



## **Pre-Admission Screening and Resident Review (PASRR) Level II**

Presented By: Cashlee Cates Provider Relations Representative for Telligen on behalf Wyoming Medicaid



# Purpose

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- To provide a comprehensive understanding of PASRR Level II
- To identify and define state and federal regulations
- Two types of PASRR Determinations
  - Categorical
  - Individual

NOTE: This presentation applies to Nursing Homes and Swing Beds



- **Questions**

- Please enter all questions into the chat
- Time at the end of the training will be used for answering chat questions
- Any questions that were not answered, They will be answered on the FAQ

- **Content availability**

- Presentation will be recorded and available to view at <https://wymedicaid.telligen.com> as well as the slides
- If you are in need of one-on-one training, please reach out to Cashlee at [ccates@telligen.com](mailto:ccates@telligen.com)

- **Survey**

- Email from Survey Monkey



# Entering a case into Qualitrac:



## Authorization Request

Date Request Received \*

01/31/2023 01:59 pm



Review Type \*

PASRR Level 2



Place of Service \*

Other Place of Service



Type of Service \*

Level II PASRR Evaluation



Timing \*

Concurrent



Cancel

Add New Request

# Entering a case into Qualitrac Continued:

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- Review Type
  - PASRR Level 2
- Place of Service
  - Other Place of Service
- Type of Service
  - Level II PASRR Evaluation- Needs a psychosocial
  - Level II PASRR Review- Has a psychosocial less than 1 year old
  - Level II PASRR Categorical- Categorical Referrals
- Timing
  - Prospective- If the PASRR is completed as part of admission, including if the member was discharged to the hospital, and is now readmitting to your facility
  - Concurrent- Should only be used if the member is a resident and has had a change of condition causing a new PASRR to be completed



# What is PASRR?

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- **Pre-Admission Screening and Resident Review**
  - Federally mandated program that requires all states to pre-screen all individuals regardless of payer source or age, seeking admission to a Medicaid certified nursing facility
  - Part of the Federal Nursing Reform Act of 1987 in response to inappropriate placement of individuals with mental illness (MI) or intellectual disabilities (ID) in a nursing facility
  - Federal Requirement as set forth in 42 CFR 483 et seq.



# Mental Illness Defined

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**According to 42 CFR 483.102(b), a disorder qualifies as a mental illness (MI) for PASRR purposes if it satisfies three major criteria**

1. It appears as a major mental disorder in the Diagnostic and Statistical Manual of Mental Disorders
  - A. A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability
  - B. Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in paragraph (b)(1)(i)(A) of this section.



## Mental Illness Defined (continued)

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2. It has resulted in functional impairments in major life activities in the last 3-6 months, including interpersonal functioning, concentration, and adaptation to change
3. The individual has a recent history of treatment, which means at least one of the following:
  - A. Psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization)
  - B. Within the last 2 years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.





- **According to the PASRR definition:**

- Intellectual Disability diagnosis requires intellectual impairment and deficits in adaptive functioning with onset prior to the age of 18.

- **The following three (3) criteria must be met:**

- Deficits in intellectual functioning such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experiences confirmed by both clinical assessment and individualized standardized intelligence testing
- Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life such as communication, social participation, and independent living across multiple environments, such as home, school, work, and community
- Onset of intellectual and adaptive deficits during the developmental period (before age 18) and

**Psychological testing is not required if the individual's notes support the diagnosis of intellectual disability.**



## Purpose of PASRR

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- **Screen** - to identify individuals, including adults and children, with mental illness (MI), intellectual disability (ID) or developmental disability (DD) related conditions
- **Placement** - to ensure appropriate placement, whether in the community or in a nursing facility (NF)
- **Serve** - to ensure individuals receive the required services for their MI and/or ID



# PASRR Requirements

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- Applicants must be screened BEFORE admission to a nursing facility or swing bed
- Providers must be educated about services/support needs
- Diversion and transition clients when appropriate
- Determine admitting facility can meet needs



## Preadmission Screening

- The PASRR process must be completed prior to the admission of the individual. If the individual is admitted prior to PASRR process not being completed, Wyoming Medicaid cannot pay for the days of service provided prior to the completion of the PASRR process. This includes the PASRR Level I and if needed the PASRR Level II determination.
- If you have any questions or concerns, please feel free to contact Amy Guimond at [amy.guimond@wyo.gov](mailto:amy.guimond@wyo.gov) or 307-777-3427.



