

## **QIO - Long Term Care Level of Care Process**

### **Purpose:**

To determine appropriate level of care (LOC) for admission and continued stay review (CSR) for waiver programs and nursing facility placement. This includes all waivers and nursing facility (NF), skilled nursing facility (SNF), intermediate care facility for intellectual disability (ICFID), and psychiatric medical institute for children (PMIC) facilities.

### **Identification of Roles:**

Review assistant (RA) – logs documents in OnBase workflow, assigns review to review coordinator (RC), provides program support.

RC – opens the review in MQUIDS, completes LOC review, prepares case for peer review when appropriate, sends notification to MCOs when a member affiliated with an MCO is denied level of care.

Manager – oversees review processes, consults with team as appropriate.

Medicaid medical director (MMD) – completes review for cases that are not able to be approved by RC utilizing established criteria.

Peer review (PR) – reviews medical records when the MMD is not available or when specialty review is needed.

### **Performance Standards:**

- Complete 95% percent of LOC determinations for admissions within 2 business days of receipt of complete information; complete 100% within 5 business days.
- Complete 95% percent of LOC determinations for CSRs within 5 business days of receipt of complete information; complete 100% within 10 business days.

### **Path of Business Procedure:**

See Attachment 1.

**Step 1:** The LOC Certification form/core standardized assessment (CSA) will be completed by case worker or CSA staff and uploaded to IMPA. Review process will begin once loWANS milestone is received requesting LOC review. For the NF population, the Level of Care Certification for Facility form will be used to determine LOC.

**Step 2:** MMIS will be utilized to identify MCO/FFS status. QIO Services will complete admission reviews for the entire population and will complete CSRs for the FFS

population only. MCO CSRs will be completed when there is a level of care change identified. **Exception:** MCOs will complete admission and CSR reviews for PMIC facilities.

**Step 3:** Using the appropriate criteria (see Forms section), RCs determine if the member meets LOC with the information provided.

**Step 4:** If the RC cannot approve the member's LOC based upon the submitted documentation, the RC will contact the provider, case manager, and/or MCO by telephone or fax to determine if all available documentation has been submitted for the review. Additional time will be given for additional information to be submitted for review.

**Step 5:** If the RC still cannot approve LOC, the review is sent for MMD/PR (see Attachment 2).

**Step 6:** Once LOC has been approved or denied, the RC will enter findings into MQUIDS. Denials are sent to the provider and member and will include appeal rights. A peer-to-peer conversation will be provided upon request. The manager will arrange for a peer-to-peer conversation within 1 business day of the request unless there are extenuating circumstances outside of QIO Services' control. The member (or their representative) can request an appeal for adverse determinations (see Attachment 3).

**Step 7:** The RC will answer the loWANS milestone.

### **Forms/Reports:**

[Form 470-4393 Level of Care Certification for Facility](#)

[Form 470-2780 Certification of Need for Inpatient Psychiatric Services](#)

[ICFID Level of Care Criteria](#)

[Nursing Facility Level of Care Criteria](#)

[Pediatric Skilled Nursing Facility Level of Care Criteria](#)

[Psychiatric Medical Institution for Children Level of Care Criteria](#)

[Skilled Level of Care Criteria](#)

