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# AMMIS LTC Admission Notification User Manual

**Date: 05/19/2020**

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# 1 DOCUMENT CONTROL

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

## 1.1 DOCUMENT INFORMATION PAGE

Required Information	Definition
Document Title	AMMIS LTC Admission Notification User Manual
Version:	13.0
Location:	<a href="https://pwb.alxix.slg.edcs.com/alxix/Subsystem/utills/DocDescription.asp?Folder=../Subsystem/Long%20Term%20Care/User%20Manual">https://pwb.alxix.slg.edcs.com/alxix/Subsystem/utills/DocDescription.asp?Folder=../Subsystem/Long%20Term%20Care/User%20Manual</a>
Owner:	DXC/Agency
Author:	Ann Miller
Approved by:	Betty Payne
Approval Date:	08/26/2013

## 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)
	7.0	J. Hatmaker	CO 7962	Change the LTC Admissions software to accept 6, 7, 8, 9 or 10 alpha numeric characters in the Provider ID field and the Performing Provider ID field.
	7.0	J. Hatmaker	CO 7966	Change every occurrence of 'EDS' in the LTC Admissions Notifications software, to 'HP.' Also; update every occurrence of the logo.
	7.0	J. Hatmaker	CO 8167	When submission reason is "7" (death/discharge/termination/revoke), it will require a selection from the drop down box of the following options: H - Recipient discharged home D - Recipient died

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				<p>T - Recipient was terminated from the program</p> <p>Do not allow the option to be blank when reason code "7" is selected. Provider may select only one option.</p>
	7.0	J. Hatmaker	CO 8222	<p>Add a 'self-edit' to the Client ID field in the LTC software to display the following error message if a Client ID that begins with '000' is entered:</p> <p>ENTER THE CLIENT'S CURRENT MEDICAID ID NUMBER.</p>
03/15/2012	8.0	A. Miller	CO 9222	<p>Add in information regarding the Program of All-inclusive Care for the Elderly (PACE).</p>
08/26/2013	9.0	M. Spear	CO 5981	<p>Update rejection messages in section 14.2.</p>
11/5/2015	10.0	A. Miller	<p>CO 12284</p> <p>CO 12662</p>	<p>In compliance with Rosa's Law apply global changes to manual for any occurrence of MR to be changed to ID or IID where appropriate, any occurrence of Mentally Retarded to Individuals with Intellectual Disabilities and QMRP to QIDP.</p> <p>Change every occurrence of 'HP' in the AMMIS LTC Admissions Notifications Manual, to 'HPE.' Change HP Inc. or HP Enterprise Services to Hewlett Packard Enterprise. Also; update every occurrence of the logo.</p>
01/20/2016	11.0	A. Miller	CO 12945	<p>Global changes to manual: 'Reason 7</p>

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				<p>Explanation' changed to 'Discharge Reason', 'NH Convalescent Care?' changed to 'NH Short Term Stay' and 'Hospice provided in NH?. Changed to 'Hospice provided in NH'.</p> <p>Update Section 6. 1: Entering Admission Notifications on the Electronic LTC Admission Notification Form layout to reflect the following changes:</p> <ul style="list-style-type: none"> <li>o The 'Reason 7 Explanation' will be renamed to 'Discharge Reason'.</li> <li>o Add new values for short term discharge to the drop down listing.</li> <li>o 'NH Convalescent Care?' field will be renamed to 'NH Short Term Stay'.</li> </ul> <p>Update Section 6.1.2: Update List Fields as noted above.</p> <p>Globally updated note in each provider type section except PACE regarding using Discharges reasons to include new short term discharge codes. It now reads: When the discharge is submitted an additional clarification for the discharge 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 Discharge Reason field for a long term discharge. If</p>

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				the recipient is expected to be readmitted to Alabama
7/7/17	12	A. Miller		Change every occurrence of 'HPE' in the AMMIS LTC Admissions Notifications Manual, to 'DXC.' Change Hewlett Packard Enterprise to DXC Technology. Also; update every occurrence of the logo.
1/17/2019	13.0	Marcia Spear	Application of CO 14593	LTC Admission Notification Software no longer require SSN Report changes
5/19/2020	14.0	Ann Miller	Application of CO 15205	<p>LTC - LTC - Institutional Special Needs Plans (I-SNPs) Institutional Special Needs Plans (I-SNPs)</p> <p>Chapter 12 - Removed all occurrences of HIV/AIDS since Waiver is no longer valid for Alabama Medicaid. Also section 2.2 and Index.</p> <p>Updated screen shot of LTC Admission Notification Software form, with new Admission Source field.</p> <p>Chapter 6 Section 1.3 and Chapter 16 Section 1.3 - Added drop down list of new Admission Sources and added two new Discharge Reasons.</p> <p>Chapters 8 – 13 added documentation regarding new 'Admission Source' field. Updated note regarding the Discharge Reasons to refer to section 6.1.2 for list of Admission</p>

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				<p>Source and Discharge Reason.</p> <p>Updated Chapter 3 to remove reference to CD-ROM or CD-ROM being sent to providers. Software is only available through downloading.</p>

### 1.3 RELATED DOCUMENTATION

Document	Description	URL

## 2 INTRODUCING ALABAMA LONG TERM CARE (LTC) ADMISSION NOTIFICATION

Thank you for using DXC Technology (DXC) Alabama Long Term Care (LTC) Admission Notification. This software enables you to submit electronic LTC Admission Notifications on behalf of Alabama Medicaid recipients. Providers who submit admission notifications to Medicaid electronically receive the following benefits:

- Quicker admission notification turnaround
- Quicker admission notification corrections for notifications with errors

Alabama LTC Admission Notification is available at no charge to Alabama Medicaid providers. It provides installation procedures and a contact number for the DXC Electronic Media Claims (EMC) Help Desk, whose commitment is to assist Alabama Medicaid providers with electronic eligibility, claims, and medical eligibility application submission.

Chapter 1, Introducing Alabama LTC Admission Notification, is comprised of three sections:

- What You Need to Know to Use Alabama LTC Admission Notification, which provides definitions for important electronic 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 DXC personnel who can assist you with Alabama LTC Admission Notification related questions.

### 2.1 WHAT YOU NEED TO KNOW TO USE ALABAMA LTC ADMISSION NOTIFICATION

Below are some terms and concepts that will enhance your ability to use Alabama LTC Admission Notification: **Batch**

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

Batch submission refers to sending groups of admission notifications to DXC. A batch may contain one record or many records. These transactions are not sent directly to the DXC system, but to an intermediary referred to as the Web Server. The DXC 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 DXC, providers can inquire for a response using the software.

#### Using a Personal Computer

®

Alabama LTC Admission Notification operates in a Microsoft Windows™ environment. The software is very user-friendly and features point-and-click functionality similar to Windows applications.

To use Alabama LTC Admission Notification, you should have basic knowledge about personal computers and be able to navigate in Microsoft Windows. Specifically, you should know how to:

- Use a mouse, drop down menus, and navigation buttons.
- Toggle between open windows on your desktop.
- Determine some information about your personal computer's (PC) hard drive and be able to distinguish between a hard drive and a disk (or CD) drive. For instance, you should know

how much Random Access Memory (RAM) you have, and how much disk space (space available on your hard drive) you have. Chapter 2, Installing Alabama LTC Admission Notification, describes archiving, file retention, and other subjects that have an impact on your PC's available space.

- Access the Windows Control Panel. Section 2.4, Setting up Personal Options, provides a brief description of how to use the Control Panel to research information about your modem.
- Determine a file and path name as necessary. The path name refers to a specific drive (for instance, your hard drive) and folders within those drives, if applicable.

Your Microsoft Windows user guide should give you information about these topics if you aren't already familiar with them.

### Using a Modem

Providers must have a modem. Your modem may be part of your PC, or attached to your PC, and it must also be attached to a working phone line. If you plan to submit batch transactions and you live outside the Montgomery calling area, you must be able to place a long distance call over the phone line. Section 2.4, Setting Up Personal Options, describes how to set up Alabama LTC Admission Notification with your modem information.

### Alabama LTC Admission Notification User Manual versus the Alabama Medicaid Provider Manual

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

- install and set up Alabama LTC Admission Notification
- navigate in Alabama LTC Admission Notification
- complete the required and optional fields on the electronic forms
- submit transactions

If you did not receive a copy of the Alabama Medicaid Provider Manual, contact DXC Provider Relations at 1 (800) 688-7989 or download a copy of the manual from the Alabama Medicaid Home Page at <http://www.medicaid.alabama.gov>.

## 2.2 HOW TO USE THIS MANUAL

This manual is comprised of the following chapters:

	Chapter Title	Contents
1	Document Control	Provides information regarding amendment history and related documentation.
2	Introducing Alabama Long Term Care (LTC) Admission Notification	Describes what you need to know to use Alabama LTC Long Term Care Admission Notification, how to use the user manual, and who to (LTC) Admission contact if you have questions.
3	Installing Alabama LTC Admission Notification	Covers equipment requirements, getting a copy of Alabama LTC Admission Notification, installation procedures, setting up Notification personal options, and other maintenance options such as database recovery.
4	Getting Around Alabama LTC Admission Notification	Describes general navigation concepts of Alabama LTC Admission Notification.

	<b>Chapter Title</b>	<b>Contents</b>
5	Customizing Alabama LTC Admission Notification	Describes how to build lists for values you use over and over, such as recipient or provider numbers. This increases your ability to submit correct Notifications quickly and efficiently.
6	LTC Admission Notification Form	Describes the LTC Admission Notification form fields.
7	Retrospective Review	Describes the Medicaid Agency process of retrospective review of documentation. Although this is not specifically related to the software, 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.
8	Nursing Home	Describes how nursing home providers complete the form.
9	Hospice	Describes how hospice providers complete the form.
10	Intermediate Care Facility For Individuals With Intellectual Disabilities (ICF/IID)	Describes how ICFID providers complete the form.
11	HCBS - Intellectual Disabilities (ID)/Living at Home	Describes how ID and LAHW providers complete the form.
12	Elderly and Disabled, HIV/AIDS, SAIL, and ACT	Describes how Elderly and Disabled, HIV/AIDS, SAIL and ACT providers complete the form.
13	Program Of All-Inclusive Care For The Elderly (PACE)	Describes how PACE providers complete the form.
14	Receiving A Response	Describes how to resubmit a batch and understand the corresponding submission reports. It also discusses diskette submission and response.
15	The Web Server	Describes what steps to take when connecting to the web server to update your Web password.
16	AL LTC Admission Notification Software File Specifications	Describes the file specification for creating a transmit file for admission notification.

