCUMENT CONTROL

The latest version of this document is stored digitally. Any printed copy has to be considered an uncontrolled copy.

1.1 DOCUMENT INFORMATION PAGE

| Required Information | Definition |
|----------------------|---|
| Document Title | AMMIS LTC Web Portal Admission Notification Panel User Manual |
| Version: | 2.0 |
| Location: | https://pwb.al.gtdsd.com/alix/Subsystem/utis/DocDescription.asp?Folder=../Subsystem/Long%20Term%20Care/User%20Manual |
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1.2 AMENDMENT HISTORY

The following Amendment History log contains a record of changes made to the format of this document:

| Date | Document Version | Author | Reason for the Change | Changes (Section, Page(s) and Text Revised) |
|------------|------------------|-----------|---|---|
| 03/31/2025 | 1.0 | X. Fields | Initial Version | N/A |
| 02/26/2026 | 2.0 | X. Fields | Update LTC Web Portal Panel Layout screenshots and Perf Provider field modify | Section 3.2 Section 4.1 – Section 4.13 |
| 03/26/2026 | 2.0 | X. Fields | Agency Approval | Section 11.1.2- Procedure #16 |

2 INTRODUCING THE ALABAMA LTC WEB PORTAL ADMISSION NOTIFICATION PANEL

Thank you for using Gainwell Technologies (Gainwell) Alabama Long Term Care (LTC) Web Portal Admission Notification Panel. The LTC Web Portal Panel in the Provider Web Portal is a parity of the functionality of the LTC Admission Notification Software. The new LTC Web Portal panel will allow Users to submit digital LTC Admission Notifications on behalf of Alabama Medicaid recipients. Access to the new LTC Web Portal panel will be limited to provider and clerk accounts with provider types 3-Nursing Home/Hospital Swing Bed and 68-PACE providers. Providers who submit admission notifications to Medicaid digitally receive the following benefits:

- Quicker admission notification turnaround
- No Software Updates
- Additional admission notification data validation to reduce User errors
- Auto filled data fields utilizing MMIS Provider and Recipient Data.

The Alabama LTC Web Portal Admission Notification Panel is available at no charge to Alabama Medicaid providers. This guide will provide walkthrough of admission record submission procedures and a contact number for the Digital Media Claims (EMC) Help Desk, whose commitment is to assist Alabama Medicaid providers with digital eligibility, claims, and medical eligibility application submission.

The Alabama LTC Web Portal Admission Notification Panel is comprised of three sections:

- What you need to know to use the Alabama LTC Web Portal Admission Notification Panel, which provides definitions for important digital admission notification submission concepts.
- How to Use this Manual, which describes the contents of the user manual.
- Where to Get Help, which provides a contact list for the EMC Help Desk and other Gainwell personnel who can assist you with any Alabama LTC Web Portal Panel related questions.

2.1 WHAT YOU NEED TO KNOW TO USE THE ALABAMA LTC WEB PORTAL ADMISSION NOTIFICATION PANEL

Below are some terms and concepts that will enhance your ability to use the Alabama LTC Web Portal Admission Notification Panel:

Batch

The most important concept to understand about Alabama LTC Web Portal Panel is that it enables users to submit admission notifications in groups or batches.

Batch submission refers to sending groups of admission notifications to Gainwell. A batch may contain one record or many records. These transactions are not sent directly to the Gainwell system, but to an intermediary referred to as the Web Server. The Gainwell system accesses the Web Server each evening Monday through Friday and downloads any batches providers have placed there. The next morning after the batches have been received and processed by Gainwell, providers can inquire for a response via reports on the Provider Web Portal.

2.1.1 The Alabama LTC Web Portal Admission Notification Panel User Manual versus The Alabama Medicaid Provider Manual

The Alabama LTC Web Portal Admission Notification Panel User Manual describes how to complete the digital admission notification form correctly to enable you to submit admission records that process correctly. It does not provide program-specific information. This user manual explains how to:

- Access the Alabama LTC Web Portal Admission Notification Panel via the Provider Web Portal
- Navigate in the Alabama LTC Web Portal Admission Notification Panel
- Complete the required and optional fields on the digital admission record form
- Submit a batch of admission records

To receive a copy of the Alabama Medicaid Provider Manual, users can download a copy from the Alabama Medicaid website at <http://www.medicaid.alabama.gov>. The AL Provider Manual is updated by Gainwell and published quarterly. For billing questions, contact the Provider Assistance Center at 1-800-688-7989.

2.2 HOW TO USE THIS MANUAL

This manual is comprised of the following sections:

| | Section Title | Contents |
|---|---|---|
| 1 | Document Control | Provides information regarding amendment history and related documentation. |
| 2 | Introducing AlabamaLong Term Care (LTC) Web Portal Admission Notification Panel | Describes what you need to know to use Alabama LTC Long Term Care Web Portal Admission Notification Panel, how to use the user manual, and who to contact if you have questions. |
| 3 | Provider Web Portal Navigation | Describes general navigation concepts of accessing and login procedures of the Provider Web Portal. |
| 4 | Alabama LTC Web Portal Admission Notification Panel Overview | Describes many distinct functions and features of the LTC Web Portal Panel to build batch list of admission records, search saved admission records and modify admission records. This increases your ability to submit correct Notifications quickly and efficiently. |
| 5 | Retrospective Review | Describes the Medicaid Agency process of retrospective review of documentation. Although this is not specifically related to the panel, it is necessary to understand the importance of adhering to policy rules regarding documentation required prior to submitting admission notifications and the consequences of not adhering to policy. |
| 6 | Nursing Home | Describes how nursing home providers complete the form. |
| 7 | Hospice | Describes how hospice providers complete the form. |
| 8 | Intermediate Care Facility For Individuals With Intellectual Disabilities (ICF/IID) | Describes how ICF/IID providers complete the form. |
| 9 | HCBS - Intellectual Disabilities (ID)/Living at Home (LAH) and Community Waiver | Describes how ID, LAH and CWP providers complete the form. |

| | | |
|----|--|---|
| | Program (CWP) | |
| 10 | HCBS - Elderly and Disabled (E&D), SAIL, and ACT | Describes how Elderly and Disabled, , SAIL and ACT providers complete the form. |
| 11 | Program Of All-Inclusive Care For The Elderly (PACE) | Describes how PACE providers complete the form. |
| 12 | Receiving A Response | Describes how to resubmit a batch and understand the corresponding submission reports. |
| 13 | AL LTC Web Portal Admission Notification Panel File Specifications | Describes the file specification for creating a transmit file for admission notification. |

Many of the manual sections feature step-by-step instructions with illustrations. Throughout the manual, note boxes draw the reader’s attention to important concepts.

2.3 WHERE TO GET HELP

As you become more familiar with Alabama LTC Web Portal Admission Notification Panel, you will probably refer to this manual less often. Gainwell provides this user manual to ensure you have access to as much information as possible about the Alabama LTC Web Portal Admission Notification Panel.

If you still have questions, or if you encounter difficulty using the Alabama LTC Web Portal Admission Notification Panel contact the EMC Help Desk at: 1 (800) 456-1242.

The Help Desk staff are available from 7:00 a.m. to 8:00 p.m., Central Standard Time (CST), Monday through Friday.

3 Provider Web Portal Navigation

3.1 Provider Web Portal Narrative

This section provides instructions on how to login into the Provider Web Portal, navigate the Provider Web Portal, how to update passwords, and how to add or remove Clerk Accounts.

The Provider Web Portal login page, accessible via the Secure Site link below, allows users to login to the secure Interactive Services website and access the LTC Web Portal Admission Notification panel. Access to the panel will be limited to Provider and Clerk accounts with provider types 3-Nursing Home/Hospital Swing Bed and 68-PACE.

Navigation Path: [Account] – [Secure Site]

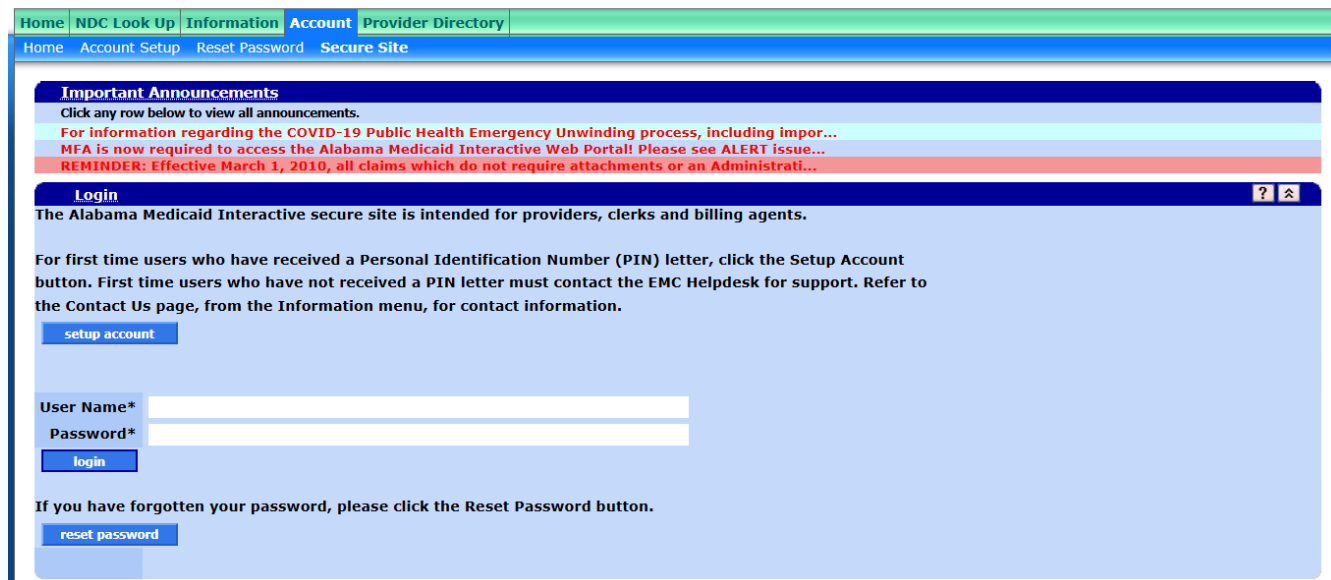
Secure Site link : <https://www.medicaid.alabamaservices.org/ALPortal>.

3.2 Login to the Provider Web Portal

To login to the Provider Web Portal and access the LTC Web Portal Admission Notification Panel, a representative must have a valid User ID and password. Billing Provider IDs, with an active contract, will be issued a “PIN Letter” which will detail their Login ID and PIN.

Once the User has a valid User ID and Password, they will need to enter their Username and Password into the appropriate fields and click the ‘login’ button. Users can then access the Provider Web Portal and navigate to Account > Setup Account and enter the Login ID and PIN to create their Username and Password and complete setup of the account.

The Provider Admin account is responsible for creating a User ID and initial password for new Clerk users by navigating to Account > Clerk Maintenance. New Clerk users will be prompted to change the initial password upon first log in. The Provider Admin is also responsible for assigning new and existing clerk users the LTC role under Account > Clerk Maintenance.



3.3 UPDATING AND MAINTAINING YOUR WEB SERVER PASSWORD

To login to the Provider Web Portal and access the LTC Web Portal Admission Notification Panel, a representative must have a valid User ID and password. Billing Provider IDs, with an active contract, will be issued a “PIN Letter” which will detail their Login ID and PIN.

Users can then access the Provider Web Portal and navigate to Account > Setup Account and enter the Login ID and PIN to create their Username and Password and complete setup of the account.

If the PIN is lost, the User needs to contact EMC Helpdesk to request the PIN be reset and have a new one mailed or faxed to connect to the Web Server:

- Contact the EMC Helpdesk at 1-800-456-1242.