The LT101 is now good for up to 1 year for someone admitting to a nursing facility, transitioning to another nursing facility or when a PASRR Level II has been triggered unless:

- There has been a significant change in condition for the better.
- If the individual is moving from a nursing home to the CCW waiver

An LT101 is required in the following conditions:

- For the assessment of an individual's current functional status used by the Department in making a nursing facility level of care determination. This determination is used in consideration of eligibility for applicable Wyoming Medicaid long-term care services and programs.
  - Please work with the facility's Medicaid LTC caseworker prior to requesting an LT101 to:
    - Make sure an LT101 is not already completed and within a year old
    - The application has been received



## LT101 (cont.)

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- For the evaluation of individuals identified by a Preadmission Screening and Resident Review (PASRR) Level I Screening to require a PASRR Level II screening -- whether the individual has Medicaid or not.
  - The PASRR Level I must be in the BMS system showing a Level II is needed prior to the LT101 being referred for completion.
  - The PASRR Level I must be within a month of the request for the LT101 when requested for a Level II if needed.
- LT101s can be viewed in the EMWS system (the system in which you submit requests). Instructions on how to view LT101s are at the end of the presentation. (if your facility did not request the LT101, you will need to call your Medicaid LTC caseworker to verify if an LT101 has been completed or is less than a year old.

**NOTE: The facility must contact their assigned Medicaid LTC caseworker when you have a new admit. Not doing so could delay payment if the member does not have nursing home eligibility.**

**NOTE:** A PASRR Level II packet can be submitted prior to the LT101 being completed.



## Screening Required for PASRR Level II

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- PASRR Level I – Screening to determine presence of serious MI or ID is required for all applicants to a Medicaid –certified nursing facility.
- LT101 – comprehensive method for determining eligibility based on functional needs for long term services.
- Resident Review – completed within 14 days when a “significant change” in status is determined



## PASRR Level II

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- Level II evaluations are in-depth reviews for nursing facility applicants and residents who may have serious MI and/or ID, to accurately assess whether an individual needs specialized services and/or nursing facility level of care (only needed if determined presence of a serious MI or ID)
- Support appropriate NF care plans to meet the individuals needs
- The list of diagnosis codes that will trigger a PASRR Level II are on the Wyoming Medicaid website at: <https://wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/Institutional-UBManual-and-Bulletins> (PASRR Level II Diagnosis List)





## Two Possible Options for PASRR Level II

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### **Individualized PASRR**

- Individual has indicators of MI/ID. A review/evaluation are completed with submitted information regarding the individual's status and what specialized services are needed
- The screening summary on the PASRR Level will identify the following:
  - 1 is MI
  - 2 is ID
  - 3 is a combination of MI/ID

### **Categorical PASRR**

- Individual has indicators of MI/ID related conditions, but NF placement is time limited. Full Level II assessment is suspended for a defined time period based on the categorical
- Categorical determinations will shorten process but is not an exemption from the process
- The screening summary box will identify the following numbers:
  - 4 through 8



# Types of Categorical Determinations

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- **Categorical 4** – terminal illness; must be verified in writing by a physician
- **Categorical 5** – Severe illness such as comatose, ventilator dependent, functioning at brain stem level, have diagnosis of COPD, severe Parkinson's, Amyotrophic Lateral Sclerosis, CHF, Huntington's Disease, CVA, quadriplegia, advanced MS, muscular dystrophy, end stage renal disease, severe diabetic neuropathy or refractory anemia. If so, is the condition severe enough that he or she could NOT participate in evaluation or treatment? If the physician notes that an illness has resolved then a full PASRR Level II will need to be completed (if the illness or condition resolves a full PASRR Level II is required)
- **Categorical 6** – (Exempted Hospital Discharge) A medical condition following a discharge from an acute care hospital, for which convalescent care is expected to require **less than 120 days** in a NF (this should not be used unless there is a plan for the client to go home)
- **Categorical 7** – (Provisional Admission) Require placement for respite care (for the relief of a caregiver) or due to delirium (where accurate diagnosis cannot be made until delirium clears) **not to exceed 14 days**