Many of the manual chapters 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 Admission Notification, you will probably refer to this manual less often. DXC provides this paper user manual to ensure you access to as much information as possible about Alabama LTC Admission Notification.

If you still have questions, or if you should encounter difficulty using Alabama LTC Admission Notification or dialing into the DXC system, contact the EMC Help Desk at 1 (800) 456-1242.

The Help Desk staff is available from 7:00 a.m. to 9:00 p.m., Central Standard Time (CST), Monday through Friday.

## 3 INSTALLING ALABAMA LTC ADMISSION NOTIFICATION

This chapter covers equipment requirements, instructions on obtaining a copy of Alabama LTC Admission Notification, installation procedures, setting up personal options, installing software upgrades, and other maintenance options such as archiving and database recovery.

### 3.1 EQUIPMENT REQUIREMENTS

Before installing Alabama LTC Admission Notification, you must ensure you have the proper equipment. Alabama LTC Admission Notification is designed to operate on a personal computer with the following equipment requirements:

Minimum	Recommended
Pentium II	Pentium III
Windows 2000	Windows XP
64 Megabytes RAM	128 Megabytes RAM
800 x 600 Resolution or higher	1024 x 786 Resolution or higher
28.8 Baud Rate modem (required only for dialup transmission)	56K Baud Rate modem (only for dial-up transmission)
100 Megabytes free Hard Drive space	

A printer is optional, but recommended.

To check or change the Windows resolution, click the Start button and select Settings, then Control Panel. In the Control Panel screen, click the Display icon and once it opens select the Settings Tab. Be sure the Screen Area field shows a resolution of 800 x 600 or higher.

Note: Providers who wish to install Alabama LTC Admission Notification on a Local Area Network (LAN) or configuration other than a standalone personal computer should contact the EMC Help Desk at 1(800) 456-1242 for instructions.

### 3.2 GETTING A COPY OF ALABAMA LTC ADMISSION NOTIFICATION

You can receive instructions regarding downloading a copy of the software by contacting your DXC Representative or calling the EMC Help Desk at 1(800) 456-1242. By using this software you are confirming that you are not a provider who is required by the Alabama Medicaid Agency to undergo the 100% up front review. The software is available for downloading from the secure provider web

portal: <https://www.medicaid.alabamaservices.org/alportal/Tab/41/content/InformationLinks/InformationLinks.html.spage>

#### Installation Procedures

You should install your Alabama LTC Admission Notification software only once, unless the software is damaged while on your PC. This section describes installation procedures download.

## Installing from the portal

Providers are strongly encouraged to exit all other Windows programs before running the setup program. This includes MS Word, e-mail systems, or other applications.

This section provides step-by-step instructions for installing Alabama LTC Admission Notification on a PC running Windows 2000/XP.

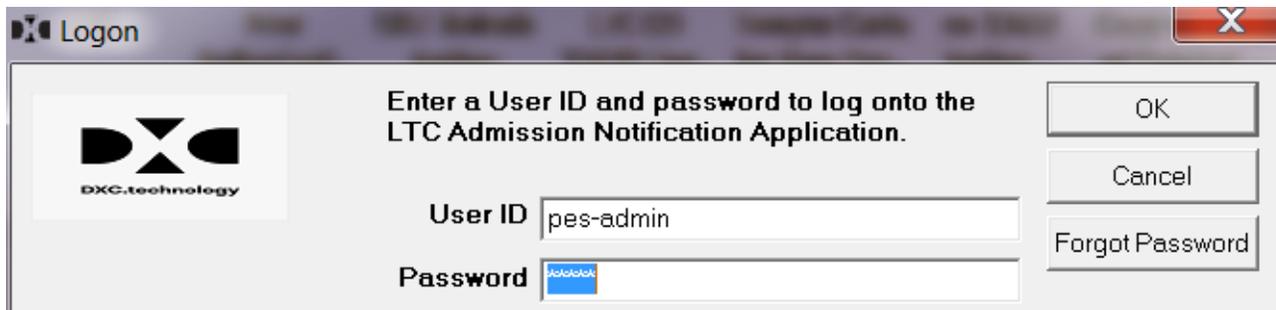
## Installing from the portal

To install the software from the download, save a copy of the software to your PC. Click on the icon to begin the install. The Welcome screen should appear next, Click NEXT. Be sure to follow and read all installation prompts before proceeding to the next step.

### NOTE

When installing to computer running Windows 7 or above, you will be prompted to confirm that you want this program to make changes to your computer. Please confirm that you do want to allow changes.

When the installation is complete, a window will appear that asks for the user ID and password to logon to the software. This is because the LTC software is compliant with the new HIPAA security regulations. The first user ID is for the designated system administrator (pes-admin) and will require the input of an initial password. You can receive the initial password by contacting your DXC Representative or calling the EMC Help Desk at 1(800) 456-1242your This should be changed to a password known only to the person responsible for maintaining the security for the LTC software.



The 'pes-admin' is responsible for assigning a user ID and initial password for each person accessing the software. Each user will then be prompted to change that initial password to a personally recognized password.

## 3.3 3.4 SETTING UP PERSONAL OPTIONS

The Alabama LTC Admission Notification packet you received contains a cover sheet with data specific to your provider number. You will need this data to set up your personal options. If you do not receive a copy of this cover sheet with your packet, contact the EMC Help Desk at 1 (800) 456-1242. You will not be able to use Alabama LTC Admission Notification to submit batch without this information.

To use Alabama LTC Admission Notification, you must set up your personal options, including the following:

- Logon IDs and passwords, as provided to you by the EMC Help Desk.

When you access Alabama LTC Admission Notification for the first time, the following message displays:



Click OK to access the Options window.

You can also access this window by selecting Tools>>Options from the menu bar.

The Options window contains three tabs and three main buttons, described below:

### Tabs

Tab	Usage
Web	Use this tab to set up method of connection.
Batch	Use this tab to set up Trading Partner ID, Web logon ID, and password to log into the Web Server.
Retention	Use this tab to establish retention settings for archive days, batch information, verification information, and logs.

### Buttons

Button	Usage
Print	Use this button to print options selected for all of the tabs.
OK	Use this button to save the information added or modified.
Close	Use this button to close the Options window.

#### 3.3.1 Web Tab

Users access the Web tab to modify their method of connection to the Medicaid Submission site. A sample Options window displaying the Web tab is pictured below:

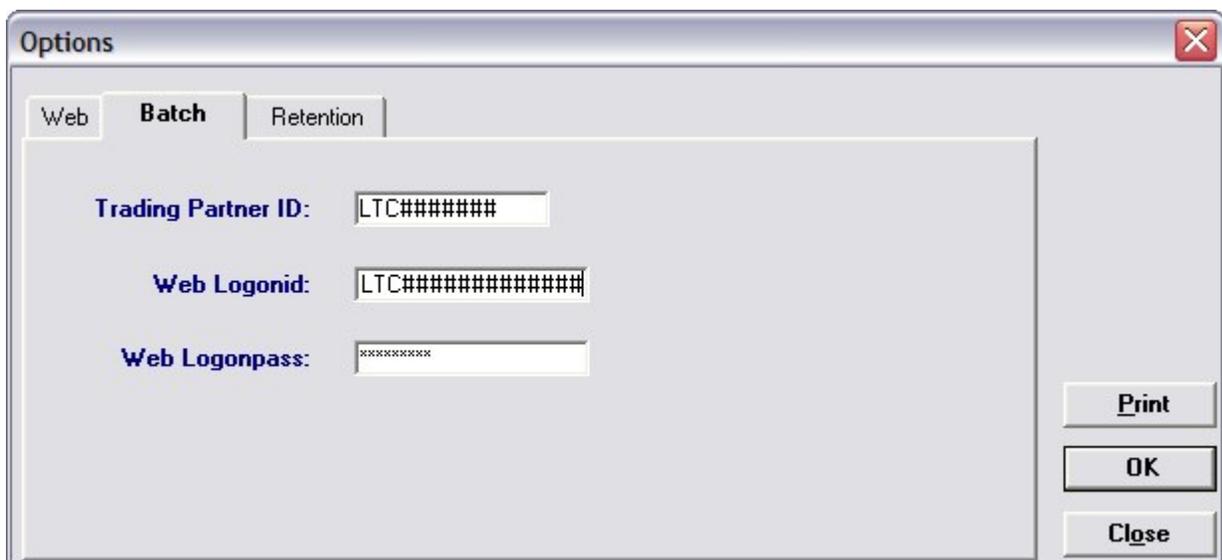


Field	Guidelines
	Use Microsoft IE If checked, the pre-config settings within your Internet Explorer will Pre-config be accessed to connect to the batch submission website.
<b>Settings</b>	
Connection Type	If the Internet Explorer Pre-config Settings option is not checked, you must choose either LAN or Modem to identify how the PC connects to the Internet.
Use Proxy Server	If the Internet Explorer Pre-config Settings option is not checked and your Internet access is filtered through a Proxy Server check this setting.
Dialup Network	If you choose the Modem Connection Type, you must select one of the Dialup Networks from the drop-down box. If you do not have an option listed, follow the instructions for the Install (Remote Access Server) RAS button.
Proxy Information – Address	To obtain the address of your proxy server right-click on the Internet Explorer icon and left-click on properties. Click on the Connections tab and enter the LAN Settings to obtain the proxy address.
HTTP Port	To obtain the HTTP Port of your proxy server right-click on the Internet Explorer icon and left-click on properties. Click on the Connections tab and enter the LAN Settings. Click on Advanced and review the Port information for HTTP:
HTTPS Port	To obtain the HTTPS Port, follow the instructions above under HTTP Port and enter the Secure port number in this field.