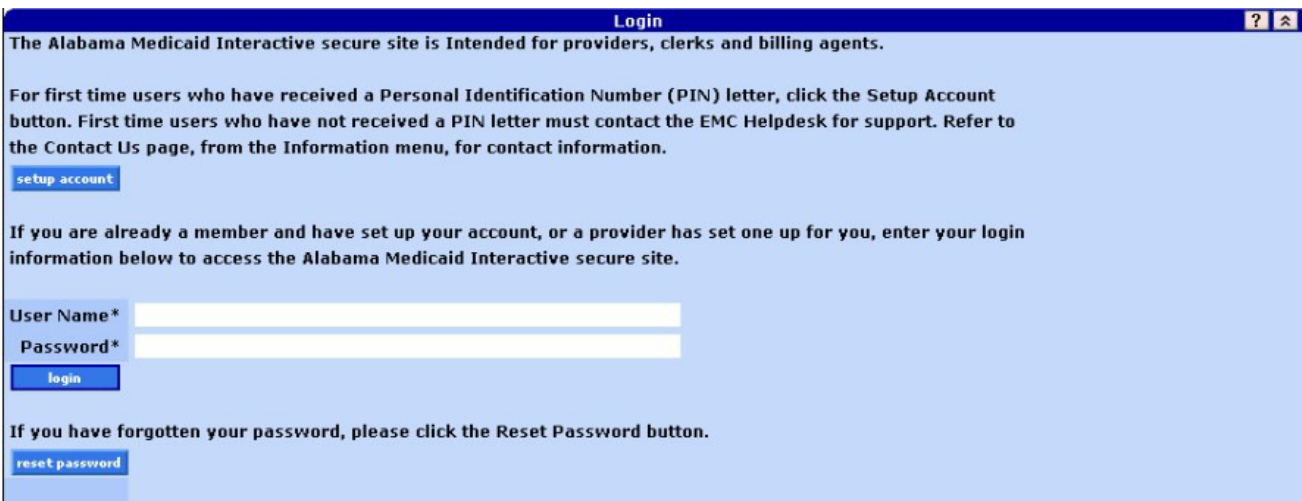
3.3.1 Resetting Passwords

When users initially log in to the website, an option displays allowing a user to set up two security questions and answers that can be used to create a new password in the event the password is forgotten. To reset a password for existing accounts, the User will need to navigate to Account > Reset Password and answer the two security questions.

3.3.2 Updating Your Expired Password

As a security measure, User will need to update their password every 60 days. Follow the steps below to complete this process:

- Step 1** Access the Provider Web Portal using either method as outlined above.
- Step 2** Click ‘Account’ then ‘Secure Site’ to reach the Logon page.
- Step 3** To change your password, follow steps 5 through 9.
- Step 4** The main logon screen will look as follows



- Step 5** Enter in the Provider or Clerk Account credentials
- Step 6** Press the 'Login' button to continue.
- Step 7** A screen should appear as follows:



- Step 8** Enter your current and new password in the designated fields. Press the 'change password' button to continue.
- Step 9** You will be notified if you have completed this update successfully.

3.4 Web Browser Setup

Workstations must be equipped with Microsoft Edge version 100 or greater.

Please refer to the website for Microsoft Edge (<https://www.microsoft.com/en-us/edge>) for additional information.

3.4.1 Connecting through an ISP (Internet Service Provider)

This section will inform you how to log on to the Web Server through an ISP (Internet Service Provider).

Follow the steps below to log in to the website using an Internet Service Provider:

| Step | Action | Response |
|------|---|------------------------|
| 1 | Click the Edge browser located on your workstation. | Edge browser launches. |

| | | |
|---|--|---|
| 2 | Enter https://www.medicaid.alabamaservices.org/ALPortal ; press Enter key on your keyboard. | Home page of the Interactive Services website displays. |
|---|--|---|

3.4.2 Navigation Buttons

Do not select the previous/back or following/forward website navigation buttons in the toolbar if the website navigation button offers a selection for “next” or “previous” screen. If you use the navigation or windows buttons instead of those provided by the application, you may risk losing work in progress.

3.4.3 Screen Display Features

The Provider Web Portal is designed to display within Web browser pages that fit on a computer (PC) desktop with a minimum screen resolution of 1024 x 768 pixels and preferred screen resolution of 1400 X 1050 pixels. However, in order to fit large system objects such as the LTC Web Portal Panel into one screen print, the user has the option of resetting the text size of the Web browser so that the selected area of the system fits into a screen print.

In addition, there may be some Web browser pages that use a lower pixel configuration and cause a horizontal scroll bar to appear at the bottom of the page for viewing the left side and the right side of the information displayed. In general, pages should only require vertical scrolling.

3.4.4 To Set System Text Size

To set the system text size, perform the following steps:

| Step | Action | Response |
|------|--|---|
| 1 | Log into the Provider Web Portal website. | Home page displays. |
| 2 | Select View from browser toolbar. | View menu displays. |
| 3 | Point to Text Size and click Smaller . | Default text size is set to medium. After the user selects smaller, the system objects will appear smaller. |

3.5 Clerk Maintenance

3.5.1 Clerk Maintenance Panel Narrative

This panel allows providers to create/add, manage or remove clerks. The user has the capability to grant roles to clerks. The role configuration set applies only when the clerk represents a particular provider. Properly assigning roles for Clerk accounts is crucial for gaining access to the LTC Web Portal Admission Notification Panel, as Providers should ensure Clerk accounts are properly set to 'LTC Admission' role.

Navigation Path: [Account] – [Clerk Maintenance] - [add clerk]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

3.5.2 CLERK Maintenance Panel Layout

3.5.3 Clerk Maintenance Panel Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|--------------------|--|------------|--------------------|--------|
| add clerk | This button allows users to create and add a new clerk. | Button | N/A | 0 |
| Assigned Roles | Allows the user to select roles from the Available Roles List Box and move them to the Assigned Roles Box. | Field | N/A | 0 |
| Available Roles | Displays the list of available roles. | Field | N/A | 0 |
| cancel | This button cancels any changes made to the page. | Button | N/A | 0 |
| Clerk Roles | Displays the list of assigned and available roles. | Combo Box | Drop Down List Box | 0 |
| Confirm Email | Displays the confirmation of the Email address of the account user. | Field | Character | 50 |
| Confirm Password | Displays the retying of the password to confirm. | Field | Alphanumeric | 30 |
| Contact First Name | Displays the contact's last name for the account user. | Field | Character | 50 |
| Contact Last Name | Displays the contact's last name for the account user. | Field | Character | 50 |

| | | | | |
|------------------|--|--------|------------------|----|
| Email | Displays the email address of the account user. | Field | Character | 50 |
| Password | Displays the initial password for the clerk. Will be set as expired requiring the user to change the password when logging in. A Web Password must, at a minimum, include the following format: <ul style="list-style-type: none"> ▪ 1 Lower and 1 Upper Case value. ▪ 1 numeric value; and be at least 8 bytes in length. | Field | Alphanumeric | 30 |
| Phone Number | Displays the phone number of the account user. | Field | Number (Integer) | 10 |
| Phone Number Ext | Displays the phone number extension of the clerk. | Field | Number (Integer) | 4 |
| remove clerk | This button removes a selected clerk from the clerk data list. | Button | N/A | 0 |
| submit | This button initiates the save process. | Button | N/A | 0 |
| Username | Displays the login identification of the user. | Field | Alphanumeric | 20 |

3.5.4 Clerk Maintenance Panel Field Edit Error Codes

| Field | Error Message | To Correct |
|------------------|---|---|
| All fields | Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data. | Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. |
| | Field exceeds max length. | Ensure that the field matches the field lengths as documented in the field descriptions above. |
| Confirm Email | Email must be same as Confirm Email. | Check whether the Email and Confirm Email values are typed the same. |
| | Confirm Email is required. | Re-enter the Email address. |
| Confirm Password | Password must be same as Confirm Password. | Check whether the Password and Confirm Password values are typed the same. |
| | Confirm Password is required. | Re-enter the password. |

| | | |
|--------------------|--|--|
| Contact First Name | Contact First Name is required. | Enter the contact's first name. |
| Contact Last Name | Contact Last Name is required. | Enter the contact's last name. |
| Email | Email is required. | Enter the contact's email address. |
| | Email is invalid for an Email type value. | Enter a valid email address. |
| Password | The new password does not meet the security requirements of the domain. Please refer to the field help on the New Password field for requirements and try again. | Ensure the format of the password is correct. Format requirements are noted within the help text for the Password field. |
| | Password is required. | Enter a password. |
| Phone Number | Phone Number is required. | Enter the contact's phone number. |
| Username | Username must be at least 6 characters in length. | Enter a username that is at least 6 bytes in length. |
| | The Username already exists. | Enter a unique user ID. |
| | Username cannot contain values other than [A-Z/a-z/0-9]. | Ensure the field contains only A - Z and 0 - 9. |
| | Username cannot contain Numeric in the beginning. | Enter a Username that begins with an alpha character. |
| | Username is required. | Enter a Username that is between 6 to 20 bytes in length. |

3.6 Clerk Maintenance Panel Accessibility

3.6.1 To Access the Clerk Maintenance Panel

| Step | Action | Response |
|------|----------------------------------|--------------------------------|
| 1 | Click Account . | Account page opens. |
| 2 | Click Clerk Maintenance . | Clerk Maintenance panel opens. |

3.6.2 To Add on the Clerk Maintenance Panel

| Step | Action | Response |
|------|--|--|
| 1 | Click add clerk . | Activates fields for entry of data or selection from lists. |
| 2 | Enter Username or click [Search] to select from list. | Clicking [Search] activates the Username Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel. |
| 3 | Enter Contact First Name . | |

| | | |
|----|--|--------------------------------------|
| 4 | Enter Contact Last Name . | |
| 5 | Enter Phone Number and (optional) extension. | |
| 6 | Enter Email . | |
| 7 | Re-enter email address in Confirm Email field. | |
| 8 | Enter Password . | |
| 9 | Re-enter password in Confirm Password field. | |
| 10 | Select option(s) from Available Roles , and then click [<] or [<<] to add to Assigned Roles . *User will need to select option “ LTC Admission ” to access the LTC Web Portal Admission Notification Panel. | |
| 11 | Click submit . | Clerk Maintenance information saves. |

4 THE ALABAMA LTC WEB PORTAL ADMISSION NOTIFICATION PANEL OVERVIEW

4.1 LTC Web Portal Panel Narrative

This section provides details on the LTC Web Portal Admission Notification panel functionality and how to navigate the panel. Along with providing instructions on how to add, delete, modify, & copy an admission record.

The LTC Admission Notification Web Portal Panel enables authorized users to submit digital LTC Admission Notifications on behalf of Alabama Medicaid recipients. The panel consists of 3 main panel sections similar to the LTC Admission Notification Software: **LTC Search**, **Batch List**, and **Admission Record**.

Navigation Path: [Providers] – [LTC]

4.1.1 LTC Web Portal Panel Layout

The screenshot displays the 'LTC Search' web portal interface. At the top, there are search filters for Provider ID, Provider Name, Recipient ID, and Recipient Name, each with a search button. To the right, there are filters for Status, Admit Date, Submit Date, File Track No, and a Records dropdown set to 20. Search and clear buttons are located at the bottom right of this section.

The main section is titled 'Search Results' and contains a table with the following columns: PPID/PID, Recipient ID, Recipient First Name, Recipient Last Name, Status, Submission Reason, Admit/Disch Date, Submission Date, and File Track No. The table contains several rows of data, though they are partially obscured by a blue horizontal bar.

Below the table, it shows 'Total Count: 93' and a pagination control with numbers 1, 2, 3, 4, 5 and a 'Next >' button.

At the bottom of the interface, there are two columns of additional filters. The left column includes: Provider or Perf Provider ID, Provider Name, Recipient ID, Recipient Name, Submission Reason, Admission Source, Discharge Reason, NH Short Term Stay (checkbox), Hospice Provided in NH (checkbox), and File Track No. The right column includes: PCN, Admit Or Discharge Date, Submit Date, Waiver Income (dropdown), Waiver Income Begin Date, Waiver Reinstatement Begin Date, Waiver Reinstatement End Date, and Medicare Begin Date. At the bottom right of this section are 'delete' and 'add' buttons.

At the very bottom of the page, there are 'save', 'cancel', 'copy', and 'submit' buttons. A mouse cursor is pointing at the 'copy' button.

4.2 LTC Search Panel Section

The LTC Search Panel section located at the top of the LTC Web Portal Panel, allows Users to search all saved admission records associated with the User/Provider/Clerk account. The Provider ID Field will be auto filled with the Provider ID number associated with the logged in User account.

Search results can be filtered using one or more of the following fields: Provider ID, Recipient ID, Admission Record Status, Admit Date, Submit Date, and/or File Tracking Number.