# Types of Categorical Determinations

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- **Categorical 8** – (Provisional admission) Requires emergency placement for safety concerns **not to exceed 7 days**
- **For Categorical 6, 7 or 8** - If the individual will continue to require NF placement, past the time period stated for a category 6, 7 or 8, the individual **MUST** have a full PASRR Level II evaluation completed **PRIOR** to the end of the exemption period. (A new Level I needs to be repeated in the portal and a PASRR Level II packet submitted to Telligen using the Qualitrac Portal prior to the end of the stated time period.)

**\*\*\*Very Important! If the PASRR Level II process is not completed prior to the end of the time period and the member stay is extended, the NF will not be paid for any days prior to the PASRR Level II being completed.**



# What needs sent for Categorical

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- These items must be sent to Telligen for a Categorical
  - Forms can be found at <https://wymedicaid.telligen.com/document-library/>

Required Documents for Categorical Determinations:	
<input type="checkbox"/>	PASRR Level I (provider portal)
<input type="checkbox"/>	Current History & Physical
<input type="checkbox"/>	Current Medication List (MAR)
<input type="checkbox"/>	Progress Notes
<input type="checkbox"/>	LT101 Functional Assessment, <365 days old (from PHN)
<input type="checkbox"/>	Informed Consent Form



# Individualized PASRR Level II

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- An Individualized PASRR Level II is needed if the individual is suspected of or has been diagnosed with a mental illness or intellectual disability and does not qualify for a categorical
- A Level II packet is required to be sent in prior to the individual admitting to the facility
- A Level II packet must consist of the following:
  - PASRR Level I
  - Name and professional title of person who performed the evaluation(s) and the date on which each portion of the evaluation is administered
  - Psychosocial evaluation (within the last 12 months from the date of the evaluation unless a change of condition has occurred), in which case a new psychosocial should occur at the time of change



## Individualized PASRR Level II(cont.)

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- The individual's past and present living arrangements describing successes and failures and medical and support systems and current family involvement in the evaluation and treatment; and
- Cultural, language and ethnic origin and applicable adaptations required; and
- Evaluation of intellectual functioning, memory functioning and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations must be available; and
- A functional assessment of the individual's ability to engage in activities of daily living ( ADL's) and instrumental activities of daily living (IADL's) that addresses monitoring of health status, self-administering and scheduling of medical treatment, self-monitoring of nutritional status, handling of money, dressing appropriately, and grooming. An accurate functional assessment is extremely important in determining an individual's appropriate placement)
- Positive traits or developmental strengths and weaknesses or developmental needs of the evaluated individual



## Individualized PASRR Level II(cont.)

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- Current medical history and physical, within last 12 months or at change of condition, including:
  - Medical history,
  - Review of all body systems,
  - Specific evaluation of the individual's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves and abnormal reflexes)
- Psychiatric evaluation, if on file and less than two (2) years old
- LT101 less than 365 days old (the PASRR Level II packet can be sent in without the LT101)
- Current medications (medication administration record with name, dosage, administration frequency and route of administration)
- Progress notes representing last seven (7) days of services and treatment



## Individualized PASRR Level II (cont.)

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- If ID, IQ testing is completed, testing is not required if not already completed
- Informed Consent Form (If resident is unable to sign consent, a medical power of attorney (MPOA) must sign, or if resident is incompetent, legal representative must sign)
- Minimum Data Set (MDS) is strongly recommended for Significant Change reviews
- Identify any specialized services required to meet the individual's needs
- If MI or ID and specialized services are not needed, identify specific lesser intensity services that are required to meet the individual's needs