Field	Guidelines
Proxy Bypass	The Proxy Bypass information is found on the same window as the HTTP and HTTPS ports in the Exceptions text area.
Environment Ind	Choose the best value to indicate if the submission is Production or Test. Remember, if you have your indicator as Test your claims will not be paid.
RAS Phone #	If you use a dialup modem, enter (if long distance to Montgomery) 1,3342728850; if not long distance to Montgomery's calling area you do not have to enter 1,334. If your phone service requires additional dialing features you may adjust this number to add those features. For example, dialing a '9' to get an outside line would be entered as: 9,13342728850.
Install RAS	If you choose to use a dial-up modem to connect to Medicaid, you must choose a Dialup Network option provided. If you have no option provided, press the Install RAS button and the option AL RAS will be available to you.  NOTE: Due to a delay in installing RAS, the user may have to click on the 'LAN' option and then back to the 'Modem' option for the RAS Dial-up Network to display.

### 3.3.2 Batch Tab

Users access the Batch tab to enter a trading partner ID, web logon ID, password and the requesters contact information. A sample Options window displaying the Batch tab is pictured below:



Field	Guidelines
Trading Partner ID	If you have used the software previously, continue using the same Trading Partner ID. If you need a new Trading Partner ID contact the EMC Help Desk at 1 (800) 456-1242. Download the Trading Partner Request Form from the Alabama Medicaid

Field	Guidelines
Web Logon ID	Interactive web site (web portal). Click on Information, AL Links and scroll to the bottom of the page under Documentation. If you have used the software previously, continue using the same user ID. You will use the User Name created when setting up your Trading Partner ID on the web portal. If you need assistance contact the EMC Help Desk at 1 (800) 4561242.
Web Password	The password will be the same as the one created when setting up your Trading Partner ID on the web portal. Please refer to chapter 13 on updating your password. You must complete that process before continuing.

### 3.3.3 Retention Tab

Users access the Retention tab to establish retention settings for archive days, batch information, verification information, and logs. A sample Options window displaying the Retention tab is pictured below:



Retention settings indicate the number of days' worth of data the software should save. Users may set retention settings as required, or may retain the default settings. Click OK to save the information.

Increasing the retention settings, results in more data being saved to your hard drive. Alabama LTC Admission Notification enables you to archive most of types of data generated by the system. There may be a better alternative to increasing your retention settings. For more information, refer to Section 3.6, Other Maintenance Options.

## 3.4 INSTALLING SOFTWARE UPDATES

Occasionally, DXC will release updates to Alabama LTC Admission Notification. You will be notified how to receive the upgrade.

### Receiving Notification of Upgrades

DXC notifies providers of software updates in two ways:

- Update notices in the Provider Insider, the Alabama Medicaid bulletin
- Mail out to all providers that use admission notification software

### 3.5 OTHER MAINTENANCE OPTIONS

The Tools menu options enable users to archive data, recover the database, and set up options. Setting up options is covered in Section 3.4, Setting up Personal Options.

#### 3.5.1 Archiving

Archiving data is the process used to keep the size of your data small enough for it to be useful, while maintaining historical records of the forms you have entered.

Archiving is designed to make management of forms easier and to keep the space on your hard drive used by the Alabama LTC Admission Notification application to a minimum.

One of the options available under Tools>>Archive>>Create is the setting that controls how many days of forms you wish to keep online on your PC. The standard setting is 30 days; however, you may select whatever setting best suits your needs. This means that when you select Tools>>Archive>>Create Archive from the menu bar, you will keep a copy of any form which was submitted more than 30 days ago. The form is copied to a compressed file and then deleted from your database. Forms submitted in the past 30 days are still accessible through the Alabama LTC Admission Notification database.

You can store the compressed file on a diskette or leave it on your hard drive. Forms that are ready to be submitted (that have a status of 'R') are not archived, but remain on your online database until you have submitted or deleted them. Forms that are incomplete, (that have a status of 'I'), and are older than the archive data are deleted during the archive process and are not saved on the archived files.

This section describes how to create an archive and how to restore archived files.

#### **Create Archive**

If running Alabama LTC Admission Notification on a network, other users must exit the application (must not be viewing, adding, or modifying any forms or lists) before you create an archive. The user creating the archive should have the only open copy of the software while the process runs.

Archive occurs automatically when selected.



To create an archive, select Tools>>Archive>>Create from the menu bar.

After verifying that all forms and lists are closed, click OK to open the Archive Forms window:

Using the Archive Forms window, you can:

- Select all the form types to archive by clicking the Select All button (click on Deselect All to deselect). You may also select the specific form type to archive by clicking on the form type.
- Change the default directory and the name of the file to archive by typing the path name in the Archive file field, or by clicking on the Browse button.
- Change the number of days used to archive the forms (This change applies to the current session only. Select Tools>>Options>>Retention Tab to change the number of retention days for all future sessions).

Select OK to archive the selected forms. Select Cancel to exit the archive function.

You can use the mouse (click once with the left mouse button) to select one form at a time, or multiple form types for archiving.

## Restore Archive

The Restore Archive process enables users to recall forms from an archive file and put them back into the online database.

### 3.5.2 Database Recovery

There may be times when there is a problem with your database. The Database Recovery option is designed to help you work with the EMC Help Desk personnel to fix problems with your database.

#### 3.5.2.1 Compact Database

Compact is used to make the database files smaller and better organized. When you use this option, an empty space is created in the database where that form used to be. Compact will release all the empty space so that it is available for you to use again.

#### 3.5.2.2 Repair Database

Repair will attempt to validate all system tables and all indexes. Generally, this feature is helpful when you are having trouble accessing your data. The EMC Help Desk staff will let you

know when this is necessary. You may use this feature any time you feel that it would be helpful. Compact is recommended after the Repair.

### **3.5.2.3 Unlock Database**

Sometimes errors will cause database locks. The database may lock when you are submitting forms, archiving forms, restoring forms, and sometimes when you are adding or editing forms. Use the Unlock feature to unlock the database tables.

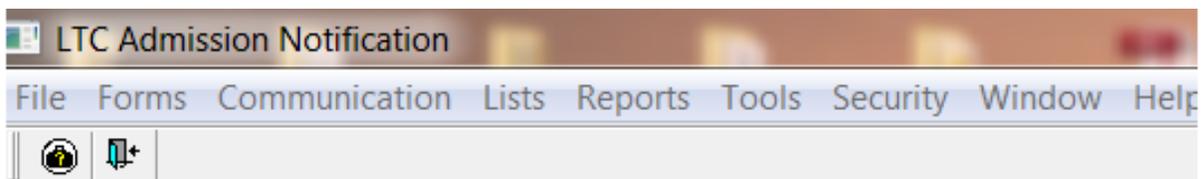
## 4 Getting Around Alabama LTC Admission Notification

This chapter describes general navigation concepts of Alabama LTC Admission Notification.

### 4.1 NAVIGATING IN ALABAMA LTC ADMISSION NOTIFICATION

Before you begin using Alabama LTC Admission Notification, review the following section and learn how to navigate through the admission notification with your keyboard and mouse. Navigating through Alabama LTC Admission Notification is similar to other Windows-compatible applications. The navigation options available are menus, toolbars, and command buttons. Your mouse and keyboard enable you to access these navigation options. Use your mouse to point-and-click as a method for navigating through Alabama LTC Admission Notification.

Below are samples of the menu and icon toolbars that display on the Alabama LTC Admission Notification main window:



This section describes the menu and icon options available with Alabama LTC Admission Notification.

#### 4.1.1 Menus

Alabama LTC Admission Notification uses menus to navigate throughout the admission notification. The menu options change depending on what window you access. When you first open the Alabama LTC Admission Notification software, the main menu will display. You can access items on a menu using the mouse. You can also access these items by clicking on their icon.

The list below provides two methods for accessing the LTC Admission Notification form from the Forms menu option:

Position your cursor over the Forms menu option and click the left mouse button to display the drop down menu.

Position your cursor over the LTC Admission Notification and click once with your left mouse button to display the LTC Admission Notification form. Click on the LTC Admission Notification icon

Refer to Section 4.1.2, Icons for a listing of main menu icons.

The following options are accessible from the main menu.

<b>This menu option...</b>	<b>Allows you to ...</b>
File	Exit from the application
Form	Select the LTC Admission Notification form

Communication	Submit batches of LTC Admission Notification forms and process batch responses. Resubmit batches of forms. View Verification. View Communication Log files. View responses.
Lists	Add and edit reference lists, which allow you to collect information to be auto plugged in the LTC Admission Notification form
Reports	Print summary or detail reports with information from forms or reference lists.
Tools	Create and work with archives, perform database maintenance, retrieve upgrades, and change your options. The Options selection allows you to set up communications options and determine retention settings.
Security	Add, delete and restrict users other than the administrator.
Window	Standard options available for most Windows compatible applications
Help	Displays the version and copyright for Alabama LTC Admission Notification

#### 4.1.2 Icons

The Icons toolbar displays below the menu bar on the main menu. The two icons displayed are:

- Exit
- LTC Admission Notification

Users can position the cursor over an icon to display a brief description.

#### 4.1.3 Command Keys

Like most Windows applications, Alabama LTC Admission Notification, provides the user with command keys. This enables the user to perform actions using either the mouse (point and click) or the keyboard. This section describes them.

##### Command keys

The table below describes some standard navigation keys available with Alabama LTC Admission Notification.

To do this...	Press this key...
Go to the next field	<Tab> or <Enter>
Go to the previous field	<Shift>+<Tab>
Move backward within a field	Left Arrow
Move forward within a field	Right Arrow
Scroll up through a list	Up Arrow
Scroll down through a list	Down Arrow

Note that the list includes function keys (usually located at the top of the keyboard and numbered 'F1' through 'F12'), command keys (such as <Alt>, <Shift>, <Tab>, >Ctrl>, and <Enter>, and arrow keys.

Depending on your keyboard, the arrow keys may be located on the numeric keyboard, or in a keypad section separate from the numeric keyboard.