4.2.1 LTC Search Panel Layout

4.2.2 LTC Search Panel Field Descriptions

| Field | Description | Field Type | Data Type | Length |
|----------------|--|------------|--------------|--------|
| Admit Date | The date on which the recipient was admitted to a hospital or long term care facility. | Field | Number | 8 |
| Clear | Returns all LTC Search Panel data fields to default values. | Button | N/A | 0 |
| File Track No | Identifies the file and message information passing through EDI environment. | Field | Number | 9 |
| Provider ID | Provider identification number that uniquely identifies the provider. | Field | Alphanumeric | 12 |
| Provider Name | Provider or Performing Provider name that identifies the provider. | Field | Character | 40 |
| Recipient ID | The first 12-digits of an assigned number which uniquely identifies a recipient. | Field | Number | 12 |
| Recipient Name | The name of the Recipient for the selected Recipient ID. | Field | Character | 29 |
| Records | Sets the number of admission records displayed on the Batch List | Dropdown | Number | 3 |
| Search | Initiates the search function. | Button | N/A | 0 |
| Status | Code Status of a saved admission record. R - Ready to transmit. | Field | Character | 12 |

| Field | Description | Field Type | Data Type | Length |
|-------------|---|------------|-----------|--------|
| | F - Transmitted. | | | |
| Submit Date | The date LTC record submitted from the panel. | Field | Number | 8 |

4.2.3 LTC Search Panel Error Codes

| Field | Error Message | To Correct |
|-------------|--|---|
| Provider ID | Performing Provider or Provider ID Number must be valid. | Enter a valid Provider or Performing Provider ID. |
| Search | You are not logged in or the selected Provider was not found. | Login in with a proper provider account. |
| Field | Error Message | To Correct |
| | You are not logged in as LTC Provider/Clerk. | Login with Provider type "Nursing Home" or "Pace Organization". |
| Admit Date | Admit Date cannot be greater than Current Date. | Enter Admit Date cannot be less than Current Date. |
| | Invalid date. Format is mm/dd/ccyy. | Enter valid date |
| Submit Date | Submit Date cannot be greater than Current Date. | Enter Submit Date cannot be greater than Current Date. |
| | Invalid date. Format is mm/dd/ccyy. | Enter valid date |
| | Admissions Notifications with a Submit Date greater than 180 days before the Current Date exceed the panel retention limit and are no longer available. For admissions notifications with a Submit Date greater than 180 days, please refer to the LTC Accepted and Rejected Reports available in 'Downloads' under the 'Trade Files' tab. | Enter submit date > Current date - 180 |

4.2.4 LTC Search Panel Field Extra Features

| Field | Field Type |
|------------|--|
| All Fields | Field validations are in place to alert the users of mis-keyed information. See Error Codes listing above. |

| Field | Description | Field Type | Data Type | Length |
|-----------------------|--|------------|--------------|--------|
| Admit/Discharge Date | The date on which the recipient was admitted to a hospital or long term care facility. | Field | Number | 8 |
| File Track No | Identifies the file and message information passing through EDI environment. | Field | Number | 9 |
| PPID/ PID | Performing Provider ID/ Provider ID and Provider ID Type | Field | Alphanumeric | 12 |
| Recipient ID | The first 12-digits of an assigned number which uniquely identifies a recipient. | Field | Number | 12 |
| Recipient First Name | The name of the Recipient for the selected Recipient ID. | Field | Character | 29 |
| Recipient Last Name | The name of the Recipient for the selected Recipient ID. | Field | Character | 29 |
| Records Display Count | A dropdown menu that sets how many admission records are displayed on the Batch List. Default value is set to 20 records. | Menu | Number | 3 |
| Status | Code Status of the admission record. R - Ready to transmit. F - Transmitted. | Field | Character | 12 |
| Submission Date | The date LTC record submitted from the panel. | Field | Number | 8 |
| Submission Reason | Submission reason code | Field | Number | 1 |

4.3.3 LTC Batch List Error Codes

| Field | Error Message | To Correct |
|----------|---|---|
| PPID/PID | Performing Provider / Provider ID Number must be valid. | Enter a valid Provider or Performing Provider ID. |

4.3.4 LTC Batch List Panel Extra Features

| Field | Field Type |
|------------|--|
| All Fields | All Fields can be sorted in an ascending or descending order by clicking the Batch List Headers. |

4.4 LTC Admission Record Panel

The **Admission Record** Panel section at the bottom consists of updateable fields that are used to enter admission record data to be saved and displayed on the Batch List. Users can select a saved or submitted admission record from the Batch List to be displayed in the fields.

4.4.1 LTC Admission Record Panel Layout

4.4.2 LTC Admission Record Panel Descriptions

| Field | Description | Field Type | Data Type | Length |
|------------------------------|---|------------|--------------|--------|
| Admission Source | Admission Source Code | Field | Number | 1 |
| Admit/Discharge Date | The date on which the recipient was admitted to a hospital or long term care facility. | Field | Number | 8 |
| Discharge Reason | Discharge Reason Code | Field | Number | 1 |
| Hospice Provided in NH | Allows user to enter a 'check' if Hospice care is provided in a Nursing Home. | Field | Number | 1 |
| Medicare Begin Date | Allows user to enter a Medicare Begin Date. | Field | Number | 8 |
| NH Short Term Stay | Allows user to enter a 'check' if care provided by the Nursing Home is Convalescent Care. | Field | Checkbox | 1 |
| PCN | Patient Control Number | Field | Number | 13 |
| Provider or Perf Provider ID | Provider or Performing Provider ID | Field | Alphanumeric | 12 |
| Provider Name | Provider or Performing Provider name that identifies the provider. | Field | Character | 40 |

| Field | Description | Field Type | Data Type | Length |
|---------------------------------|--|------------|-----------|--------|
| Recipient ID | The first 12-digits of an assigned number which uniquely identifies a recipient. | Field | Number | 12 |
| Recipient Name | The name of the Recipient for the selected Recipient ID. | Field | Character | 29 |
| Submission Reason | Submission reason code | Field | Number | 1 |
| Waiver Income | Waiver income. | Field | Character | 1 |
| Waiver Income Begin Date | Waiver Income Begin Date. | Field | Number | 8 |
| Waiver Reinstatement Begin Date | Waiver Reinstatement Begin Date. | Field | Number | 8 |
| Waiver Reinstatement End Date | Waiver Reinstatement End Date. | Field | Number | 8 |

4.4.3 LTC Admission Record Panel Buttons

| Button | Usage |
|--------|---|
| Add | <p>Pressing this button enables the User to add a new admission record to the Batch List and enable the updateable Admission Record panel fields.</p> <p>The Batch List will display an “A” next to the new admission record to indicate a new record is being added.</p> <p>The Add button’s functionality will be disabled during the following conditions:</p> <ul style="list-style-type: none"> • When an admission record with an ‘F-Transmitted’ status is currently selected. • When a new admission record is currently being added. |
| Cancel | Pressing this button allows Users to cancel the current operation and discards any admission record changes. |
| Copy | <p>Pressing this button will allow Users to copy a saved admission record from the Batch List with a ‘R-Ready to Transmit’ & ‘F-Transmitted’ Status and create a new admission record.</p> <p>The Copy button’s functionality will be disabled during the following conditions: By default, the Copy button will be disabled when accessing the LTC Web Portal Panel.</p> |
| Delete | <p>Pressing this button enables the User to delete the admission record currently selected from the Batch List.</p> <p>The Delete button’s functionality will be disabled during the following conditions:</p> <ul style="list-style-type: none"> • By default, the Delete button will be disabled when accessing the LTC Web Portal Panel . • When an admission record with an ‘F-Transmitted’ status is currently selected. • When a new admission record is currently being added. |
| Save | Pressing this button enables the User to save a new, copied, or modified admission record to the Batch List. |

| | |
|--------|---|
| | <p>A confirmation message indicating the save was successful will be displayed at the top of the LTC Web Portal Panel.</p> <p>The Save button's functionality will be disabled during the following conditions:</p> <ul style="list-style-type: none"> • By default, the Save button will be disabled when accessing the LTC Web Portal Panel. |
| Submit | <p>Pressing this button will allow Users to submit a batch of admission notifications with a 'R- Ready to Transmit' status. A confirmation message will be displayed, allowing the User to confirm or cancel the submission function.</p> <p>The Submit button's functionality will be disabled during the following conditions:</p> <ul style="list-style-type: none"> • When an admission record with an 'F-Transmitted' status is currently selected. |

4.4.4 LTC Admission Record Panel Error Codes

| Field | Error Message | To Correct |
|----------------------------------|--|---|
| Admit or Discharge Date | Admit Date or Discharge Date is required | Enter a valid Admit or Discharge Date |
| Provider /Performing Provider ID | Provider or Performing Provider ID Number must be valid. | Enter a valid Provider or Performing Provider ID. |
| Recipient ID | A valid Recipient is required. | Enter a valid Recipient ID. |
| Submission Reason | A valid Submission Reason is required | Enter a valid Submission Reason. |

4.4.5 LTC Admission Record Panel Extra Features

| Field | Description |
|----------------------------|---|
| All Fields | Field validations are in place to alert the users of mis-keyed information. See Error Codes listing above. |
| Provider ID Search Window | <p>Users can double click the Provider ID field to access a Provider ID pop up window to search for a valid Provider ID.</p> <p>Search results will return all associated Provider ID types (NPI, MCD, and MCD).</p> <p>Users can search using Provider's Address, City, State, and Zip Code.</p> |
| Provider ID Type Link | <p>The Provider ID field on the LTC Web Portal Search Panel, will allow Users to switch between NPI, MCD, or WEB Provider IDs via the Provider Type link located next to the field.</p> <p>The Provider Type link will be accessible once the Users has entered a valid Provider ID and provides the users with a pop-up window listing the available Provider IDs.</p> |
| Provider Name | Read-only field displays after the Provider or Perf Provider ID field are populated |
| Recipient ID Search Window | Users can double click the Recipient ID field to access a Recipient ID pop up window to search for a valid Recipient ID. |

| | |
|----------------|---|
| Recipient Name | A read-only field that displays after the Recipient ID field is populated. |
| | Hyperlink appears after the Servicing Provider field is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD. |

4.4.6 How To Add a New Admission Record to The Batch List

The following steps describe how users can begin creating a batch list of admission records to be submitted to the Web Server.

| Step | Action |
|------|--|
| 1 | Click the 'Add' button to begin adding a new admission record. The Batch List will display a new row with an 'A' to indicate a new admission record is being added. The 'Add' and 'Delete' buttons will both be disabled while the User is adding a new admission record. |
| 2 | Enter the desired admission notification information in the updateable admission record data fields. The following are required fields for all admission records: <ul style="list-style-type: none"> • Recipient ID • Recipient Name • Submission Reason or Discharge Reason • Admission Source • Admit or Discharge Date *The Provider ID and Provider Name will be automatically entered using the logged in Provider/Clerk account information, unless the Provider field is populated. The Provider ID is also displayed in the LTC Search Panel section. *Recipient Name is a read only field that will be auto filled once the Recipient ID field is populated. |
| 3 | Once the required data fields for the admission record are populated, the User will press the 'Save' button to save the admission record to the Batch List. The newly saved admission record will have a 'R- Ready to Transmit' status. |

4.4.7 How To Modify an Admission Record from the Batch List

The following steps describe how Users can select a saved admission record from the Batch List with a 'R- Ready to Transmit' status to be modified before submitting. Admission Records with a 'F- Transmitted' status cannot be modified.

| Step | Action |
|------|---|
| 1 | Select the desired admission record from the Batch List to be modified. |

| | |
|---|--|
| | The Batch List will display an 'A' next to the selected admission record to indicate the record is currently being modified. |
| 2 | The updatable fields will be auto filled with the selected admission record data. |
| 3 | The User can make the necessary corrections to any of the updatable admission record fields. |
| 4 | Once the corrections have been made, the User will press the 'Save' button to save changes. |
| 5 | A confirmation message, "Save was successful", will be displayed at the top of the LTC Web Portal Panel. |

4.4.8 How To Copy an Admission Record from the Batch List

The following steps describe how users can select and copy a saved admission record from the Batch List with a 'R-Ready to Transmit' or 'F-Transmitted' status to create a new admission record.

| Step | Action |
|------|---|
| 1 | Select the desired admission record from the Batch List to be copied. The updateable admission record field will be auto populated with the related data. |
| 2 | Press the Copy button. |
| 3 | A confirmation message "Copy was successful" will be displayed at the top of the LTC Web Portal panel. The Batch List will display an 'A' next to the selected admission record to indicate the record is currently being modified |
| 4 | Using the updatable fields make any necessary changes for the new admission record. |
| 5 | Once the changes have been made, the User will press the 'Save' button to save the new admission record. |
| 6 | A confirmation message, "Save was successful", will be displayed at the top of the LTC Web Portal Panel. |