# Individualized PASRR Level II (cont.)

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- Once you have a completed PASRR Level II packet, build a request in the Qualitrac portal and attach required documentation
- Here is the link to the portal if you do not have the portal you can sign up for the portal via this website. You can reach out to our call center for the fax number if you are waiting for your portal registration
  - Links: [Qualitrac Portal Login & Portal Registration](#)
  - Call Center Contact Info:
    - Email Support: [wymedicaidum@telligen.com](mailto:wymedicaidum@telligen.com)
    - Toll-Free Phone: (833) 610-1057
- If an incomplete packet is sent, Telligen will send a message via the Qualitrac portal requesting more information
- Once a completed packet has been received, the Telligen PASRR Coordinator will review and a letter of determination along with the PASRR report will be sent to the facility
  - Note: All forms including checklists can be found at [wymedicaid.telligen.com](http://wymedicaid.telligen.com)



# Inter-facility Transfer or Out of State

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- **When a transfer of a resident occurs from one facility to another it is treated as a new admission**
  - Complete PASRR Level I
  - Complete PASRR Level II packet if applicable
- This has to be completed PRIOR to admission to the new facility
- The admitting facility will not receive payment from Medicaid until the PASRR Level I, LT101 and PASRR Level II determination (if applicable) is on file



## Inter-facility Transfer or Out of State (cont.)

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- **When a transfer occurs from another state to Wyoming**

- If client is in other state facility, other state will need to provide all PASRR Level I and Level II information
  - WY NF will need to complete PASRR Level I, LT101 (contact Leslie Emond at [leslie.emond@wyo.gov](mailto:leslie.emond@wyo.gov) and indicate this is a “telephone” LT101 request) and if triggered PASRR Level II
  - Send all previous out of state’s Level II documents with completed WY PASRR Level II documents to Telligen (timeframe for this process is thirty (30) days from admission including Telligen review time) If client is transferred from out of state home to WY NF then previous documents may not be available

**If a completed PASRR Level II packet determination is not completed within thirty (30) days of admission, the determination date cannot be backdated to the admit date**



# Significant Change in Condition

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- A nursing facility shall complete a resident review within fourteen (14) days after a significant change in the physical or mental condition of a resident who is mentally ill or intellectually disabled for the better or worse
  - Occurs when there is a physical or mental change in the condition of a resident who has mental illness or intellectual disability.
    - This condition would not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions.
    - The change would have an impact on more than one area of the resident's health status
    - Would require interdisciplinary review or revision of the plan of care or both
- If the resident is diagnosed with a new severe mental illness a resident review is required
  - If the resident review triggers a PASRR Level II the determination process must be completed within thirty (30) days. If a completed PASRR Level II packet determination is not completed within thirty (30) days, the determination date cannot be backdated to the date of the resident review
- Utilize the PTAC website for more information on “significant change” at <http://www.pasrrassist.org/>
- This process must also be completed with the change in PASRR Level II diagnosis codes