To use arrow keys on the numeric keypad, you will probably press the 'Num Loc' key. Press the 'Num Lock' key again to disable the arrow keys on the numeric keypad, making them display numbers instead.

## 5 CUSTOMIZING ALABAMA LTC ADMISSION NOTIFICATION

Alabama LTC Admission Notification enables you to build lists for values you use over and over, specifically provider and recipient information. This increases your ability to submit correct admission notifications quickly and efficiently.

This chapter describes three ways to build lists with Alabama LTC Admission Notification and how to use lists when completing admission notifications.

### 5.1 BUILDING LISTS

There are three ways to build lists with Alabama LTC Admission Notification.

- Accessing list windows through the List menu.
- Accessing list windows using short cut keys described in Chapter 3, Getting Around
- Double clicking on certain fields while you are completing an admission notification form. Double clicking on these fields accesses the corresponding list window.

With Alabama LTC Admission Notification, you have the option of building lists as a separate task or building (adding) to them as you submit admission notifications.

To access a list window from an Admission Notification form, double click in the field that corresponds to the list window. For example, while submitting the admission notification form, enter a provider number in the Provider ID field. Double click the Provider ID field to access the list window for providers. The provider number entered in the field displays in the list window. Click the Add button to add it to the list.

You can build the following lists using Alabama LTC Admission Notification:

- Client (Recipient)      Provider

Each list type corresponds to a list window. Users may add, modify, or delete list records using list windows.

The following table describes the buttons that display on each list window:

Button	Usage
Add	Pressing this button enables you to refresh the Admission Notification screen so you may add a new record. Please note that if you key over data that already displays on the list window and press Save, you will overwrite the previous record. Be sure to press Add before entering a new record. If you forget to do this and inadvertently key over a saved record, press Undo All (see below) to undo the changes.
Delete	Pressing this button enables you to delete the record currently displayed.
Undo All	Pressing this button enables you to undo changes you have made to the record currently being displayed.

Button	Usage
Save	Pressing this button enables you to save the record you just added or modified. The saved record displays on the list at the bottom of the window.
Find	Pressing this button enables you to search for a saved record.
Print	Pressing this button enables you to print the record.
Select	Pressing this button enables you to select the current list record to add to the current transaction.
Close	Pressing this button enables you to close the window.

### To Add a New Record to a List

Step	Action
1	Click on the List menu from the toolbar, and select the list to add a record to by clicking on it.
2	Key information into all required fields. You can enter information in any order, or may enter it in the order presented on the record. Click the Tab key to move to the next field.
3	Click the Save button to save the record. The system returns error messages if the record contains errors. Scroll through the error messages and double click on each error to access the field on the record that contains the error.
4	Correct the mistake(s) and then click Save.
5	Click the Add button to add another record.

### To Modify a Record from a List

Step	Action
1	Click on the List menu from the toolbar. Select the list to modify by clicking on it.
2	Scroll through the list of records that display at the bottom of the list window. Highlight the record you wish to modify, and perform one of the following: <ul style="list-style-type: none"> <li>▪ Key over incorrect data on the record. Press Undo All if you inadvertently overwrite a record.</li> <li>▪ Press Delete to delete an unwanted record.</li> </ul>

## To Find a Record in a List

Step	Action
1	<p>Press the Find button to display the Find pop-up window. Options are:</p> <ul style="list-style-type: none"><li>• Find Where<ul style="list-style-type: none"><li>○ Last Name</li><li>○ First Name</li><li>○ Middle Initial</li><li>○ SSN (No longer valid with LTC Admission Software version 2.07)</li><li>○ Client ID</li></ul></li><li>▪ Find What (Users must select an option from “Find Where” to utilize this feature). “Find What” allows a user to filter the search, for example: A user selects “Last Name” from the “Find Where” drop down list. He/she can then enter a specific last name to search by in the “Find What” field.</li><li>▪ Search (select up or down from the drop down list)</li></ul>
2	<p>Once you have entered the search criteria, click the Find Next button with your mouse to search for the next record that matches the search criteria. Continue clicking Find Next until you find the record you are searching for, or until the system returns a message indicating there are no records that match the search criteria.</p>
3	<p>Press Cancel when you have finished searching.</p>

## 5.2 USING LISTS

The lists you maintain can speed up your Admission Notification filing process.

When you are submitting an Admission Notification form and you access a field that corresponds to a list (for example, the Client ID field), the system displays an arrow. When you click on the arrow, the system displays a drop down list that contains all records you added to the list.

Scroll through the records and select one. Tab through the field and the system populates the field and any corresponding fields, such as Client Name with the information from the list record.

Alternatively, you can double click in any field that corresponds to a list to access the list window. From the list window, you may search for a record, modify an existing record, or add a new record.

**Note:** The system does not verify the accuracy of the data you maintain on lists, other than requiring data to be the correct length, if applicable.

If you key errors in your list file, (for example, if you transpose digits for a Client (recipient) ID, you may not know you have made an error until you submit the Admission Notification to the Web Server and the Admission Notification is rejected.

If you use lists, please print and review the lists occasionally to ensure their accuracy.

## 6 LTC ADMISSION NOTIFICATION FORM

This chapter provides general instructions for completing the electronic LTC Admission Notification form.

Users access the LTC Admission Notification from using one of the following methods:

- Selecting the LTC Admission Notification icon from the toolbar
- Selecting Forms>>LTC Admission Notification

The electronic form displays with a single tab: Notification Form.

### 6.1 ENTERING ADMISSION NOTIFICATIONS ON THE ELECTRONIC LTC ADMISSION NOTIFICATION FORM

The following is a sample electronic LTC Admission Notification form.

The screenshot shows a software window titled "LTC Admission Notification" with a tab labeled "Admission Notification". The form contains the following fields and controls:

- Provider Information:** Provider ID (dropdown), Provider Name (text), Performing Provider ID (text), PCN (text).
- Client Information:** Client ID (text), Client Name (Last, First) (text).
- Reasons and Dates:** Submission Reason (dropdown), Admit or Discharge Date (00/00/0000), Admission Source (dropdown), Waiver Reinstatement Begin Date (00/00/0000), Discharge Reason (dropdown), Waiver Reinstatement End Date (00/00/0000), Medicare Begin Date (00/00/0000), Waiver Income (0 dropdown), NH Short Term Stay (checkbox), Waiver Income Begin Date (00/00/0000), Hospice Provided in NH (checkbox).
- Actions:** Add, Copy, Delete, Undo All, Save, Find..., Print, Close.
- Table:** A table with columns: Client Last Name, Client First Name, Medicaid ID, Submission Date, Status, Subm Rsn, Admit/Disch Date.

The screen contains three main parts:

- Updateable fields used to enter admission notification data
- Buttons to the right of the form used to save, delete, or modify information entered in the updateable fields.
- List fields at the bottom of the form that enables users to view basic information about several admission notifications. Users may highlight a row to delete, copy, print, or modify an admission notification.

#### 6.1.1 Screen Buttons

Basic button functionality is described in the following table.

Button	Usage
Add	Pressing this button enables you to refresh the Admission Notification screen so you may add a new record. Please note that if you key over data that already displays on the list window and press Save, you will overwrite the previous record. Be sure to press Add before entering a new record. If you forget to do this and inadvertently key over a saved record, press Undo All (see below) to undo the changes.
Copy	Pressing this button enables you to build a new Admission Notification form from an existing Admission Notification.
Delete	Pressing this button enables you to delete the Admission Notification currently displayed.
Undo All	Pressing this button enables you to undo changes you have made to the Admission Notification currently being displayed
Save	Pressing this button enables you to save the Admission Notification you just added or modified. The saved Admission Notification displays on the list at the bottom of the window.
Find	Pressing this button enables you to search for a saved Admission Notification.
Print	Pressing this button enables you to print the Admission Notification.
Close	Pressing this button enables you to close the window.

### 6.1.2 List Fields

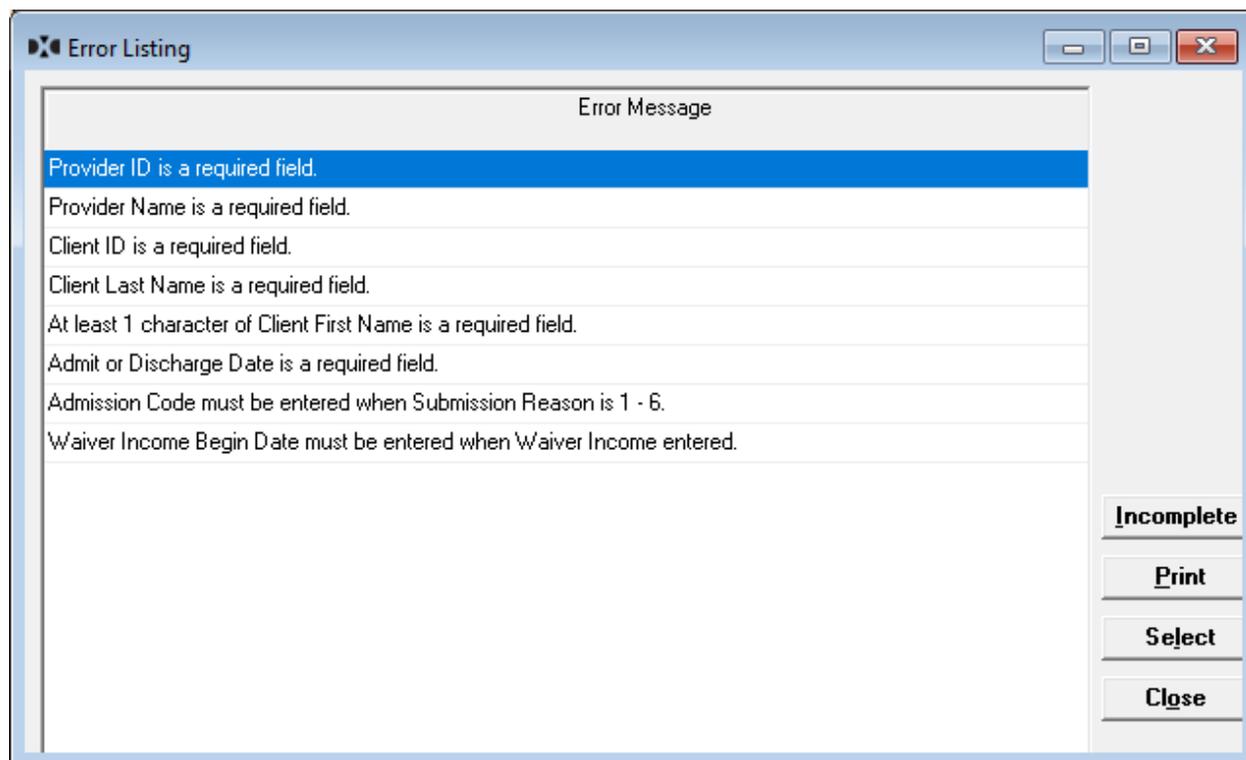
The list fields at the bottom of the screen display basic information about several admission notifications. This list may be scrolled to view all the admission notifications that are not immediately visible. The list may be sorted by any of the columns to assist the user in locating a desired admission notification. Below is a description of the data that displays in the list fields.