4.4.9 How to Delete an Admission Record from the Batch List

The following steps describe how Users can select and delete a saved admission record from the Batch List with a 'R-Ready to Transmit' status to remove an admission record from the Batch List before submission. Admission Records with a 'F-Transmitted' status cannot be deleted.

| Step | Action |
|------|---|
| 1 | Select the desired admission record from the Batch List to be deleted. |
| 2 | Press the Delete button |
| 3 | A confirmation message, "Are you sure this is the row you want to delete?", will be displayed at the top of the LTC Web Portal Panel. |
| 3 | Press 'OK' to delete the admission record or Press 'Cancel' to cancel the deletion function. |

4.4.10 Error Messaging and Saving

The following describes how to address Error Messages that appear in a pop up window at the top of the LTC Web Portal Admission Notification panel when the User attempts to save an invalid admission record. The LTC Web Portal Admission Notification panel performs data validation each time the Users clicks the 'Save' button. Below is an example of the Error Message window that details the specific data field and nature of the error:

| The following messages were generated: | | | |
|--|--------------|---------------------------------|------------|
| Message Description | Panel | Field | Row |
| Medicare Begin Date must be greater than or equal to 1/1/1900. | LTC Search | Medicare Begin Date | |
| Waiver Reinstatement Begin Date must be greater than or equal to 1/1/1900. | LTC Search | Waiver Reinstatement Begin Date | |
| Admit Date or Discharge Date must be greater than or equal to 1/1/1900. | LTC Search | Admit Or Discharge Date | |
| Waiver Income Begin Date must be greater than or equal to 1/1/1900. | LTC Search | Waiver Income Begin Date | |
| Waiver Reinstatement End Date must be greater than or equal to 1/1/1900. | LTC Search | Waiver Reinstatement End Date | |
| A valid Recipient is required | LTC Search | Recipient | |

4.4.10.1 How to correct an Error Message:

| Step | Action |
|-------------|--|
| 1 | Double click on the specific error message in the list to and the cursor will automatically be redirected to the data field containing the error. |
| 2 | Perform updates on the incorrect data. |
| 3 | If there are still errors on the LTC Admission Notification, the Error Message window will display again. Continue correcting errors until all data on the panel is entered correctly. The LTC Web Portal Panel will not allow you to save an Admission record with errors in it. |
| 4 | Click 'Save'. |

NOTE:

An admission notification can be corrected, modified, and saved prior to transmission to the Web Server without limit.

4.4.11 Look-Up Functionality

A look-up field provides the User with the only valid values available for the field. Users may enter the value or choose it from a drop-down list.

To view the list, click on the arrow to the right of the field. Highlight the desired value by clicking it once with the mouse. The value displays in the field.

There are four look up fields on the LTC Admission Notification form.

- Submission Reason
- Admission Source
- Discharge Reason
- Waiver Income

All providers using the LTC Web Portal Admission Notification panel must choose one value

from the Submission Reason drop down list. Specific instructions for each provider type are reviewed in the following sections 6 – 11.

4.4.12 Submission Reason

The following is an illustration of the Submission Reason drop down list. Refer to one of the following chapters to review choices specific to your program. Users are required to select a Submission Reason from the list for all admission records.

| | |
|---|---|
| New Admission/Initial Assessment/Election | 1 |
| Readmission | 2 |
| WAIVER Redetermination/PEC Continuation | 3 |
| WAIVER Early Redetermination | 4 |
| WAIVER Reinstatement | 5 |
| Transfer In | 6 |
| Death/Discharge/Termination/Revoke | 7 |

4.4.13 Admission Source

The following is a list of the Admission Source drop down menu. Users are required to select an Admission Source if Submission Reasons ‘1 – 6’ is selected.

| Admission Source Code | Admission Source |
|-----------------------|------------------------------|
| A | Acute Care Hospital |
| C | Palliative Care Hospice |
| H | Home |
| M | Medicare Days |
| N | Nursing Home/ICF-IID |
| P | Post Extended Care |
| S | Medicare Special Needs Plans |
| W | Waiver Redetermination |

4.4.14 Discharge Reason

The following is an illustration of the Discharge Reason drop down list. Providers will need to select one of the explanations from the list for clarification if Submission Reason ‘7- Death/Discharge/Termination/Revoke’ is selected.

| Discharge Reason Code | Discharge Reason |
|-----------------------|--|
| D | Recipient died |
| I | Recipient participating in Gateway to Community Living |
| J | Recipient discharged home |
| M | Medicare Days |
| N | Medicare Special Needs Plans |
| O | Overstayed Therapeutic Leave |
| P | Spend Down |

| | |
|---|---|
| T | Recipient is Transferring/Reassigned to another Facility or Program |
| U | Short Term Hospital Stay |
| T | Recipient was terminated from program |
| V | Recipient revoked |

4.4.15 Waiver Income

The following is an illustration of the Waiver Income drop down list. Users are not required to populate this data field. Specific instructions for Waiver providers are reviewed in following chapters.

| | |
|-------------------------|---|
| | 0 |
| 300% slot | 1 |
| Institutionally deeming | 2 |
| Deinstitutionalized | 3 |

5 RETROSPECTIVE REVIEW

5.1 Policy

Although the Alabama Medicaid Agency (Agency) has delegated authority of initial level of care determinations to long term care providers, the Agency still maintains ultimate authority and oversight of this process. The Agency, or its designee, will develop and modify level of care criteria, determine provider standards, and develop and implement new policies as deemed appropriate. To ensure that state and federal rules and guidelines are adhered to by long term care providers, the Agency or its designee, will retrospectively review monthly a 10% sample of admissions, readmissions, and redeterminations of Medicaid recipients served by long term care providers.

5.2 Procedures

The Agency or its designee professional nursing and medical staff will conduct retrospective reviews of long term care providers on a monthly basis.

Each provider will be notified of records to upload to Gainwell.

The Agency professional staff, or its designee, will review requested documents to ensure compliance with state and federal guidelines governing the specific program and to ensure the medical necessity of the services rendered.

The review must be completed by Agency, or its designee, within 30 days from receipt of the requested information from the long term care provider.

The provider must make every effort to send all requested information upon the first request. A checklist will be provided to you to ensure that all documents are included before uploading.

Payment for services will be recommended for recoupment if client records are determined to be deficient or the medical need for the services cannot be determined.

The Agency, or its designee, may initiate a second request to providers for the requested information or additional information. If this information is not received, recoupment proceedings may be initiated.

Upon review of the requested documents, the provider will be notified in writing within 30 days if further action will be taken or if additional information is needed (Providers will only be notified if further action is necessary.)

Providers will be notified of their appeal rights including the informal reconsideration as well as the fair hearing process.

6 NURSING HOME

Authorized users can utilize the LTC Web Portal Admission Notification Panel to submit an admission notification record for the Medicaid nursing home program.

The following are required fields for saving and submitting an admission record via the LTC Web Portal Admission Notification Panel for Nursing Home Providers:

- Recipient Medicaid ID
- Recipient Name
- Submission Reason
- Admission Source (for Submission Reasons '1- 6') or
- Discharge Reason (for Submission Reason '7')
- Date of new admission, readmission, transfer in, discharge or death

6.1 SUBMISSION REASON INSTRUCTIONS

6.1.1 Policy

Applicants to Medicaid certified nursing facilities must meet the Medicaid approved criteria. Each nursing home must have a designated Registered Nurse who is responsible for determining if a potential resident meets the Medicaid approved criteria for nursing facility care.

6.1.2 Procedure

1. The Agency provides each nursing facility (NF) with all policies and procedures and state and federal guidelines governing admissions and readmissions to the facility and discharges from the facility.
2. The NF designates a Registered Nurse to assess the potential resident and determine the need for nursing facility level of care.
3. Each NF is provided with the Medicaid approved criteria to be used to determine the medical necessity of the admission to the NF.
4. The NF is required to complete all state and federal documents within the timeframes mandated by state and federal rules. If documents are not fully completed in a timely manner, the NF may be penalized, and funds may be recouped. These documents include the Admission and Evaluation Data (Form 161), Minimum Data Set (MDS), Level I Screening and determination, and the Level II determination, when applicable.
5. Once the medical determination has been made, the NF should hold the medical 'approval' in a pending file until the financial award letter has been received. Do not submit admission notifications to Gainwell until financial eligibility has been established.
6. For applicants that have not been determined to be financially eligible for nursing facility care, the NF should, whenever possible assist with the application process. The applicant and/or sponsor should be referred to the appropriate Medicaid District Office (DO). The DO will notify the NF in writing of the approval or denial of financial eligibility.
7. Once the financial award approval is received, the NF may submit an admission notification record, using the beginning date of approval on the DO award notice and transmit to Gainwell.

The system accepts or rejects the admission notification record and notifies the provider on the next business day when the provider submits for a response.

8. When admission notification records are accepted, the information is automatically written to the Level of Care Assignment Plan table. The NF may at that point begin billing for services rendered.
9. When transmitted admission notification records are rejected, the NF is notified on the next business day when the provider submits for a response. The NF should make the necessary changes and resubmit the admission notification to Gainwell.
10. Neither the Agency nor Gainwell will send out Notification letters. The response record titled "NOTIFICATIONS ACCEPTED AND WRITTEN TO FILE" containing the resident's Level of Care Assignment table date segments is your record of 'approval' to begin rendering service.
11. For applications where the level of care (LOC) is questionable, you may submit the Applications to the LTC Provider Management and Support Unit or its designee for review by a nurse and/or a physician.
12. Once a segment is written to the LOC Assignment Plan table, the Agency, or its designee, is the only entity that may make changes. A Request for Action form is completed and faxed with supporting documentation to the Agency's designee. The requestor is notified by fax when the change is made.

6.1.3 New Admission

Required documents to be maintained:

- Form 161
- Minimum Data Set (MDS)
- Preadmission screening and Annual resident review (PASARR) Information
- Level I request, Determination letter, and Level II determination, if indicated

6.1.4 Readmissions

Required documents to be maintained:

- Form 161
- PASARR Information, if indicated

6.1.5 Transfer In Admissions

If you are the facility sending the resident to another nursing facility or hospice provider, the process should be the same as a discharge.

If you are the facility receiving a resident from another nursing facility or hospice provider, the process required is the same as a new admission (see new admission for requirements).

However, instead of checking "New Admission" from the Submission Reason drop down box on the LTC Web Portal Admission Notification Panel, check "Transfer In".

6.1.6 Discharges

Residents discharged from the nursing facility should have discharge information submitted using LTC Web Portal Admission Notification Panel within 48 hours.

If the resident is transferring from your nursing facility to another nursing home facility, this is a discharge for the "from or sending facility" and processed as a discharge.

NOTE

Admission Types '1 – 6' require Admission Source and Admission Type '7' requires a valid Discharge Reason. Valid Admission Sources and Discharge Reasons are listed in Section 4.4.13 & 4.4.14 of this manual and are drop down menus on the web form.

6.1.7 Break In Financial

If a resident is already on the LOC Assignment Plan table as medically eligible, and they lose financial eligibility and regain it again but there is NO BREAK IN STAY, the Level of Care Assignment Plan table requires no update.

If a resident is already on the LOC Assignment Plan table file as medically eligible, and they lose financial eligibility, and regain it again but there is a BREAK IN STAY, then follow the discharge and readmission process. The new admission date would be the date the financial eligibility is reestablished.

6.1.8 Convalescent Care or Short-Term Stay Policy:

Residents who are admitted to nursing facilities for 120 days (formerly known as Convalescent Care) or other short-term stays will be required to apply through the Medicaid DO and will be treated as a nursing home case.

6.1.9 Procedure:

Residents admitted to nursing facilities for short-term stays must apply through the Medicaid DO for financial approval the same as other residents seeking Medicaid reimbursement of nursing facility stays.

Once financial eligibility has been awarded by the Medicaid DO, the LTC Web Portal Admission Notification Panel can be submitted to Gainwell digitally.

The admission date requested will be the approval date of the medical care level on the Level of Care Assignment Plan table. The end date will be open ended until the resident is discharged.

When the Nursing Facility submits a new admission record for a recipient as a short term stay, the NH Short Term Stay indicator needs to be checked on the application to notify the Agency that the intent is for the recipient to be in the facility for less than 120 days.