## Hospital/Nursing Facility Responsibilities

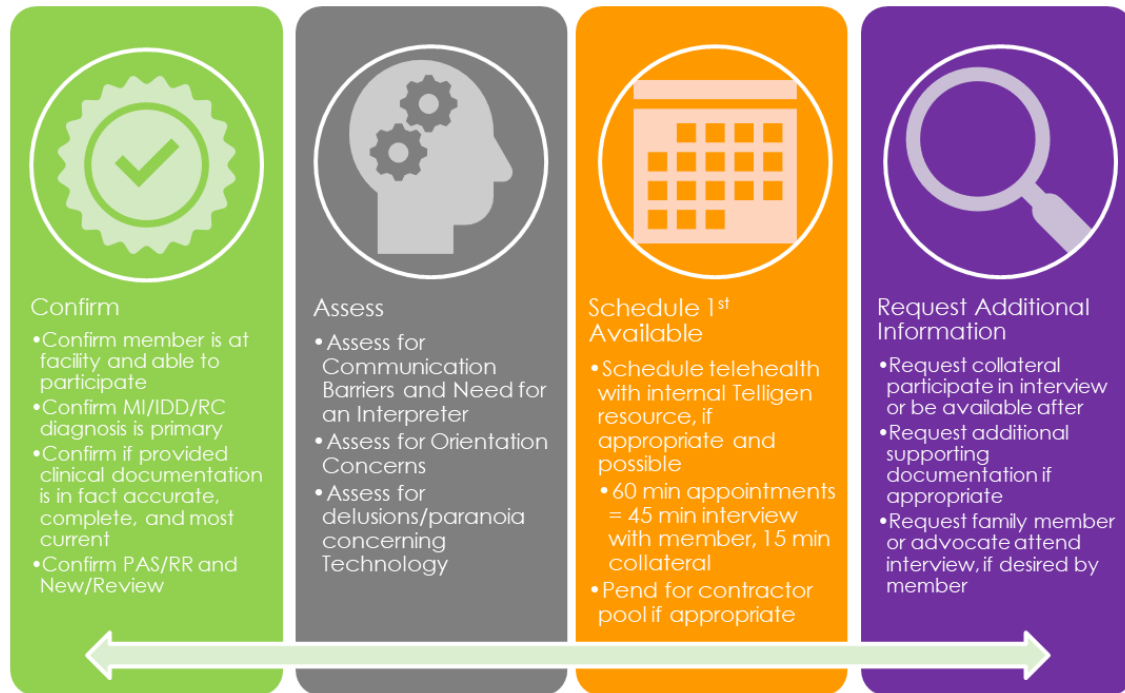
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- The Hospital or Nursing Facility must demonstrate that the PASRR process has been completed **before** admission to the Nursing Facility
  - PASRR Level I
  - LT101 Referral
  - PASRR Level II (if needed)
- The Hospital or NF must complete the PASRR Level I and if triggered Level II process prior to the individual being admitted.
- If the PASRR level I triggers a categorical determination, complete the proper authorization via the Telligen portal
- You will receive a letter of determination for a categorical via the Qualitrac portal
- Share results of the PASRR Level II with individual and family



## Scheduling Process



- First outreach attempt is either phone or email, based on contact information associated with Qualitrac user account of the Level I submitter. If different contact information is preferred, please indicate in available free text fields.
- Our current direction supported by the State is to make 3 outreach attempts over 5 business days.

# Psychosocial Scheduling Tips

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- When scheduling make sure all parties are available for the entire assessment. Please be sure it is not during medication times
  - Case manager, family, and patient
- Ensure these assessments are taking place in a quiet and HIPAA- appropriate atmosphere (In a room with no other patients)
- Please note during the assessment at any time the patient may be determined not appropriate for the assessment, and it will be canceled at that time.
- Please provide education prior to the assessment so they understand the process in which they are going through
- If you are 5 mins past the scheduled time you will be required to reschedule your psychosocial



- The PASRR states that although specialized services may not be recommended, mental health rehabilitation services may be recommended. Generally those would include, individual therapy, psychiatric evaluation, medication management, family therapy, group therapy or substance abuse treatment. This includes any kind of functional/adaptive support or case management services the assessor may feel is in the best interest of the patient in the situation as well:
  - ADL skills training
  - CM services to explored supported community living options
  - Community living skills training
  - Family involvement in the client's care if available
  - Psychotropic medication monitoring
  - Family therapy
  - Education regarding medication compliance and/or side effects
  - Group therapy
  - Occupational therapy evaluation





## Determination Summary Recommendations

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- Day treatment
- Physical therapy evaluation
- Individual mental health therapy
- Audiological evaluation
- Supportive counseling from NF staff
- Speech/language therapy
- Obtain psychiatric records to clarify history
- Vision evaluation
- Evaluation for a diagnosis of dementia, Alzheimer's, or other organic mental disorder
- Neurological examination
- Minimum of annual comprehensive psychiatric evaluation to clarify the current psychiatric diagnosis and appropriate treatment plan
- Dental evaluation
- Develop and implement a behaviorally based treatment plan
- Vocational services
- Guardian for decisions regarding health and safety
- Foreign language services
- Guardian for financial decisions
- Services for the visually/hearing impaired
- Crisis intervention/safety plan
- Socialization/leisure/recreation activities
- Support group for substance use recovery
- Other:



# Public Health Nurse

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- The date of the referral is the date of the LT101
- The LT101 evaluation should be completed within seven (7) business days of receiving referral but extensions can be granted
- A public health nurse is a state representative which provides activities such as prevention, education, advocacy, assessments and evaluation of the public health.