Column	Information
Client Last Name	Displays recipient's last name as entered on the Admission Notification.
Client First Name	Displays recipient's first name as entered on the Admission Notification.
Medicaid ID	Displays recipient's Medicaid number as entered on the Admission Notification.
Submission Date	Displays date Admission Notification was transmitted to DXC.
Status	F = Transmitted R = Ready to transmit A = Brought back from archives

Column	Information
Submission	Displays the submission reason as entered on the Admission Reason Notification.
Admit/Discharge	Displays the New admission/Initial assessment/Election date as Date entered on the Admission Notification.

### 6.1.3 Error Messaging and Saving

When the user saves an LTC Admission Notification, the system performs edits on the data entered. If the system finds errors, it displays a list of error messages. For example, if all the required fields are not entered, a box like this may appear:



These error messages define the specific location and nature of the error.

#### To correct an error:

Step	Action
1	Double click on the specific error message in the list to display the LTC Admission Notification. The cursor displays in the field containing the error.
2	Perform updates on the incorrect data.
3	If there are still errors on the LTC Admission Notification, the Error Listing will display again.  Continue correcting errors until all data on the screens is entered correctly. The LTC system will not allow you to save an Admission Notification with errors in it.

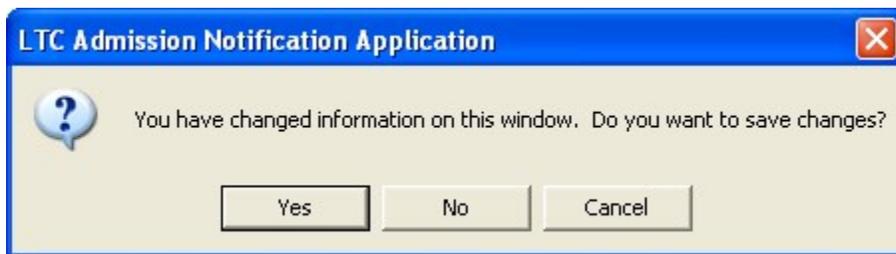
- 4 Click Save.

Step	Action
	If there are no more errors, the error messages list does not display and the LTC Admission Notification is completed and saved. Note: An admission notification can be unlimitedly corrected or saved prior to transmission to the Web Server.

### Additional Error Messages

The LTC Admission Notification also displays error message boxes alerting the user to problems.

For example, if you click on the Add button before saving the admission notification, a message box like the one that appears below (It states, " You have changed information on this window. Do you want to save changes?"). Click 'Yes' to acknowledge the error message box and correct the error.



### 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 three look up fields on the LTC Admission Notification form.

- Submission Reason
- Discharge Reason
- Waiver Income

All providers using the LTC Admission Notification form must choose one value from the Submission Reason drop down list. Specific instructions for each provider type are reviewed in appropriate sections following this one.

### Submission Reason

The following is an illustration of the Submission Reason drop down list.

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

Refer to one of the following chapters to review choices specific to your program.

### Admission Source

The following is a list of the Admission Source drop down menu. One of these will need to be selected for Submission Reason is 1 – 6:

- 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

### Discharge Reason

The following is an illustration of the Discharge Reason drop down list.

D Recipient died
G Recipient participating in Gateway to Community Living
H Recipient discharged home
M Medicare days
N Medicare Special Needs Plans
O Overstayed Therapeutic Leave
P Spend Down
R Recipient is Transferring/Reassigned to another Facility or Program
S Short Term Hospital Stay

- T Recipient was terminated from program
- V Recipient revoked

Providers will need to select one of the explanations from the list for clarification when the Submission Reason is 7.

**Waiver Income**

The following is an illustration of the Waiver Income drop down window.

	0
300% slot	1
Institutionally deeming	2
Deinstitutionalized	3

Waiver providers may choose one of the values displayed in the Waiver Income drop down box. Specific instructions for Waiver providers are reviewed in following chapters.

## 7 RETROSPECTIVE REVIEW

### 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 will retrospectively review monthly a 10% sample of admissions, readmissions, and redeterminations of Medicaid recipients served by long term care providers.

### Procedures

The Agency 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 mail to DXC Enterprise. (The Agency will not be responsible for any cost associated with the copying or mailing of requested documents.)

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 mailing.

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 will 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.

## 8 NURSING HOME

Authorized users access the LTC Admission Notification Form screen to view or add the LTC Admission Notification. This screen is used to enter a new admission, readmission, transfer in, or discharge or death of, a recipient to the Medicaid nursing home program.

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

- Provider Number
- Provider Name
- Client (recipient) Last Name
- Client (recipient) First Name
- Client (recipient) Medicaid Number
- 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

### 8.1 SUBMISSION REASON INSTRUCTIONS

#### 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.

#### 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 DXC 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 complete the LTC Admission Notification, using the beginning date of approval on the DO award notice and transmit to DXC. The DXC 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 notifications 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 notifications 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 DXC.
10. Neither the Agency nor DXC 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 Medical and Quality Review Unit or 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.

### **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

### **Readmissions**

Required documents to be maintained:

- Form 161
- PASARR Information, if indicated

### **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 Admission Notification screen, check Transfer In.

### **Discharges**

Residents discharged from the nursing facility should have discharge information submitted using LTC Admission Notification software 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 6.1.3 of this manual and are drop down menus on the form in the AL Admission Notification Software.

### **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.

### **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.

#### **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 Admission Notification Form can be submitted to DXC electronically.

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 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.

### 8.1.1 LTC Admission Notification Form Field Descriptions

Field names are followed by a one-character abbreviation indicating field type.

- R indicates a required field
- O indicates an optional field.

Field	Description
Provider ID (R)	Requires the user to enter the Nursing Home's Medicaid provider number. The field length for provider number is ten bytes. Please note: It is not necessary to key a space in front of your eight byte alpha numeric provider number. If the Nursing Home has received their ten digit National Provider Identifier (NPI) number, enter that in this field. If your NPI is associated with more than one Alabama Medicaid provider number, then use your unique Medicaid provider for the facility.  This field links to a list file. If the field is clicked, a list appears. Clicking on a specific number will automatically fill in the provider ID, provider name and performing provider ID.
Provider Name (R)	Requires the user to enter the provider name.
PCN (O)	Not required for nursing home program.
Performing Provider ID (O)	Not required for nursing home program.
Client ID (R)	Requires the user to enter the recipient's Medicaid number.  This field links to a list file. If the field is clicked, a list appears. Clicking on a specific name will automatically fill in the recipient's last name, first name, SSN and Medicaid number.
Client Name (Last) (R)	Requires the user to enter the recipient's last name. This field links to a list file. If the field is clicked, a list appears. Clicking on a specific name will automatically fill in the recipient's last name, first name, and Medicaid number.
Client Name (First) (R)	Requires the user to enter the recipient's last name.
Submission Reason (R)	Requires the user to choose a submission reason. Valid reasons for nursing homes are: <ol style="list-style-type: none"> <li>1. New admission</li> <li>2. Readmission</li> <li>6. Transfer In</li> <li>7. Death/Discharge</li> </ol>

Field	Description
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.

## 9 HOSPICE

Authorized users access the Long Term Care Admission Notification Form screen to add and view data for recipients who are electing the Medicaid Hospice Option. This screen is used to enter an election, transfer in, readmission, discharge, revocation, or death of a recipient to the Hospice program.

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](http://www.medicaid.alabama.gov). The Medical and Quality Review Unit in the Agency and the Agency's designee (contractor) are presently the only authorized users that access and update Long Term Care Admission Notifications for the Medicaid Hospice Option.

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

- Provider Number
- Provider Name
- Client (recipient) Last Name
- Client (recipient) First Name
- Client (recipient) Medicaid Number
- Submission Reason
- Admission Source (for Submission Reasons 1- 6) or
- Discharge Reason (for Submission Reason 7)
- Date of election, transfer in, readmission, discharge, revocation or death
- If applicable, check box if Hospice is provided in the Nursing Home

### 9.1 SUBMISSION REASON INSTRUCTIONS

#### **Policy:**

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

#### **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.
4. Once financial eligibility is established either through Social Security Administration (SSA) or the appropriate Medicaid DO, the provider may submit the record to DXC for electronic review by the Agency's designee for a medical approval for Medicaid-only recipients, or

recipients with other than Medicare for hospice in the nursing home. The DXC 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 applications 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 applications are rejected, the Agency or designee has the opportunity make necessary changes and resubmit the LTC Admission Notification.
6. Neither the Agency nor DXC 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 the 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 requestor when the change is made.

### **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.

### **Readmissions**

Examples of Hospice Readmissions:

- 1) If a 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.

### **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 Admission Notification screen, check Transfer In.

### **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 6.1.3 of this manual and are drop down menus on the form in the AL Admission Notification Software.