If the condition of the recipient changes and requires a longer stay then the recipient should be discharged the date that the decision is made and readmitted on the following day or the day the recipient returned to the facility if the decision was accompanied by a hospital admission. The NH Short Term Stay indicator will be left blank on the readmission record.

6.1.10 LTC Web Portal Admission Notification Panel Field Descriptions

Field names are followed by a one-character abbreviation indicating field type. 'R' indicates a required field, and 'O' indicates an optional field.

| Field | Description |
|-------------------|--|
| Provider ID (O) | Not required for nursing home program. |
| Provider Name (O) | Not required for nursing home program. |
| PCN (O) | Not required for nursing home program. |

| | |
|-------------------------------------|---|
| Recipient ID (R) | Requires the user to enter the recipient's Medicaid number. |
| Recipient Name (R) | A read-only field that will be auto filled with the Recipient's first and last name once the Recipient ID field is populated. |
| Submission Reason (R) | Requires the user to choose a submission reason. Valid reasons for nursing homes are: New admission Readmission Transfer In Death/Discharge |
| Discharge Reason (O) | Requires the user to select an Explanation ONLY when a '7' is selected as the Submission Reason. |
| Admission Source (O) | Requires the user to select an Admission Source ONLY when selecting option 1 - 6 as the Submission Reason. |
| Admit or Discharge Date (R) | Requires the user to enter the date of the new admission, readmission, transfer in, discharge or death. |
| Medicare Begin Date (O) | Allows user to enter Medicare begin date. Complete the Medicare Begin Date information only if the resident has had Medicare coverage just preceding this Medicaid admission. |
| NH Short Term Stay (O) | Allows user to enter a 'check' if care provided by the Nursing Home is Convalescent Care. |
| Hospice provided in NH (O) | Not required for nursing home program. |
| Waiver Reinstatement Begin Date (O) | Not required for nursing home program. |
| Waiver Reinstatement End Date (O) | Not required for nursing home program. |
| WAIVER Income (O) | Not required for nursing home program. |
| Waiver Income Begin Date (O) | Not required for nursing home program. |

7 HOSPICE

Authorized users can utilize the LTC Web Portal Admission Notification Panel to submit an admission notification record for recipients who are electing the Medicaid Hospice Option.

Presently, all hospice applications require a medical review by the Agency's designee. For policies and procedures related to hospice admissions, please refer to the Medicaid web site hospice care chapter of the Alabama Medicaid Provider Manual at www.medicaid.alabama.gov.

The following are required fields for saving and submitting an admission record via the LTC Web Portal Admission Notification Panel for Hospice providers.

- Recipient Medicaid ID
- Recipient Name
- Submission Reason
- Admission Source (for Submission Reasons '1- 6') or
- Discharge Reason (for Submission Reason '7')
- Date of new admission, readmission, transfer in, discharge, revocation, or death
- If applicable, check box if Hospice is provided in the Nursing Home

7.1 SUBMISSION REASON INSTRUCTIONS

7.1.1 Policy:

Applicants applying for Medicaid approved hospice services must be certified by the attending physician or hospice medical director as having a terminal illness.

7.1.2 Procedure

1. The Agency provides each hospice provider with all policies and procedures and state and federal guidelines governing election of the hospice benefit.
2. The hospice provider is required to complete all state and federal documents within the timeframes mandated by state and federal rules. The document required is the Medicaid Hospice Election and Physician's Form (165). If the hospice benefit is being provided in a nursing facility, the hospice provider is responsible for ensuring that the MDS is completed per federal guidelines.
3. Once these forms are complete, the hospice provider ensures that financial eligibility has been established. If there is no financial award, the hospice provider will hold the election form in a pending status until financial eligibility is established. Once financial eligibility is established either through Social Security Administration (SSA) or the appropriate Medicaid DO, the provider may submit the record to Gainwell for digital review by the Agency's designee for medical approval for Medicaid-only recipients. The system accepts or rejects the form and notifies the Agency or designee the next business day when a response is submitted. For dually eligible recipients in the nursing home, for room and board payment, the provider should submit the Hospice Recipient Status Change Form (Form 165B) to the Agency's designee, so the dates can be entered to the LOC Assignment Plan table.
4. When the admission notifications are accepted, the information automatically writes to the LOC Assignment Plan table. The hospice provider may then begin billing for services rendered.

5. When transmitted admission notifications are rejected, the Agency or designee has the opportunity to make the necessary changes and resubmit the admission notification record.
6. Neither the Agency nor Gainwell will send out notification letters. The Agency's designee will send out the approval letters for Medicaid-only or recipients with other than Medicare. The Agency's designee will fax back Form 165B when the dates have been processed to the LOC Assignment Plan table for room and board payment.
7. Once the resident's information has been added to the LOC Assignment Plan table, only authorized Medicaid staff or its designee can make changes. To request a change, the hospice provider completes the Hospice Recipient Status Change form (Form 165B) and sends it to the Agency's designee. The Agency's designee will notify the request or when the change is made.

7.1.3 Election

The following is required information that must be included on all Hospice new elections:

Hospice Election and Physician's Certification Form 165 must be completed. This information must be obtained on the paper format of the form. Original signatures and dates are required. This form is to be maintained in the provider files.

7.1.4 Readmissions

Examples of Hospice Readmissions:

- 1) If patient revokes care then elects to return to the same hospice for care during the same hospice period.
- 2) If a dually eligible recipient discharges from the NF and then returns to the NF.

7.1.5 Transfer In Admissions

If the facility is sending the resident to another hospice or to a nursing facility, the process should be the same as a discharge.

If the facility is receiving a resident from a nursing facility or another hospice provider, the process required is the same as a new admission (see new admission for requirements). However, instead of checking "New Admission" from the Submission Reason drop down box on the LTC Web Portal Admission Notification Panel, check "Transfer In".

7.1.6 Discharge, Death, or Revocation of Hospice Benefits

Residents discharged from the hospice should have discharge information submitted using the Form 165B to the Agency's designee within 48 hours.

NOTE

Admission Types '1 – 6' require Admission Source and Admission Type '7' requires a valid Discharge Reason. Valid Admission Sources and Discharge Reasons are listed in Section 4.4.13 & 4.4.14 of this manual and are drop down menus on the form in the LTC Web Portal Admission Notification Panel.

7.1.7 LTC Web Portal Admission Notification Panel Field Descriptions for Hospice

Field names are followed by a one-character abbreviation indicating field type. 'R' indicates a required field, and 'O' indicates an optional field.

| Field | Description |
|------------------------------------|--|
| PCN (O) | Not required for Hospice. |
| Provider Number(O) | Not required for Hospice. |
| Recipient ID (R) | Requires the user to enter the recipient's Medicaid number. |
| Recipient Name (R) | A read-only field that will be auto filled with the Recipient's first and last name once the Recipient ID field is populated. |
| Submission Reason (R) | Requires the user to choose Submission Reason type. Valid reasons for hospice are: <ul style="list-style-type: none"> • Election • Readmission • Transfer In • Discharge/Death/Revoke |
| Admission Source(O) | Requires the user to select an Admission Source ONLY when selecting option '1 – 6' as the Submission Reason. |
| Discharge Reason(O) | Requires the user to select an Explanation ONLY when a '7' is selected as the Submission Reason. |
| Admit or Discharge Date (R) | Requires the user to enter the date of the election, transfer in, readmission, revocation, discharge, or death. |
| Medicare BeginDate (O) | Not required for Hospice |
| NH Short TermStay (O) | Not required for Hospice |
| Hospice provided in NH (O) | Allows user to enter a 'check' if Hospice care is provided in a Nursing Home. |
| Waiver ReinstatementBegin Date (O) | Not required for Hospice. |
| Waiver Reinstatement End Date (O) | Not required for Hospice. |
| Waiver Income (O) | Not required for Hospice. |
| Waiver Income Begin Date (O) | Not required for Hospice. |

8 INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)

Authorized users can utilize the LTC Web Portal Admission Notification Panel to submit an admission notification record for a recipient to the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) program.

The following are required fields for saving and submitting an admission record via the LTC Web Portal Admission Notification Panel for ICF/IID providers:

- Recipient Medicaid ID
- Recipient Name
- Submission Reason
- Admission Source (for Submission Reasons '1- 6') or
- Discharge Reason (for Submission Reason '7')
- Date of new admission, readmission, discharge, transfer in or death

8.1 SUBMISSION REASON INSTRUCTIONS

8.1.1 Policy

Applicants to Medicaid certified ICF/IID facilities must meet the Medicaid ICF/IID level of care criteria. Each facility will have a designated Qualified Intellectual Disabilities Professional (QIDP) to be responsible for determining if a resident meets the Medicaid approved criteria for ICF/IID care.

8.1.2 Procedures

1. The Agency provides each ICF/IID facility with all policies and procedures and state and federal guidelines governing admissions and readmissions to the facility and discharges from the facility.
2. The facility designates a QIDP to assess the potential resident and determine the need for ICF/IID level of care.
3. Each facility is provided with the Medicaid approved criteria to determine the necessity of the admission for ICF/IID level of care.
4. The facility is required to complete all state and federal documents within the timeframes mandated by state and federal laws. If documents are not fully completed in a timely manner the facility may be penalized, and funds may be recouped. These forms include the Form 199 and ICF/IID Level of Care Evaluation for Institutional Care (Form 361), physician evaluation, social evaluation, psychological evaluation, and interim rehabilitation plan.
5. Once the level of care determination is made, the ICF/IID will hold the application in a pending file until the financial award letter is received. Do not submit an admission notification until the financial award letter is received from the Medicaid DO.
6. For applicants that have not been determined to be financially eligible for institutional care, the ICF/IID facility personnel will assist with the application process whenever possible. The applicant and/or sponsor will be referred to the appropriate Medicaid DO. The DO notifies the facility in writing of the approval or denial of financial eligibility.
7. Once the financial award approval is received, the ICF/IID facility personnel will submit the admission notification record using the beginning date of the approval on the DO

award notice and digitally submit to Gainwell. The system accepts or rejects the admission notification and notifies the provider on the next business day when the provider submits for a response.

8. When admission notification is accepted, the information is automatically written to the LOC Assignment Plan table. The ICF/IID facility may begin billing for services rendered.
9. When transmitted admission notifications are rejected, the ICF/IID provider has the opportunity make necessary changes and resubmit the admission notification.
10. Once a segment is written to the LOC Assignment Plan table, the Agency or its designee are the only entities that may make changes. A Request for Action form is completed and faxed with supporting documentation to the Agency’s designee. The requestor is notified by fax when the change is made.

8.1.3 New Admission

The Medicaid Patient Status Notification (Form 199) should be completed.

ICF/IID Level of Care Evaluation for Institutional Care Form (Form 361), which requires physician original signature, must be maintained in the facility record.

The facility is to complete and have on file a current physical assessment, social evaluation, psychological examination, and individual rehabilitation plan.

8.1.4 Readmissions

Readmissions are processed the same as a new admission. ICF/IID residents cannot receive skilled care.

8.1.5 Discharges

If a resident is moving from ICF/IID into the care of the ID program, submit this discharge timely so the ID program can submit their “deinstitutionalized” admission notification.

Residents discharged from the facility should have discharge information submitted using the LTC Web Portal Admission Notification Panel within 48 hours.

NOTE

Admission Types ‘1 – 6’ require Admission Source and Admission Type ‘7’ requires a valid Discharge Reason. Valid Admission Sources and Discharge Reasons are listed in Section 4.4.13 & 4.4.14 of this manual and are drop down menus on the LTC Web Portal Admission Notification Panel.