### **RFP References:**

1.3.1.3.B.2.a-e

### **Interfaces:**

MMIS

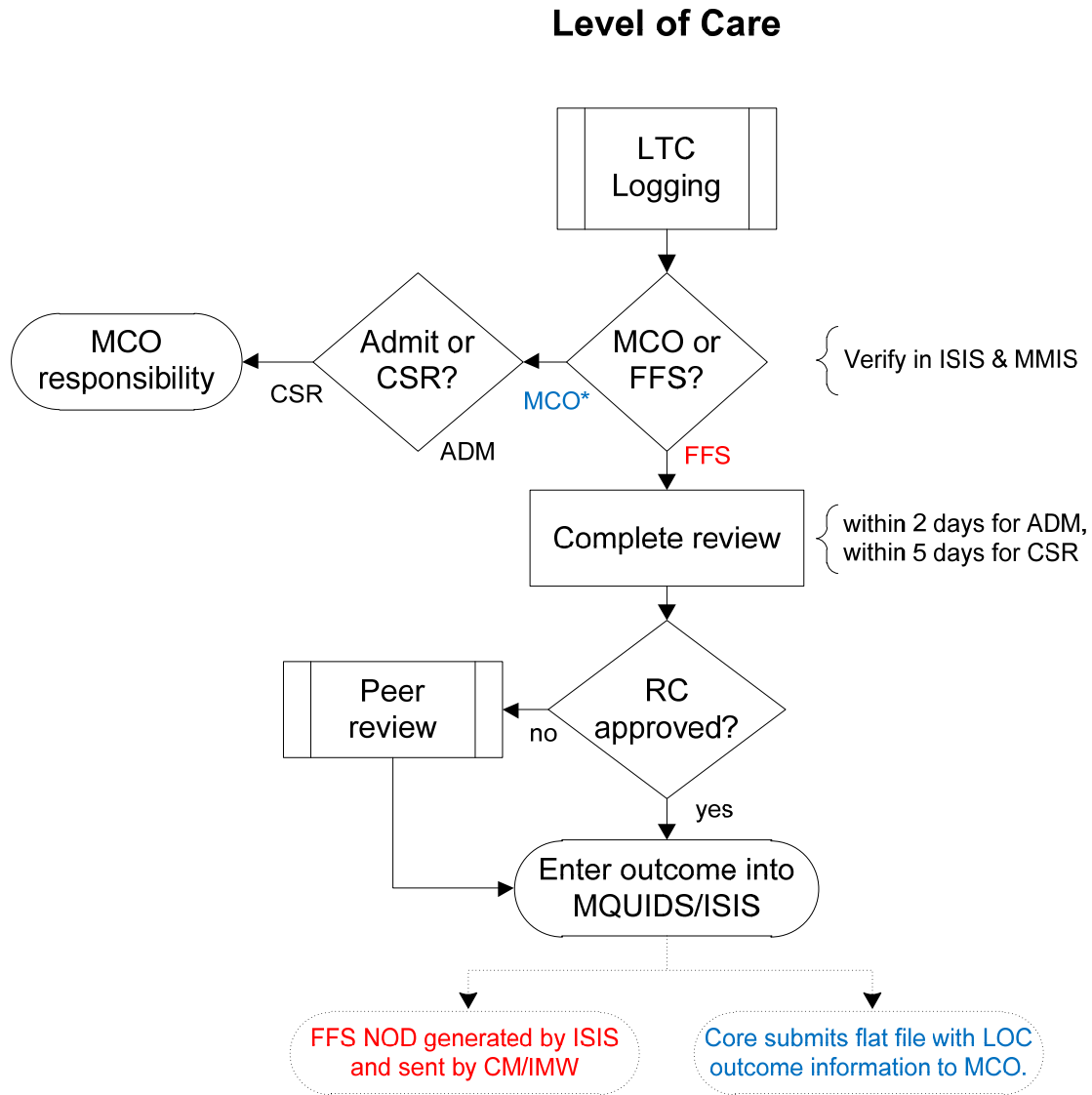
OnBase

loWANS

MQUIDS

**Attachments:**

Attachment 1: Level of Care flowchart

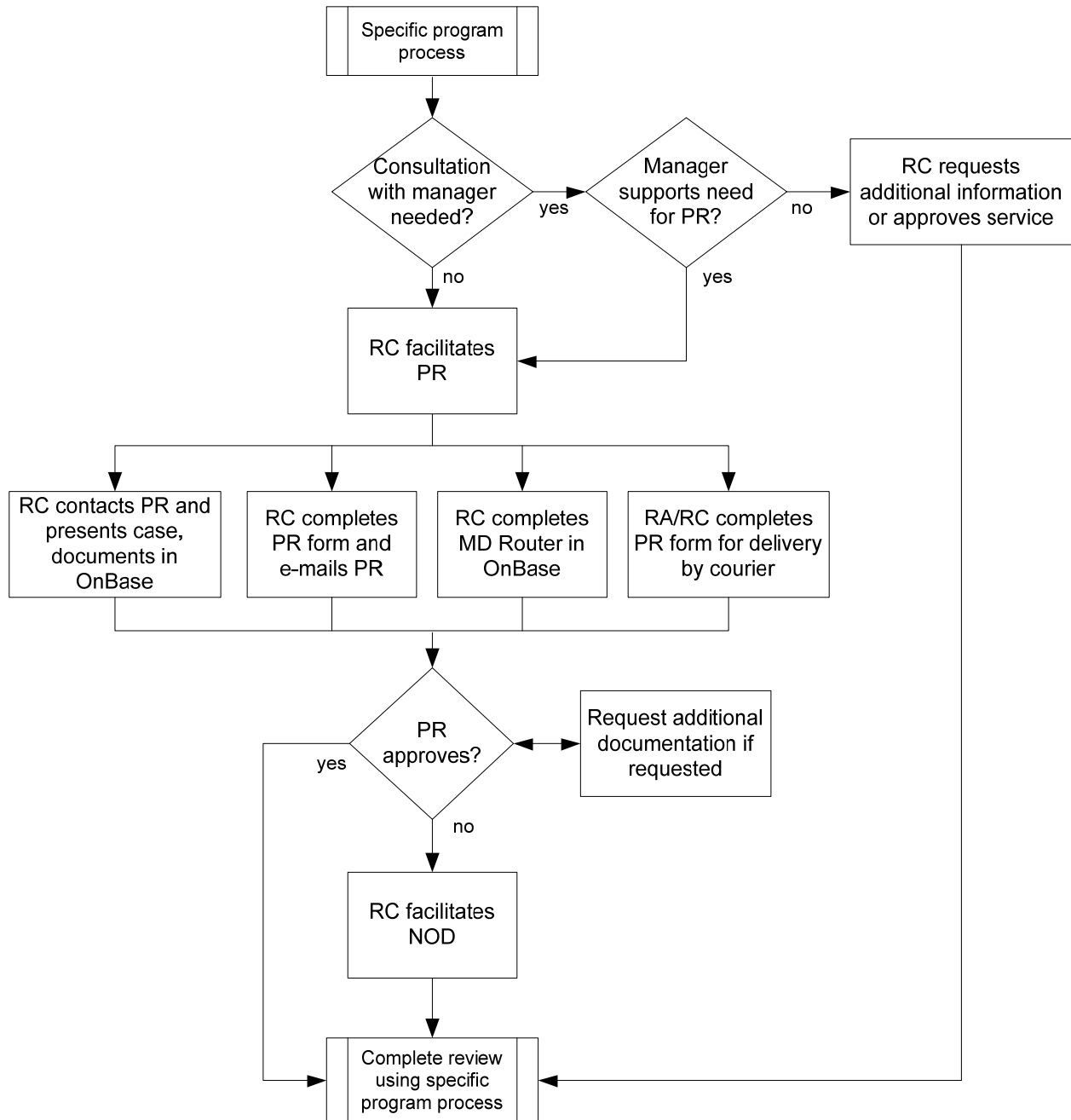


\*n/a for Inpatient Psych – FFS only

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 Rev. 4/2018

Attachment 2: Peer Review flowchart

Peer Review



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