**9.1.1 LTC Admission Notification Form 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
Provider ID (R)	Requires the user to enter the hospice Medicaid provider number. The field length for provider number is ten bytes. Please note: It is not necessary to key a space in front of your eight byte alpha numeric provider number. If the hospice has received your NPI number, enter that number in this field. If your NPI is associated with more than one Alabama Medicaid provider number, then use your unique Medicaid provider for the Hospice location.  This field links to a list file. If the field is clicked, a list appears. Clicking on a specific number will automatically fill in the provider ID, provider name and performing provider ID.
Provider Name (R)	Requires the user to enter the provider name.
PCN (O)	Not required for Hospice.
Performing Number (O)	Not required for Hospice.
Client Name (Last) (R)	Requires the user to enter the recipient’s last name.  This field links to a list file. If the field is clicked, a list appears. Clicking on a specific name will automatically fill in the recipient’s last name, first name, and Medicaid number.
Client Name (First) (R)	Requires the user to enter the recipient’s first name.
Client ID (R)	Requires the user to enter the recipient’s Medicaid number.

Field	Description
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Submission Reason (R)	Requires the user to choose Submission Reason type. Valid reasons for hospice are: 1. Election 2. Readmission 6. Transfer In 7. 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 Begin Date (O)	Not required for Hospice
NH Short Term Stay (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 Reinstatement Begin 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.

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

Authorized users access the LTC Admission Notification Form screen, to add and view the LTC Admission Notification information. This screen is used to enter a new admission, readmission, discharge, or death of a recipient to the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) program.

The following fields are required to add information on the LTC Admission Notification Form screen for ICF/IID providers.

- Provider Number
  - Provider Name
  - Client (recipient) Last Name
  - Client (recipient) First Name
  - Client (recipient) Medicaid Number
  - 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

### 10.1 SUBMISSION REASON INSTRUCTIONS

#### Policy

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

#### 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 LTC 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 complete the LTC Admission Notification Form using the beginning date of the approval on the DO award notice and electronically submit to DXC. The DXC system accepts or rejects the admission notification and notifies the provider on the next business day when the provider submits a response.
8. When applications are 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 applications are rejected, the ICF/IID provider has the opportunity make necessary changes and resubmit the LTC 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.

#### **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.

#### **Readmissions**

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

#### **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 LTC Admission Notification software 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 form in the AL Admission Notification Software.



### 10.1.1 LTC 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
- O indicates an optional field

Field	Description
Provider ID (R)	Requires the user to enter the ICF/IDD Medicaid provider number. The field length for provider number is nine bytes. Please note: It is not necessary to key a space in front of your eight byte alpha numeric provider number. If the ICF/IID has received their ten digit NPI number, enter that here. If your NPI is associated with more than one Alabama Medicaid provider number, then use your unique Medicaid provider for the facility.  This field links to a list file. If the field is clicked, a list appears. Clicking on a specific number will automatically fill in the provider ID, provider name and performing provider ID.
Provider Name (R)	Requires the user to enter the provider name.
PCN (O)	Not required for ICF/IID.
Performing Provider ID (O)	Not required for ICF/IID.
Client Name (Last) (R)	Requires the user to enter the recipient's last name. This field links to a list file. If the field is clicked, a list appears. Clicking on a specific name will automatically fill in the recipient's last name, first name, and Medicaid number.
Client Name (First) (R)	Requires the user to enter the recipient's first name.
Client ID (R)	Requires the user to enter the recipient's Medicaid number.
Submission Reason (R)	Requires the user to 'check' the type of Medical Admission Notification. Valid reasons for ICF/IID are: 1. Election 2. Readmission 6. Transfer In 7. Discharge/Death/Revoke
Admission Source (O)	Requires the user to select an Admission Source ONLY when selecting option 1 - 6 as the Submission Reason. Requires the user to select an Explanation ONLY when a 7 is selected as the Submission Reason.
Discharge Reason (O)	

<b>Field</b>	<b>Description</b>
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.

## 11 HCBS - INTELLECTUAL DISABILITIES (ID)/LIVING AT HOME

Authorized users access the Long Term Care Admission Notification Form screen to add and view the LTC Admission Notification form. The screen is used to enter an Initial Assessment, Redetermination, Early Redetermination, Reinstatement, Transfer In, or Discharge 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 Admission Notification Form screen.

- Provider Number
- Provider Name
- Performing Provider ID
- Client (recipient) Last Name
- Client (recipient) First Name
- Client (recipient) Medicaid Number
- 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

### 11.1 SUBMISSION REASON INSTRUCTIONS

#### **Policy:**

The requests for ID or Living At Home Waiver are submitted to the 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.

#### **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. Determination of Medicaid financial eligibility is made by the case manager. 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 Wavier 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 LTC Admission Notification to DXC. The DXC 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 Admission Notification software.
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 DXC.
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.

### **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 age 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.

## 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.

## 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).

## Termination

Residents discharged from the center should have discharge information submitted using LTC Admission Notification software 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 form in the AL Admission Notification Software.

#### 11.1.1 LTC Admission Notification Form Field Descriptions for ID

Field names are followed by a one-character abbreviation indicating field type.

- R indicates a required field
- O indicates an optional field

Field	Description
Provider ID (R)	Requires the user to enter the provider number. This field links to a list file. If the field is clicked, a list appears. Clicking on a specific number will automatically fill in the provider ID, provider name, and performing provider ID. If your NPI is associated with more than one Alabama Medicaid provider number, then use your unique Medicaid provider for the facility.
PCN (O)	Not required for ID.
Provider Name (R)	Requires the user to enter the provider name.
Performing 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 performing 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.
Client Name (Last) (R)	Requires the user to enter the recipient's last name. This field links to a list file. If the field is clicked, a list appears. Clicking on a specific name will automatically fill in the recipient's last name, first name, and Medicaid number.
Client Name (First) (R)	Requires the user to enter the recipient's first name.
Client ID (R)	Requires the user to enter the recipient's Medicaid number.
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.

<b>Field</b>	<b>Description</b>
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: <ol style="list-style-type: none"><li>1. 300% slot</li><li>2. Institutionally Deeming</li><li>3. Deinstitutionalized</li></ol>
Waiver Income Begin Date (O)	Allows the user to enter the begin date for the Waiver Income.

## 12 ELDERLY AND DISABLED, SAIL, AND ACT

Authorized users access the Long Term Care Admission Notification form screen to view or add the LTC Admission Notification. This screen is used to enter an initial assessment, re-determination, reinstatement, transfer in or termination of a recipient to the Home and Community Based Service (HCBS) program.

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

- Provider Number
- Provider Name
- Client (recipient) Last Name
- Client (recipient) First Name
- Client (recipient) Medicaid Number
- 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

### 12.1 POLICY RULES

#### 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. **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.

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 EDW 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. Upon receipt of the financial award letter from Agency, the LTC Admission Notification is completed and transmitted to DXC. The DXC system accepts or rejects the admission notification and notifies the provider on the next business day when the provider submits for a response.
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 when they submit for a response. The OA or its designee should make the necessary changes and resubmit the admission notification to DXC.
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 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.

### **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.

### **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.

### 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.

### 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 DXC 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.

### Termination

Clients terminated from the HCBS Waiver should have termination information submitted using LTC Admission Notification software 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 form in the AL Admission Notification Software.

### 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.

#### 12.1.1 LTC 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
Provider ID (R)	Requires the user to enter the provider number.  This field links to a list file. If the field is clicked, a list appears. Clicking on a specific number will automatically fill in the provider number, provider name, and performing provider ID. If your NPI is associated with more than one Alabama Medicaid provider number, then use your unique Medicaid provider for the facility.
Provider Name (R)	Requires the user to enter the provider name.
PCN (O)	Not Required by HCBS.
Performing Provider ID (R)	Not required by HCBS.
Client Name (Last) (R)	Requires the user to enter the recipient's last name.  This field links to a list file. If the field is clicked, a list appears. Clicking on a specific name will automatically fill in the recipient's last name, first name, and Medicaid number.
Client Name (First) (R)	Requires the user to enter the recipient's first name.
Client ID (R)	Requires the user to enter the recipient's Medicaid number.
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.

<b>Field</b>	<b>Description</b>
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.

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

Authorized users access the Long Term Care Admission Notification Form screen to add and view the LTC Admission Notification form. The screen is used to enter an 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.

- Provider Number
- Provider Name
- Client (recipient) Last Name
- Client (recipient) First Name
- Submission Reason
- Admission Source (for Submission Reason 1) or
- Discharge Reason (for Submission Reason 7)
  
- Client (recipient) Medicaid Number
  
- Date of Initial Assessment or Discharge

### 13.1 SUBMISSION REASON INSTRUCTIONS

#### **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.

#### **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 DXC following the below procedures.
9. Once financial eligibility is established, the PO will transmit the LTC Admission Notification to DXC. The DXC 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 Admission Notification software.
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 DXC.
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 faxes it to Managed Care/PACE Program Unit at (334) 3539356. The PO will be notified when the change is made.

### **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.

**Termination**

Participants disenrolled from the PACE Program should have disenrollment information submitted using LTC Admission Notification software 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 6.1.3 of this manual and are drop down menus on the form in the AL Admission Notification Software.

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.

**13.1.1 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
- O indicates an optional field

Field	Description
Provider ID (R)	Requires the user to enter the provider number. This field links to a list file. If the field is clicked, a list appears. Clicking on a specific number will automatically fill in the provider ID, provider name, and performing provider ID. If your NPI is associated with more than one Alabama Medicaid provider number, then use your unique Medicaid provider for the facility.
Provider Name (R)	Requires the user to enter the provider name
PCN (O)	Not required for PACE program.

Performing Provider ID (O)	Not required for PACE program.
Client Name (Last) (R)	Requires the user to enter the recipient's last name. This field links to a list file. If the field is clicked, a list appears. Clicking on a specific name will automatically fill in the recipient's last name, first name, and Medicaid number.
Client Name (First) (R)	Requires the user to enter the recipient's first name.

Field	Description
Client ID (R)	Requires the user to enter the recipient's Medicaid number.
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.

## 14 RECEIVING A RESPONSE

This chapter describes how to resubmit a batch and understand the corresponding submission reports. It also discusses diskette submission and response.