8.1.6 LTC Web Portal Admission Notification Form Field Descriptions for ICF/IID

Field names are followed by a one-character abbreviation indicating field type. ‘R’ indicates a required field, and ‘O’ indicates an optional field.

| Field | Description |
|---------------------|---|
| PCN (O) | Not required for ICF/IID. |
| Provider ID (O) | Not required for ICF/IID. |
| Provider Number (O) | Not required for ICF/IID. |
| Recipient ID (R) | Requires the user to enter the recipient’s Medicaid number. |

| | |
|-------------------------------------|--|
| Recipient Name (R) | A read-only field that will be auto filled with the Recipient's first and last name once the Recipient ID field is populated. |
| Submission Reason (R) | Requires the user to 'check' the type of Medical Admission Notification. Valid reasons for ICF/IID are: Election Readmission Transfer In Discharge/Death/Revoke Requires the user to select an Explanation ONLY when a '7' is selected as the Submission Reason. |
| Admission Source (O) | Requires the user to select an Admission Source ONLY when selecting option '1– 6' as the Submission Reason. |
| Discharge Reason (O) | Requires the user to select an Explanation ONLY when a '7' is selected as the Submission Reason. |
| Admit or Discharge Date (R) | Requires the user to enter the date of the New Admission, Readmission, Transfer In, Death or Discharge. |
| Medicare Begin Date (O) | Not required for ICF/IID. |
| NH Short Term Stay (O) | Not required for ICF/IID. |
| Hospice provided in NH (O) | Not required for ICF/IID. |
| Waiver Reinstatement Begin Date (O) | Not required for ICF/IID. |
| Waiver Reinstatement End Date (O) | Not required for ICF/IID. |
| Waiver Income (O) | Not required for ICF/IID. |
| Waiver Income Begin Date (O) | Not required for ICF/IID. |

9 HCBS - INTELLECTUAL DISABILITIES (ID)/LIVING AT HOME

Authorized users can utilize the LTC Web Portal Admission Notification Panel to submit an admission notification record for of a recipient to the HCBS - Intellectual Disabilities (ID) or Living At Home Waiver program.

The following fields are required to add information on the LTC Web Portal Admission Notification Form.

- Recipient Medicaid ID
- Recipient Name
- Submission Reason
- Admission Source (for Submission Reasons '1- 6') or
- Discharge Reason (for Submission Reason '7')
- Date of Initial Assessment, Redetermination, Early Redetermination, Reinstatement, Transfer In, or Discharge
- If applicable, Waiver Income type
- If applicable, Waiver Income begin date

9.1 SUBMISSION REASON INSTRUCTIONS

9.1.1 Policy:

The requests for ID or Living At Home Waiver are submitted to the Operating Agency (OA) for data entry. The regional QIDP will determine if the individual meets the Agency's level of care criteria and review the plan of care.

9.1.2 Procedure:

1. The Agency provides the OA with the approved level of care criteria along with any additional policies that govern the level of care determination process.
2. The case manager will make a determination of Medicaid financial eligibility. They ensure that the appropriate documents are completed and routed to the Medicaid DO. The Application/Redetermination for Elderly and Disabled Programs (Form 204/205) is submitted if financial eligibility is to be established.
3. Individuals seeking approval under the 300% financial eligibility and institutional deeming category who have not had a disability determination must be determined disabled by the Agency Office of the Associate Medical Director.
4. If a disability determination has been made, the OA should complete the Waiver Slot Confirmation (Form 376).
5. A copy of the ID medical application should be forwarded to the appropriate DO with the original Form 376 and Form 204/205.
6. The QIDP completes the level of care determination and reviews the Plan of Care development.

7. The OA is required to adhere to all federal and state guidelines in the determination of the level of care approval.
8. The applicant's physician certifies that without waiver services, the client is at risk of institutionalization.
9. The OA or its designee (case manager) ensures that the applicant has been screened and assessed to determine if the services provided through the ID or Living At Home Waiver will meet the applicant's needs in the community.
10. The OA or its designee develops a Plan of Care that includes waiver as well as non- waiver services.
11. Once financial eligibility is established, the OA transmits the admission notification to Gainwell. The system accepts or rejects the admission notification and notifies the provider on the next business day. The provider must submit for the accepted/rejected response using the LTC Web Portal Admission Notification Panel.
12. When admission notifications are accepted, the information is automatically written to the Level of Care Assignment Plan table. The OA or its designee may at that point begin billing for services rendered.
13. When transmitted admission notifications are rejected, the OA or its designee is notified on the next business day. The OA or its designee should make the necessary changes and resubmit the admission notification to Gainwell.
14. The response record titled "NOTIFICATIONS ACCEPTED AND WRITTEN TO FILE" containing the resident's LOC Assignment Plan table date segments is your record of 'approval' to begin rendering service.
15. For applications where the LOC is questionable, you may submit the Applications to the Long Term Care Admissions/Records Unit for review by a nurse and or a Medicaid Physician.
16. Once the resident's information has been added to the LOC Assignment Plan table, only authorized Medicaid staff can make changes. To request a change, the OA or its designee completes the LTC Request for Action form and faxes it to the Long Term Care Admissions/Records Unit at (334) 353-5901. The requestor is notified when the change is made.

9.1.3 New Admission (Initial Assessment)

The ICF/IID Waiver Application forms must be completed and maintained in the files. The signatures and dates as applicable on this form must be original.

Applications for recipients aged 65 and under who have not had a disability determination that have financial forms (204/ 205) attached to them will need to continue to be mailed to the Alabama Medicaid Office, LTC Admissions/Records Unit at 501 Dexter Avenue, P.O. Box 5624, Montgomery, AL 36103.

9.1.4 Re-determinations

Re-determinations must be received in the office no greater than 45 days prior to the redetermination end date or no less than the fifteenth (15) day of the month the re-determination

is due. Please see the second bullet under Transfers In if you are the receiving center for a client transferring from one center to another within the same Waiver program.

Original signatures and dates are required on the ICF/IID Level of Care Evaluations and the plan of care. The paper original forms are to be retained at the Center as listed in the first three digits of your nine-digit prior approval number.

9.1.5 Transfers In

There are two different types of transfers. A transfer may occur within an administering agency, simply transferring the recipient from one center to another. Or, the recipient may transfer out of one agency, like Public Health to another agency, like ID.

When a client transfers from one center to another within the same administering agency, no information should be submitted until the re-determination. At the time of re-determination, the center code should be changed to reflect the center providing services at that time.

When a client transfers from one administering agency to another, the original provider who will no longer be providing services must submit a termination.

The new administering agency should submit a new admission (initial assessment).

9.1.6 Termination

Residents discharged from the center should have discharge information submitted using LTC Web Portal Admission Notification Form within 48 hours.

NOTE

Admission Types '1 – 6' require Admission Source and Admission Type '7' requires a valid Discharge Reason. Valid Admission Sources and Discharge Reasons are listed in Section 4.4.13 & 4.4.14 of this manual and are drop down menus on the form in the AL Web Portal Admission Notification Panel.

9.1.7 LTC Web Portal Admission Notification Form Field Descriptions for ID

Field names are followed by a one-character abbreviation indicating field type. 'R' indicates a required field, and 'O' indicates an optional field.

| Field | Description |
|--------------------|--|
| PCN (O) | Not required for ID. |
| Provider ID (R) | Although this is an optional field as defined by the screen entry rules, it is REQUIRED for ID. Allows the user to enter the ID or LAHW number. This number is critical for ID or LAHW. It is used in the response process to accurately notify the specific center that Medical Approval information is on file at Medicaid. |
| Recipient ID (R) | Requires the user to enter the recipient's Medicaid number. |
| Recipient Name (R) | A read-only field that will be auto filled with the Recipient's first and last name once the Recipient ID field is populated. |

| | |
|-------------------------------------|--|
| Submission Reason (R) | Requires the user to 'check' the type of Medical Admission Notification. |
| Admission Source (O) | Requires the user to select an Admission Source ONLY when selecting option '1 – 6' as the Submission Reason. |
| Discharge Reason (O) | Requires the user to select an Explanation ONLY when a '7' is selected as the Submission Reason. |
| Admit or Discharge Date (R) | Requires the user to enter the date of the new admission, redetermination, transfer in or discharge. |
| NH Short Term Stay (O) | Not required for ID. |
| Hospice provided in NH (O) | Not required for ID. |
| Waiver Reinstatement Begin Date (O) | Allows the user to enter Reinstatement Begin Date. |
| Waiver Reinstatement End Date (O) | Allows the user to enter the original Waiver End Date. This allows the system to correctly 'replace' the original end date. |
| Waive Income (O) | Allows the user to enter the type of Waiver Income if applicable. Valid values are: 1 - 300% slot 2 - Institutionally Deeming 3 - Deinstitutionalized |
| Waiver Income Begin Date (O) | Allows the user to enter the begin date for the Waiver Income. |

10 ELDERLY AND DISABLED, SAIL, AND ACT

Authorized users can utilize the LTC Web Portal Admission Notification Panel to submit an admission notification record for a recipient to the Home and Community Based Service (HCBS) program.

The following fields are required to add information on the LTC Web Portal Admission Notification form.

- Recipient Medicaid ID
- Recipient Name
- Submission Reason
- Admission Source (for Submission Reasons '1- 6') or
- Discharge Reason (for Submission Reason '7')
- Date of initial assessment, re-determination, early redetermination, reinstatement, transfer in or termination
- If applicable, Waiver Income type
- If applicable, Waiver Income begin date

10.1 POLICY RULES

10.1.1 Policy

Requests for HCBS Waivers are submitted to the OA for approval. The OA will determine if the individual meets the Agency level of care criteria and financial requirements.

10.1.2 Procedure

1. The Agency provides the OA with the approved level of care criteria along with any additional policies that govern the level of care determination process.
2. The OA determines if the applicant is financially eligible for Medicaid and ensures that the appropriate documents are completed and routed to the appropriate Medicaid DO. Form 204/205 is submitted if eligibility is to be established.
3. Individuals age 65 and under seeking approval under the 300% financial eligibility or institutional deeming category must be determined disabled by the Agency Office of the Associate Medical Director. These applications should be submitted to Agency LTC Admissions Records Unit.
4. If a disability determination has been made, the OA Nurse Reviewer should complete Form 376.
5. A copy of the HCBS medical application should be forwarded to the appropriate DO with the original Form 376 and Form 204/205.
6. The OA Nurse Reviewer completes the level of care determination and reviews the Plan of Care development. The OA is required to adhere to all federal and state guidelines in the determination of the level of care approval.
7. The applicant's physician certifies that without waiver services, the client is at risk of institutionalization.

8. The OA or its designee (case manager) ensures that the applicant has been screened and assessed to determine if the services provided through the EDW will meet the applicant's needs in the community.
9. The OA or its designee develops a Plan of Care that includes waiver as well as non-waiver services.
10. Upon receipt of the financial award letter from Agency, the LTC Admission Notification is completed and transmitted to Gainwell. The system accepts or rejects the admission notification and notifies the provider on the next business day when the provider submits for a response.
11. When admission notifications are accepted, the information is automatically written to the Level of Care Assignment Plan table. The OA or its designee may at that point begin billing for services rendered.
12. When transmitted admission notifications are rejected, the OA or its designee is notified on the next business day when they submit for a response. The OA or its designee should make the necessary changes and resubmit the admission notification to Gainwell.
13. The response record titled "NOTIFICATIONS ACCEPTED AND WRITTEN TO FILE" containing the resident's LOC Assignment Plan table date segments is your record of 'approval' to begin rendering service.
14. For applications where the LOC is questionable, you may submit the Applications to the Long Term Care Admissions/Records Unit for review by a nurse and or a Medicaid Physician.
15. Once a segment is written to the LOC Assignment Plan table, the Agency is the only entity that may make changes. A Request for Action form is completed and faxed with supporting documentation to the Long Term Care Admissions/Records Unit at (334) 353-5901. The requestor is notified by fax when the change is made.

10.1.3 Initial Assessment

The original application with patient and physician signatures and dates must be on file in your office.

Those applications that have financial forms (204/205) attached to them and have NOT had a disability determination made for individual 65 and under will need to continue to be mailed to the Alabama Medicaid Office, LTC Admissions/Records Unit at 501 Dexter Avenue, P.O. Box 5624, Montgomery, AL 36103. Those applications that have financial forms (204/205) attached to them and HAVE had a disability determination made for individual 65 and under should have Form 376 completed and attached by the OA nurse reviewer and mailed to the appropriate DO. The DO will return the financial award notice and at that point, the OA may transmit the LTC Admission Notification record.

10.1.4 Re-determinations

Re-determinations should be sent in no more than 45 days prior to the re-determination date and no later than the last day of the month for the system.

The original patient and physician signature dates must be on file based upon the current waiver document. This form must be retained in the case manager's records.

10.1.5 Early Re-determinations

Re-determinations sent in more than 45 days prior to the re-determination date and no later than the fifteenth (15) day of the month in which the re-determination expires.

The original patient and physician signature dates must be on file. Original HCBS form pages 14 must be retained in the case manager records.