# Telligen Responsibilities

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- Telligen reviewers now complete the psychosocial if one has not been completed within the last 365 days
- Receives categorical and individualized PASRR packets
- After completed PASRR Level II packet is received Telligen has four (4) days to complete the determination and formulate the Determination Summary Report
- The submitting facility will receive a Notice of Determination and Determination Summary Report which will be available in the portal within the four (4) days. (INDIVIDUAL CAN NOW BE ADMITTED)
- If PASRR II packet is incomplete, a “Notice of Missing Documentation” will be sent via the Qualitrac portal within two (2) business days of referral
- If the PASRR Coordinator determines the documents contain additional information to determine the individual’s current level of functioning, an additional request “Notice of Necessary Clinician Documentation” letter will be sent via the Qualitrac portal.
- If missing documents are not received within two (2) business days, an “Administrative Closure” letter will sent via the Qualitrac portal to the referral source and mailed to the individual or guardian.



# Appeals Process

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- The purpose of the appeal process is to ensure that individuals who were the subject of WY PASRR Level II evaluations have the right to appeal determinations in a fair and timely manner, consistent with state and federal law. Telligen has established a process policy (in accordance with the Division of Healthcare Financing [DHCF], Wyoming Department of Health Appeal Hearing policy) by which any applicant or their legal representative who is dissatisfied with the outcome of a PASRR Level II can appeal the decision. A copy of this procedure is available to referral sources, the applicant or legal representative upon request.
- Please reference Section IX: Appeal Process in the PASRR Manual



- Resident is admitted to the hospital and then returns at a later date
  - A resident review is not needed unless the individual comes back with a new mental illness diagnosis or comes back with a major decline or improvement to the individual's status that:
    - Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered “self-limiting”;
    - Impacts more than one area of the resident's health status; and
    - Requires interdisciplinary review and/or revision of the care plan
    - (if the facility discharges the client from the facility during the hospital stay, the individual would then need to be treated as a new admit)



## Examples (cont.)

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- A resident is diagnosed with a new mental illness that meets criteria
  - A resident review must be completed, if it triggers a PASRR Level II, the PASRR Level II packet must be sent with updated information, the determination process must be completed within thirty (30) days
- A resident will be transferred to another facility
  - The resident is treated as if they are a new admission and all processes should be followed PRIOR to the resident being transferred



# Helpful Tips

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- Make sure to submit PASRR Level I evaluations at the end and print a copy for your records
- Do not admit an individual until all processes are complete per Federal and State regulations
- The PASRR process is required for all individuals regardless of payment source (Medicaid, private pay, TPL)
- Determination dates cannot be backdated except when an applicant is being transferred from an out-of-state facility or out-of-state home to a Wyoming nursing facility
- When submitting a Consent form make sure that it is the proper form.
- If you are needing to see the step-by-step process the document will be saved to our website under Documents
- Please note Telligen does not determine whether the patient keeps their Medicaid or not during the Psychosocial process (That is not why a patient is required to do a psychosocial)



# Helpful Links

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- [PASRR II Checklist](#)
- Web Portal Tutorial for PASRR prior to starting the process  
[Provider Training, Tutorials & Workshops](#)
- [PASRR Level I](#)
- To access the PASRR Level I – contact EDI at 1-800-672-4359 Option 3
- [Request LT101](#)
- To request access to LT101 portal – contact Benefit and Eligibility Specialist at [leslie.emond@wyo.gov](mailto:leslie.emond@wyo.gov)
- Diagnosis codes that will trigger a PASRR Level II  
[Provider-Manuals-and-Bulletins/Institutional-UBManual-and-Bulletins](#) (PASRR Level II  
Diagnosis List)
- [PASRR Consent Form](#)





## ■ **Community Choices Waiver**

- The Community Choices Waiver (CCW) targets adults 19-64 with a physical disability and aged adults 65+. The level of care needed to be eligible for this waiver is Nursing Facility level of care. The CCW is provided as an alternative to institutional care and individuals must be financially eligible.