Chapter 14, Receiving a Response, contains the following sections:

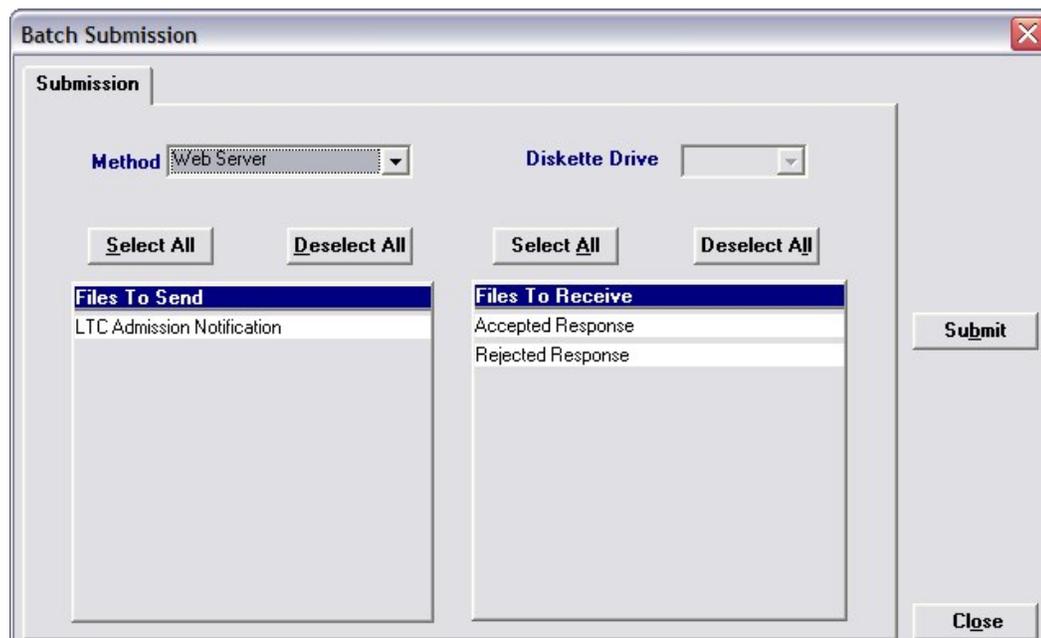
- Sending batch transactions to the Web Server
- Viewing responses
- Resubmitting batches
- Submitting batches by diskette

### 14.1 SENDING BATCH TRANSACTIONS TO THE WEB SERVER

Alabama LTC Admission Notification enables you to submit batch (groups of one or more records) transactions to the DXC Web Server for all Admission Notification types. You can send batch transmissions for any combination of record types – for example, you can enter all your daily Admission Notifications for Elderly and Disabled, SAIL, ACT, Hospice, ICF/IID, Form199, and ID, and then submit them all in one batch transmission.

Once you have added and saved all the records you want to include in your batch, perform the following steps to submit a batch transmission:

Step	Action
1	Select Communication>>Submission to display the Batch Submission window, pictured below:



2 Determine whether you want to submit by batch or diskette by selecting the correct submission method from the Method drop down list. See Section 14.4, Submitting Batches by Diskette, for instructions on submitting diskettes to DXC.

3 Determine which files you want to send from the Files to Send list.

- 4 Choose Select All to select all files to send, Deselect All to undo any selections you have made, or use the mouse (click once with the left mouse button) to select one form at a time.

Alabama LTC Medical Admission accesses the Web Server and sends the response. The Communication Log (accessible by selecting Communication>>View Communication Log) provides information regarding the transaction.

When you submit a batch, Alabama LTC Admission Notification accesses the web server and submits the batch. The system displays a 'Submission Successful' message when it successfully completes connection with the host. This does not always mean that a batch was uploaded. Alabama LTC Admission Notification's communication log will indicate the number of files transmitted during the transmission process.

## 14.2 VIEWING RESPONSES

This section describes viewing the communication log and response files.

### View Communication Log

This option enables the user to view a log of each transaction that occurs between Alabama LTC Admission Notification and the Web Server. Each occurrence is assigned a file name. Users scroll down the list of file names located at the top of the Communication Log window and click on a row to access the log associated with the file name. The Communication Log displays only the number of bytes to be transferred when uploading the LTC Notification file and whether the submission was successful or unsuccessful. For downloads, it displays the number of files to be downloaded if any, and whether the download was successful or unsuccessful.

### View Response

This option enables the user to view a log of each Admission Notification received and accepted by the Web Server.

To receive this information the following steps must be taken:

Step	Action
1	Admission Notifications that are transmitted during the day are taken into the system that evening.
2	The following day, you must select submission, highlight response, and submit to the Web Server for your response files.
3	You will immediately be able to view the response file by selecting View Response.

### 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.

**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	ALABAMA MEDICAID AGENCY	Run Date: 07/28/2006
Process : LTCJM006	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 10:25:13
Location: LTCFM006	NOTIFICATIONS ACCEPTED AND WRITTEN TO FILE	Page: 2
		DATE: 07/28/06

MEDICAID #	PROVIDER/ CNTRL/PERF #	RECIPIENT NAME/ APPROVAL SUBMITTED FOR	DATES ON FILE DATE ON NOTIFICATION
111111111111	000000000	DOE , MARY	01/09/06-05/19/06
REDETERMINATION	05/19/06		

**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	ALABAMA MEDICAID AGENCY	Run Date: 07/28/2006
Process : LTCJM005	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 13:56:03
Location: LTCFM005	NOTIFICATIONS NOT ACCEPTED AND REASON NOT ACCEPTED	Page: 1
	DATE: 07/28/07	

MEDICAID #	PROVIDER/ CNTRL/PERF #	RECIPIENT NAME/ APPROVAL SUBMITTED FOR	DATE ON NOTIFICATION
222222222222	00000000	SMITH , JOHN REDETERMINATION	01/01/2007
REDETERMINATION REQUEST AFTER SERVICES ON OUR FILE HAVE ENDED			

## Rejection Messages

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

Message	Why?
EARLY REDETERMINATION IS REQUESTED AFTER 15 <sup>th</sup> OF THE MONTH IN WHICH REDETERMINATION EXPIRES.	Early Redetermination was sent after the 15 <sup>th</sup> 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.	<ul style="list-style-type: none"> <li>▪ An invalid recipient Medicaid number was submitted.</li> <li>▪ The number is valid, but the recipient is no longer eligible for Medicaid.</li> <li>▪ The number is valid, but the recipient is not in an Aid Category that covers services under the provider that you are submitting.</li> </ul>
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.	<p>Date span submitted overlaps an existing open ended segment on file.</p> <p>Admission record and discharge record submitted in same cycle shows the admission record is over 1 year old from the current date.</p>

Message	Why?
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"> <li>▪ If a readmission is received and there are no previous services on file.</li> <li>▪ If a redetermination is received and there are no previous services on file.</li> </ul>
YOU ARE NOT THE CURRENT PROVIDER ON FILE. DISCHARGE CANNOT BE APPLIED.	<ul style="list-style-type: none"> <li>▪ If submitted discharge provider does not match the provider on file.</li> <li>▪ If discharge is submitted and there is NO provider on file.</li> </ul>
OUR FILES SHOW CURRENT SEGMENT IS AFTER THIS DISCHARGE DATE.	If the submitted discharge date is BEFORE the current 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.
ENDING DATE ON FILE IS LESS THAN OR EQUAL TO DATE SUBMITTED.	If the submitted discharge dates is AFTER, or the same as, the end date on file for the same provider.
TRANSFER REQUESTED WITH NO SERVICES ON FILE FOR TRANSFER.	If transfer is submitted and there is NO provider on file.
INVALID SUBMISSION REASON.	If the submission reason submitted is not valid for the provider type.

RECIPIENT HAS MEDICARE PART A FOR AT-HOME HOSPICE. BILL MEDICARE.	If a hospice at-home admission notification is received and the recipient has Part A Medicare.
<b>Message</b>	<b>Why?</b>
REDETERMINATION REQUESTED MORE THAN 45 DAYS BEFORE CURRENT SERVICES END.	If a redetermination is received more than 45 days before the current services end.
REDETERMINATION REQUEST AFTER SERVICES ON OUR FILE HAVE ENDED.	If a redetermination is submitted after the current services on file have ended.
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.
MISSING VALID ADMISSION SOURCE CODE, UPGRADE TO LATEST VERSION OF AL ADMISSION NOTIFICATION SOFTWARE.	Need to upgrade AL LTC Admission Notification Software to newest version, (2.08 or higher).

### 14.3 RESUBMITTING BATCHES

Selecting Communication>>Resubmission enables users to resubmit entire batches, resubmit records within batches, or to copy batches or records within batches for modification and resubmission.

The Batch Resubmission window displays, enabling users to select from a list of previously submitted batches. The user highlights a particular batch to display all records stored within the batch. The user may perform any of the following:

- Click Select All to select all records within a batch for resubmission, then press the Resubmit button to resubmit the batch
- Click on one or more records for the batch displayed and press Resubmit
- Select the Copy button to copy the entire batch
- Click on one or more records for the batch displayed and press Copy

To modify copied records, access the corresponding Admission Notification form and select the copied record from the list that displays at the bottom of the form. Modify and save the record, then submit according to the instructions provided in Section 14.1, Sending Batch Transactions to the Web Server.

## 15 THE WEB SERVER

This chapter provides instructions on what steps to take when connecting to the web Server to update your passwords according to the logon ID's provided to you by the EMC Helpdesk.

Users access the Web Server by the following methods:

- Connecting through an ISP (Internet Service Provider)
- Connecting through the RAS (an option provided by the LTC Admission Notification software)

### 15.1 UPDATING AND MAINTAINING YOUR WEB SERVER PASSWORD

Now that you have your LTC Admission Notification software, a representative needs to contact one of the following telephone numbers to request a logon ID and password to connect to the Web Server:

- Providers located in Alabama: Contact the EMC Helpdesk at 1-800-456-1242.
- Providers located outside the state of Alabama: Dial (334) 215-0111 and ask for the EMC Helpdesk.