10.1.6 Reinstatements

A reinstatement from short stay nursing home care brings a client back into Waiver care within the same span of care for which they were originally approved. As a simple example, a client has a date segment span on the Level of Care Panel of 06/12/2011 through 06/30/2012. They leave the program altogether on 08/19/2011. (An appropriate termination notification is received and applied to the file) They are to come back to the program on 10/24/2011. To bring the client back into the same span of care requires that Gainwell be supplied the original end date of 06/30/2012. To accomplish this, choose submission reason Waiver Reinstatement, enter a Reinstatement Begin Date of 10/24/2011 and a Reinstatement End Date of 6/30/2012.

10.1.7 Termination

Clients terminated from the HCBS Waiver should have termination information submitted using the LTC Web Portal Admission Notification Panel within 48 hours.

NOTE

Admission Types '1 – 6' require Admission Source and Admission Type '7' requires a valid Discharge Reason. Valid Admission Sources and Discharge Reasons are listed in Section 6.1.3 of this manual and are drop down menus on the LTC Web Portal Admission Notification Panel.

10.1.8 Transfers In

Transfers occur between different providers (example: Alabama Department of Public Health and Commission on Aging) or between counties or centers within an agency (example: patient moves from Montgomery County to Shelby County).

When a client transfers from one center to another within the same administering agency, no information should be submitted until the re-determination is due. At the time of re-determination, the county code should be changed to reflect the center providing services at that time.

When a client transfers from one agency to another, the original provider who will no longer be providing services must submit a termination. The new provider should complete a readmission. The new provider will be picking up the time left on the current waiver to their agency provider number. You should receive notification of the termination from the provider and keep this copy in your files.

10.1.9 LTC Web Portal Admission Notification Form Field Descriptions for Elderly and Disabled, SAIL, and ACT

Field names are followed by a one-character abbreviation indicating field type. 'R' indicates a required field, and 'O' indicates an optional field.

| Field | Description |
|-------------------------------------|---|
| PCN (O) | Not Required by HCBS. |
| Provider ID (R) | Not required by HCBS. |
| Recipient ID (R) | Requires the user to enter the recipient's Medicaid number. |
| Recipient Name (R) | A read-only field that will be auto filled with the Recipient's first and last name once the Recipient ID field is populated. |
| Submission Reason (R) | Requires the user to 'check' the type of Medical Admission Notification. |
| Admission Source (O) | Requires the user to select an Admission Source ONLY when selecting option '1 – 6' as the Submission Reason. |
| Discharge Reason (O) | Requires the user to select an Explanation ONLY when a '7' is selected as the Submission Reason. |
| Admit or Discharge Date (R) | Requires the user to enter the beginning date of the Initial Assessment, Re-determination, Early Re-determination, Reinstatement, or the date of Termination from the HCBS program. |
| Medicare Begin Date (O) | Not required for HCBS. |
| NH Short Term Stay (O) | Not required for HCBS. |
| Hospice provided in NH (O) | Not required for HCBS. |
| Waiver Reinstatement Begin Date (O) | Allows the user to enter the beginning date of Waiver Reinstatement. |
| Waiver Reinstatement End Date (O) | Allows the user to enter the original end date of the previous Waiver segment to correctly 'replace' the original end date. |
| Waiver Income (O) | Allows the user to 'check' the type of WAIVER eligibility if it applies to this recipient. |
| Waiver Income Begin Date (O) | Allows the user to enter the start date of WAIVER eligibility. This field becomes a required field if the type of WAIVER eligibility field is completed. |

11 PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

Authorized users can utilize the LTC Web Portal Admission Notification Panel to submit an admission notification record for the enrollment or disenrollment of a participant to the Program of All-inclusive Care for the Elderly (PACE).

The following fields are required to add information on the LTC Admission Notification Form screen.

- Recipient Medicaid ID
- Recipient Name
- Submission Reason
- Admission Source (for Submission Reasons '1- 6') or
- Discharge Reason (for Submission Reason '7')
- Client (recipient) Medicaid Number
- Date of Initial Assessment or Discharge

11.1 SUBMISSION REASON INSTRUCTIONS

11.1.1 Policy:

Applicants to the PACE Program must meet Medicaid approved criteria. PACE Organizations(PO) must submit appropriate documents to the appropriate Medicaid District Office or Customer Service Center (DO/CSC) for determination that the potential participant meets the financial eligibility requirements. The PACE Organizations will determine that the potential participant meets the requirements for the Level of Care Determination.

Monthly reviews for all enrollments will be conducted by the Agency PACE Unit nursing staff according to established Agency policy and procedures. The PO must submit the required documents to the PACE Unit nursing staff by the established timeframe. The nursing staff will request additional information if it is determined to be necessary during their review of the documents. If the PO fails to provide the requested information, recoupment proceedings will be initiated following Agency policy and procedures. If it is determined during the review that a participant has not met the requirements for participation in the PACE Program, the PO will be notified in writing and recoupment proceedings will be initiated.

11.1.2 Procedure:

1. The Agency provides the PO with the approved level of care criteria along with any additional policies that govern the level of care determination process.
2. If applicable, the PO will assist the potential participant in completing and routing the appropriate documents to the appropriate DO/CSC for determination that financial eligibility requirements are met.
3. The PO will have the appropriate staff determine that the potential participant meets the requirements for the Level of Care Determination. Questions pertaining to the Level of Care should be directed to the Managed Care/PACE Unit nursing staff.
4. The PO is required to adhere to all federal and state guidelines when assessing the potential participant for the Level of Care Determination.
5. The PO's designated staff will ensure that the potential participant has been appropriately

assessed and that PACE services will meet the participant's needs to live safely in the community.

6. The PO's physician will certify that the potential participant meets the Level of Care requirements and that without PACE services, is at risk of admission to a nursing facility.
7. The PO will develop an individualized Plan of Care in accordance to state and federal requirements for the PACE Program when all enrollment processes have been completed for the potential participant.
8. If financial eligibility does not have to be established, the PO will transmit the LTC Admission Notification to Gainwell following the below procedures.
9. Once financial eligibility is established, the PO will transmit the LTC Admission Notification to Gainwell. The system will accept or reject the admission notification and notify the PO provider on the next business day. The PO provider must submit for the accepted/rejected response using the LTC Web Portal Admission Notification Panel.
10. When admission notifications are accepted, the information is automatically written to the Level of Care Assignment Plan table. The PO may then begin billing the Agency for the capitated payment for the enrolled participant.
11. When transmitted admission notifications are rejected, the PO will be notified on the next business day. The PO must make the necessary changes and resubmit the admission notification to Gainwell.
12. The response record titled "NOTIFICATIONS ACCEPTED AND WRITTEN TO FILE" containing the participant's Level of Care Assignment Plan table date segments is the record of "approval" for the PO to begin rendering PACE services.
13. Individuals seeking approval under the 300% financial eligibility and institutional deeming category who have not had a disability determination must be determined disabled by the Agency Office of the Associate Medical Director.
14. If a disability determination has been made, the PO should complete the Form 376.
15. A copy of the medical application should be forwarded to the appropriate DO with the original Form 376 and Form 204/205.
16. Once the participant's information has been added to the LOC Assignment Plan table, only authorized Medicaid staff can make changes. To request a change, the PO must complete the LTC Request for Action form and email it to the Alabama Medicaid PACE Program Manager or fax to 334-353-4182. The PO will be notified when the change is made.

11.1.3 New Admission (Initial Assessment)

The Program of All-inclusive Care for the Elderly (PACE) Application forms and supporting documentation must be completed and maintained in the files. The signatures and dates as applicable on forms and supporting documentation must be original.

Applications for recipients age 55 and above who have not had a disability determination that have financial forms (204/ 205) attached to them will need to continue to be mailed to the Medical and Quality Review Unit at 501 Dexter Avenue, P.O. Box 5624, Montgomery, AL 36103.

11.1.4 Termination

Participants disenrolled from the PACE Program should have disenrollment information submitted using LTC Web Portal Admission Notification Panel within 48 hours.

NOTE

Involuntary dis-enrollments must be reviewed and approved by the Agency according to established procedures.

NOTE

Admission Types '1 – 6' require Admission Source and Admission Type '7' requires a valid Discharge Reason. Valid Admission Sources and Discharge Reasons are listed in Section 4.4.13 & 4.4.14 of this manual and are drop down menus on the AL LTC Web Portal Admission Notification Panel.

For the purpose of the PACE program, when the disenrollment is submitted an additional clarification for the disenrollment is needed. A selection of Recipient discharged home (H), Recipient died (D) or Recipient was Terminated from the program (T) will need to be made in the Discharge Reason field. For the purpose of this program 'H' will be used for a voluntary disenrollment and 'T' will be used to signify an involuntary disenrollment.

11.1.5 LTC Admission Notification Form Field Descriptions for PACE

Field names are followed by a one-character abbreviation indicating field type. 'R' indicates a required field, and 'O' indicates an optional field.

| Field | Description |
|-----------------------------|---|
| PCN (O) | Not required for PACE program. |
| Provider ID (O) | Not required for PACE program. |
| Recipient ID (R) | Requires the user to enter the recipient's Medicaid number. |
| Recipient Name (R) | A read-only field that will be auto filled with the Recipient's first and last name once the Recipient ID field is populated. |
| Submission Reason (R) | Requires the user to 'check' the type of Medical Admission Notification. |
| Admission Source (O) | Requires the user to select an Admission Source ONLY when selecting option 1 - 6 as the Submission Reason. |
| Discharge Reason (O) | Requires the user to select an Explanation ONLY when a '7' is selected as the Submission Reason. |
| Admit or Discharge Date (R) | Requires the user to enter the date of the new Assessment or discharge. |
| NH Short Term Stay (O) | Not required for PACE program. |
| Hospice provided in NH (O) | Not required for PACE program. |

| | |
|-------------------------------------|--------------------------------|
| Waiver Reinstatement Begin Date (O) | Not required for PACE program. |
| Waiver Reinstatement End Date (O) | Not required for PACE program. |
| Waive Income (O) | Not required for PACE program. |
| Waiver Income Begin Date (O) | Not required for PACE program. |

12 RECEIVING A RESPONSE

This chapter describes how to view and understand the corresponding submission reports.

12.1 VIEWING RESPONSES

This section describes viewing the communication log and response files.

12.1.1 View Response Reports

The information returned to you contains two sections:

- Admission Notifications Accepted and Written to File
- Admission Notifications Not Accepted and Reason Not Accepted

The information displayed tells you what dates were added to Medicaid’s file so you can begin submitting claims or tells you why dates were not added to Medicaid’s file.

12.1.1 Admission Notifications Accepted and Written to File.

The information returned contains the recipient’s Medicaid number and Name, the Provider number (and either Performing number or Patient Control Number (PCN) for appropriate Waiver providers), the Submission Reason and admit/discharge date requested, and the dates that are posted to the Medicaid LTC file. The following example illustrates ‘accepted’ Admission Notifications.

```

Report : LTC-0006-M
Process : LTCJM006
Location: LTCFM006

ALABAMA MEDICAID AGENCY
MEDICAID MANAGEMENT INFORMATION SYSTEM
NOTIFICATIONS ACCEPTED AND WRITTEN TO FILE
DATE: MM/DD/YY

Run Date: MM/DD/CCYY
Run Time: HH:MM:SS
Page: 99999

=====
MEDICAID #          PROVIDER/          RECIPIENT NAME/          DATES ON FILE
                   CNTRL/PERF #      APPROVAL SUBMITTED FOR   DATE ON NOTIFICATION
=====
9999999999999999   XXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX      MM/DD/YY-MM/DD/YY
                   XXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXX
** NO DATA THIS RUN **
  
```

12.1.1 Admission Notifications Not Accepted and Reason Not Accepted

The information returned contains the recipient’s SSN, Medicaid number and name, the provider’s number (and either performing number or PCN for appropriate Waiver providers), the Submission Reason, the admit/discharge date requested, and the reason the Admission Notification was rejected. The following example illustrates ‘rejected’ Admission Notifications

```

REPORT   : LTC-0005-M
PROCESS  : LTCJM005
LOCATION  : LTCPM005

ALABAMA MEDICAID AGENCY
MEDI AID MANAGEMENT INFORMATION SYSTEM
NOTIFICATIONS NOT ACCEPTED AND REASON NOT ACCEPTED
DATE: MM/DD/YY

RUN DATE: MM/DD/CCYY
RUN TIME: HH:MM:SS
PAGE: 99999

=====
MEDICAID #          PROVIDER/
                   CNTRL/PERF #
=====
9999999999999999  XXXXXXXXXX
                   9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MM/DD/CCYY

** NO DATA THIS RUN **
  