### **Available Services**

- Case management
- Personal Care
- Respite Care
- Home Delivered Meals
- Personal Emergency Response System
- Non-medical Transportation
- Adult Day Care
- Skilled Nursing
- Self- Directed Care Option
- Financial Management

Contact the Community Choices Unit if you have questions at 307-777-7531.



## **Comprehensive or Support Waivers**

- Applicants for, and current participants of, the Supports and Comprehensive Waivers must meet residency, clinical eligibility, and financial eligibility requirements. Specific eligibility information, as well as required assessments and evaluations that will need to be conducted, can be found in the Application Guide for the Supports Waiver.

If you are interested in assisting someone in applying for home and community-based services, contact 307-777-7115.



# Additional Services (cont.)

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## **National Family Caregiver Support Program**

- The National Family Caregiver Support Program helps adults 18 and over who are caregivers for a loved one 60 years of age or older or for someone of any age who has Alzheimer's disease or a related dementia condition. In Laramie and Sheridan counties, support is also available for older relative caregivers, 55 years of age and older, who find themselves raising their grandchildren or related children 17 years of age or younger or helping an adult 18-59 who have a disability. Also, the parent of an individual 18-59 with a disability is eligible.
- Help can include respite support to allow caregivers to have temporary breaks from responsibilities, support group connections and help to provide specific, needed services.

If interested, please contact the Aging Division at 1-800-442-2766



# Additional Services (cont.)

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## Wyoming Home Care Services

- The Wyoming Home Services (WyHS) program is used to provide services to those qualified individuals who are at risk of premature institutionalization. These services are designed to keep people in the least restrictive environment for as long as possible. If you would like to know what WyHS services are provided in each county, please call the provider listed below on the map.
- Eligibility for these services: A client must be 18 years of age or older, and, through an ongoing evaluation, at risk of premature institutionalization.
- Services include: care coordination, personal care, chore services, homemaker services, respite care, personal emergency response systems, adult day care and hospice.

To find out more about this program or to locate service providers please call Jeanne Scheneman at 307-777-8566 or toll free: 800-442-2766.



# Accessing LT101s in EMWS

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Log into wyowaivers.com For past tasks you may need to unclick the complete LT101 assessment.

## **Task List**

The "Task List" at the top of the screen shows any LT101 request you have started but have not completed and allows you to create a new LT101 request.

## **Recent Tasks**

The "Recent Tasks" in the middle of the screen displays all tasks (LT101 requests) you have submitted and are in process to complete the LT101. You will note that the Status of the tasks will update as the task moves through each step in the process. Once the LT101 assessment has been completed the assessment will update with either "eligible" or "not eligible" based on the result of the assessment. Tasks stay in the "Recent Task" section **until 7 days after the LT101 has been completed**. At that time they are removed from the "Recent Tasks" list and move into "Past Tasks".

## **Past Tasks**

The "Past Tasks" section is a search to find any LT101 requests that you have submitted through the EMWS. LT101 that have **been completed for longer than 7 days can be found in the search**. To search for a LT101 request enter in either the last name of the person, social security number (SSN) and/or Medicaid ID in the appropriate search field and click on the search button. The results for the search will display with the eligibility determination.



# Accessing LT101s in EMWS (cont.)



Dashboard

LT101 Continued Stays

Please confirm if the following people are still at your facility and on Medicaid:

There are no continued stays to approve at this time.

Task List

Nothing Available

No tasks at this time.

Page 1 Go

Recent Tasks

Nothing Available

No recent tasks at this time.

Page 1 Go

Past Tasks

Search

Date of Birth:

First Name:

Last Name:

SSN:

☒ Complete LT101 (Assessment)

Search