```

12.1.2 Rejection Messages

The follow table details rejection messages and the reason for rejection.

| Message | Why? |
|--|--|
| EARLY REDETERMINATION IS REQUESTED AFTER 15th OF THE MONTH IN WHICH REDETERMINATION EXPIRES. | Early Redetermination was sent after the 15th of the month in which the Redetermination expires. |
| EARLY REDETERMINATION REQUESTED MORE THAN 45 DAYS BEFORE CURRENT SERVICES END. | If an Early Redetermination is received more than 45 days before the current services end. |
| ENTER THE CLIENT'S CURRENT MEDICAID ID NUMBER. | The old "000" Recipient ID was used on the application. Use the current Medicaid ID Number beginning with "500" or "530". |
| THIS PROVIDER NUMBER IS NOT ON OUR FILES AS A VALID ALABAMA MEDICAID NUMBER. | An invalid provider number was submitted. |
| RECIPIENT DOES NOT HAVE FINANCIAL ELIGIBILITY FOR THESE SERVICES. | An invalid recipient Medicaid number was submitted. The number is valid, but the recipient is no longer eligible for Medicaid. The number is valid, but the recipient is not in an Aid Category that covers services under the provider that you are submitting. |
| RECIPIENT NAME AND MEDICAID NUMBER ARE MISMATCHED. | The Recipient's First Name and Medicaid number you submitted do not match on our eligibility file. |
| THIS IS A DUPLICATE OF A PREVIOUSLY SUBMITTED APPLICATION. | If an exact duplicate is received. |

| | |
|--|--|
| RECIPIENT HAS CURRENT PROVIDER ON FILE WITH OPEN ENDED DATE. | Date span submitted overlaps an existing open ended segment on file. Admission record and discharge record submitted in same cycle shows the admission record is over 1 year old from the current date. |
| DATES ARE OVERLAPPING A PREVIOUS PROVIDER. | Date span submitted overlaps an existing segment on file. Admission record and discharge record submitted in same cycle shows the admission record is over 1 year old from the current date. |
| THIS DATE IS PRIOR TO THE CURRENT SERVICES ON FILE. CONTACT MEDICAID. | Start date submitted is before the start date of the existing record on file. |
| REQUEST MADE FOR A PROVIDER WITH NO PREVIOUS SERVICES ON FILE. | <ul style="list-style-type: none"> ▪ If a readmission is received and there are no previous services on file. ▪ If a redetermination is received and there are no previous services on file. |
| YOU ARE NOT THE CURRENT PROVIDER ON FILE. DISCHARGE CANNOT BE APPLIED. | <ul style="list-style-type: none"> ▪ If submitted discharge provider does not match the provider on file. ▪ If discharge is submitted and there is NO provider on file. |
| OUR FILES SHOW CURRENT SEGMENT IS AFTER THIS DISCHARGE DATE. | If the submitted discharge date is BEFORE the current segment on file. <ul style="list-style-type: none"> ▪ Admission record and discharge record submitted in same cycle shows the admission record is over 1 year old from the current date. |
| ENDING DATE ON FILE IS LESS THAN OR EQUAL TO DATE SUBMITTED. | <ul style="list-style-type: none"> ▪ If the submitted discharge dates are AFTER, or the same as, the end date on file for the same provider. |
| TRANSFER REQUESTED WITH NO SERVICES ON FILE FOR TRANSFER. | <ul style="list-style-type: none"> ▪ If transfer is submitted and there is NO provider on file. |
| INVALID SUBMISSION REASON. | <ul style="list-style-type: none"> ▪ If the submission reason submitted is not valid for the provider type. |
| RECIPIENT HAS MEDICARE PART A FOR AT-HOME HOSPICE. BILL MEDICARE. | <ul style="list-style-type: none"> ▪ If a hospice at-home admission notification is received and the recipient has Part A Medicare. |
| REDETERMINATION REQUESTED MORE THAN 45 DAYS BEFORE CURRENT SERVICES END. | <ul style="list-style-type: none"> ▪ If a redetermination is received more than 45 days before the current services end. |
| REDETERMINATION REQUEST AFTER SERVICES ON OUR FILE HAVE ENDED. | <ul style="list-style-type: none"> ▪ If a redetermination is submitted after the current services on file have ended. |

| Message | Why? |
|---|--|
| REINSTATEMENT END DATE IS LESS THAN BEGIN DATE. | If reinstatement end date is prior to reinstatement begin date. |
| RECIPIENT IS STILL ON FILE AS BEING INSTITUTIONALIZED. | If submitted ID admission notification is received indicating deinstitutionalized and the recipient has an open ended ICF/IID segment on file. |
| TRANSFER DATE DOES NOT MATCH PREVIOUS END DATE. | If a transfer is submitted and the transfer date does not match the end date of the previous provider. |
| PROVIDER NUMBER IS NOT ELIGIBLE FOR THESE BENEFITS. | If the provider submitted is not a waiver or long term care provider. |
| RECOUPMENT ISSUES. CONTACT MEDICAID. | If the provider has been notified by the Agency that there are outstanding issues with these services. |
| REINSTATEMENT REQUESTED WITHOUT QUALIFYING NURSING HOME STAY. | Not enough time has passed between date of termination and the reinstatement date to allow for a qualifying Nursing Home stay. Please verify your reinstatement date. |
| CHANGE NPI TO VALID MEDICAID PROVIDER ID AND RESUBMIT. | Provider's NPI is associated with more than one service location with an active enrollment. Please resubmit application using the appropriate Provider Medicaid Number associated with the service location. |

13 AL LTC WEB PORTAL ADMISSION NOTIFCATION FILE SPECIFICATIONS

13.1 FORM

Please note the following specifications were implemented in 2008 and 2012.

13.1.1 Form Transaction Format

| Field | Name | Req/Opt | Format | Length | Position |
|---------|--|---------|--------|--------|----------|
| LTC0001 | SUBMITTER ID | R | A/N | 9 | 001-009 |
| LTC0002 | PROVIDER ID | R | A/N | 10 | 0010-019 |
| LTC0003 | PROVIDER NAME | R | A/N | 50 | 020-069 |
| LTC0004 | PCN | O | A/N | 10 | 070-079 |
| LTC0005 | PROVIDER ID | O | A/N | 10 | 080-089 |
| LTC0006 | CLIENT FIRST NAME | R | A/N | 20 | 090-109 |
| LTC0007 | CLIENT LAST NAME | R | A/N | 30 | 110-139 |
| LTC0008 | CLIENT SSN | R | N | 9 | 140-148 |
| LTC0009 | CLIENT MEDICAID ID | R | N | 12 | 149-160 |
| LTC0010 | SUBMISSION REASON: | R | N | 1 | 161-161 |
| LTC0011 | DISCHARGE REASON / ADMISSION SOURCE | O/R | A/N | 1 | 162-162 |
| LTC0012 | ADMIT OR DISCHARGE DATE | R | N | 8 | 163-170 |
| LTC0013 | WAIVER INCOME | R | N | 1 | 171-171 |
| LTC0014 | WAIVER INCOME DATE | R | N | 8 | 172-179 |
| LTC0015 | MEDICARE START DATE | O | N | 8 | 180-187 |
| LTC0016 | NH SHORT TERM STAY | O | N | 1 | 188-188 |
| LTC0017 | HOSPICE PROVIDED IN NH | O | N | 1 | 189-189 |
| LCT0018 | WAIVER REINSTATMENT BEGIN DATE | O | N | 8 | 190-197 |
| LTC0019 | WAIVER REINSTATEMENT END DATE | O | N | 8 | 198-205 |
| LTC0020 | SUBMISSION DATE | R | N | 8 | 206-213 |
| LTC0021 | CR/LF | | | | 213 |

13.1.2 Form Comments and Values

| Field # | Name | Comments/Values |
|---------|-----------------------------|---|
| LTC0001 | SUBMITTER ID | Eight byte submitter ID. |
| LTC0002 | PROVIDER ID | Enter the provider's ID. This is a tenbyte field. Provider number examples: <ul style="list-style-type: none"> • '1234567890' • ' ABC1234D' • _ = 'blank' |
| LTC0003 | PROVIDER NAME | Enter the provider's name. This is not edited; it is for visual recognition only. |
| LTC0004 | WAIVER PRIOR CONTROL NUMBER | This field is required IF first character of provider number is NOT blank. Specifically, only the WAIVER programs use this number. This is not edited. However, it is used to sort the response to allow different district offices (HCBS, E&D, and Homebound) to retrieve their own information regardless of whether the main office or the individual district office submitted the application. |
| LTC0005 | PROVIDER NUMBER | Enter the provider number. This is a ten byte field. Provider number examples: <ul style="list-style-type: none"> • 1234567890 • _ = 'blank' This field is used to sort ID WAIVER and Living At Home WAIVER responses for individual retrieval. |
| LTC0006 | CLIENT FIRST NAME | Enter the recipient's first name. |
| LTC0007 | CLIENT LAST NAME | Enter the recipient's last name. |
| LTC0008 | CLIENT SSN | Enter the recipient's 9 digit social security number. |
| LTC0009 | CLIENT MEDICAID NUMBER | Enter the recipient's 12 digit Medicaid number. |
| LTC0010 | SUBMISSION REASON: | Enter one digit value code as follows: 1 = New Admission/Initial Assessment/Election 2 = Readmission 3 = WAIVER Redetermination |

| | | |
|---------|--|--|
| | | <p>4 = WAIVER Early Redetermination 5 = WAIVER Reinstatement 6 = Transfer In 7 = Death/Discharge/Termination</p> |
| LTC0011 | DISCHARGE REASON CODE / ADMISSION SOURCE CODE | <p>This code is a one digit field.</p> <p>For all submissions where the admission type is 7 (Discharge/Termination/Death), this entry is optional and can be one of the following:</p> <p>C – Calculated end date based upon admission/Provider type criteria. This value is applied by the LTC batch only .</p> <p>R – Recipient is Transferring/Reassigned to another Facility or Program</p> <p>G – Recipient participating in Gateway to Community Living</p> <p>S – Short Term Hospital Stay</p> <p>M – Medicare Days</p> <p>P – Spend Down</p> <p>V – Revoked</p> <p>D – Death</p> <p>H – Discharge Home</p> <p>T – Terminated from Program</p> <p>'space' - will be encountered for pharmacy lockin rows as well as legacy LTC rows.</p> <p>For all submissions where the admission type is not '7' this field represents the Admission Source Code. This code is required and must be one of the following:</p> <p>A – Acute Care Hospital</p> <p>C – Palliative Care Hospice</p> <p>H – Home</p> <p>M – Medicare Days</p> <p>N – Nursing Home / ICF-IID</p> <p>P – Post Extended Care</p> <p>S – Medicare Special Needs Plans</p> <p>W – Waiver Redetermination</p> |
| LTC0012 | ADMIT OR DISCHARGE DATE | <p>Enter date of admission or discharge.</p> <p>Date format = 'CCYYMMDD'</p> |
| LTC0013 | WAIVER INCOME | <p>Enter one digit value code as follows:</p> <p>Blank = '0'</p> |

| | | |
|---------|---------------------------------|--|
| | | 1 = 300% slot 2 = Institutionally deeming 3 = Deinstitutionalized |
| LTC0014 | WAIVER INCOME DATE | Enter Begin date of WAIVER INCOME. Date format = 'CCYYMMDD' This field is required if WAIVER INCOME is '1, 2, or 3'. |
| LTC0015 | MEDICARE DAYS START DATE | Enter Start date of Medicare days. Date format = 'CCYYMMDD' |
| LTC0016 | NH SHORT TERM STAY | Not required. Valid values: <ul style="list-style-type: none"> • Blank = 'N' • Not blank = 'Y' |
| LTC0017 | HOSPICE PROVIDED IN NH | Not required. Valid values: <ul style="list-style-type: none"> • Blank = 'N' • Not blank = 'Y' |
| LTC0018 | WAIVER REINSTATEMENT BEGIN DATE | Enter Begin date of WAIVER Reinstatement Date format = 'CCYYMMDD' |
| LTC0019 | WAIVER REINSTATEMENT END DATE | Enter End date of WAIVER Reinstatement. Date format = 'CCYYMMDD' |
| LTC0020 | SUBMISSION DATE | Date format = 'MMDDCCYY' |
| LTC0021 | CR/LF | Carriage Return/Line Feed. Record delimiter. Required and automatically placed at the end of every submission record. |