You may connect to the Web Server either through an ISP (Internet Service Provider) or through Remote Access Server (RAS).

#### 15.1.1 Connecting through an ISP (Internet Service Provider)

This section will inform you how to logon to the Web Server through an ISP (Internet Service Provider), such as AOL, NetZero, etc.

**Step 1** Open your ISP application and connect to the Internet accordingly

**Step 2** Once properly logged onto the World Wide Web, type in the following URL:

**Step 3** <https://www.medicaid.alabamaservices.org/ALPortalContinue> to **Step 3** in section 15.1.3 Updating your Password for further instructions.

#### 15.1.2 Connecting through RAS

Connecting through RAS (Remote Access Server) is an option created by the LTC Admission Notification software. This section will inform you how to logon to the Web Server through RAS if you do not have an ISP.

This method requires you to have Internet Explorer version 5.5 and a dial-up modem. If you do not have one or the other, you will need to contact your computer administrator to have it set up for you.

#### NOTE

Before beginning this process, you should have followed the instructions outlined in section 3.4.1 Web Tab. If you have not, please refer to the instructions to set up your connection method through 'modem'. You will need to follow the instructions described in the 'Install RAS' and the 'Dialup Network' fields.

**Step 1** Open your AL RAS connection. To do so, click on Start >> Settings >> Control Panel >> 'Network and Dial-Up Connections' and open the 'AL RAS' option.

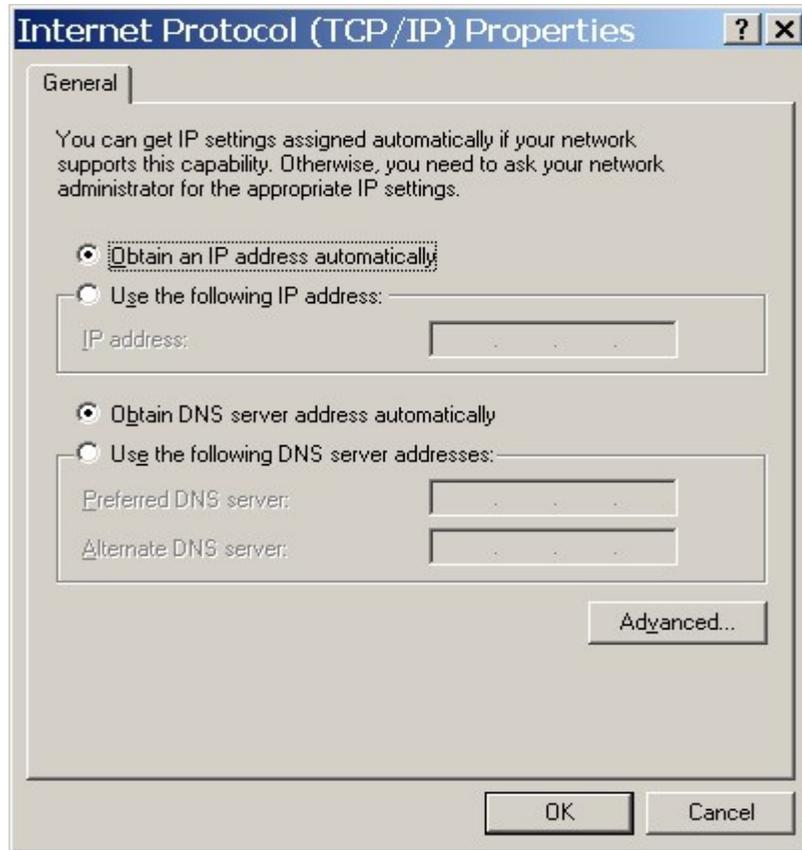
**Step 2** Once opened, a screen should appear as shown below: (If you have completed these steps you may continue to **Step 3** in section 15.1.3 Updating your Password for further instructions.)

**NOTE**

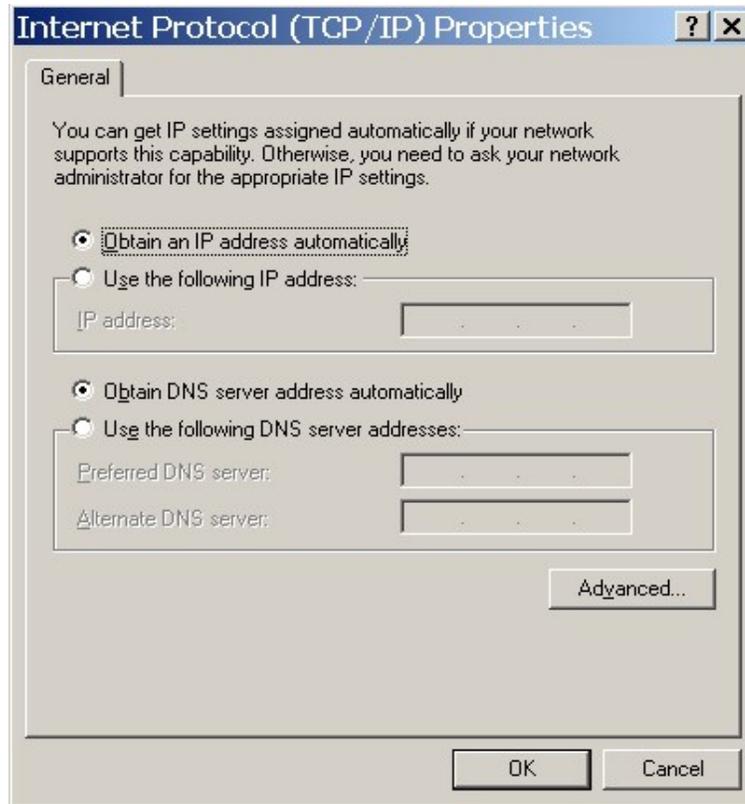
Enter your Trading Partner ID in the User Name and password fields. Contact the EMC Helpdesk at 800-456-1242 to give them your Trading partner ID so that dial-up permissions can be granted to you.



**Step 3** Click on 'Properties' and click on the 'Networking' tab. A sample screen is pictured below:



- Step 4** Make sure the Internet Protocol (TCP/IP) option is highlighted and click on 'Properties'.
- Step 5** Make sure the option for '**Obtain DNS server address automatically**' has been chosen.



**Step 6** Click 'OK' to save your changes. Click on 'OK' to exit the Networking tab.

**Step 7** Click 'DIAL' to continue to connect through RAS. This will begin the dial-up process according to the number you entered in the web tab. Refer to section 3.4.1 Web Tab.

**Step 8** Once connected you may open your Internet Explorer browser.

**Step 9** The options for accessing your Internet Explorer browser are described below:

-  Go to your Internet Explorer icon located on your desktop.  
Click on Start >> Programs >> Internet Explorer. In the browser address bar, enter <https://www.medicaid.alabamaservices.org/ALPortal>; and then press the **Enter** key on your keyboard."

#### NOTE

If you have a default home page within your IE browser, a message may appear that it was unable to connect. Ignore this message and in the browser address <https://www.medicaid.alabamaservices.org/ALPortal>

**Step 10** Continue to **Step 3** in section 15.1.3 Updating your Password for further instructions.

### 15.1.3 Updating your Password

Your password will need to be updated before a transmission can be attempted through the software. As a security measure, this password will need to be updated every 60 days. Follow the steps below to complete this process according to the method you use to connect to the Internet.

- Step 1** Connect to the Web Server using either method as outlined above. Click 'Account' then 'Secure Site' to reach the Logon page.
- Step 2** To change your password, follow steps 3 through 9.
- Step 3** The main logon screen will look as follows:

The Alabama Medicaid Interactive secure site is Intended for providers, clerks and billing agents.

For first time users who have received a Personal Identification Number (PIN) letter, click the Setup Account button. First time users who have not received a PIN letter must contact the EMC Helpdesk for support. Refer to the Contact Us page, from the Information menu, for contact information.

[setup account](#)

If you are already a member and have set up your account, or a provider has set one up for you, enter your login information below to access the Alabama Medicaid Interactive secure site.

User Name\*

Password\*

[login](#)

If you have forgotten your password, please click the Reset Password button.

[reset password](#)

- Step 4** Type in the Web Logon ID and Web password you have keyed within your Tools >> Options screen. (Refer to section 3.4.2 Batch Tab)
- Step 5** Press the 'Login' button to continue.
- Step 6** A screen should appear as follows:

Change Password

User Name TESTCLERKADD

Current Password\*

New Password\*

Confirm Password\*

[change password](#) [cancel](#)

Please correct the following errors:

We are sorry but your password has expired. Please change your password.

- Step 7** Enter your current and new password in the designated fields. Press the 'change password' button to continue.
- Step 8** You will be notified if you have completed this update successfully.
- Step 9** Go to Account>>Logoff and proceed to your Tools >> Options screen to enter your updated password. (Refer to section 3.4.2 Batch Tab)

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Providers that use the LTC Admission Notification software to submit claims to Alabama Medicaid are required to use their new web user ID and password after creating one on the new Interactive Services website. In addition, LTC Admission Notification software users are required to request a new Trading Partner ID.

**NOTE**

To update the LTC Admission Notification software with the new user ID and password, click on Tools >> Options within the Provider Electronic Software. Select the Batch Tab. Enter the new web user ID and password in the corresponding fields displayed.

## 16 AL LTC ADMISSION NOTIFICATION SOFTWARE FILE SPECIFICATIONS

### 16.1 FORM

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

#### 16.1.1 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	PERFORMING 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	FILLER	R	N	9	140-148
LTC0009	CLIENT MEDICAID ID	R	N	12	149-160
LTC0010	SUBMISSION REASON:	R	N	1	161-161
LTC0011	ADMISSION SOURCE/ DISCHARGE REASON	O	A	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 REINSTATEMENT 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
	EOLN				214

**16.1.2 Form Comments and Values**

<b>Field #</b>	<b>Name</b>	<b>Comments/Values</b>
LTC0001	SUBMITTER ID	Eight byte submitter ID.
LTC0002	PROVIDER NUMBER	Enter the provider number. This is a ten byte field. Provider number examples: 1234567890 or _ABC1234D _ = blank
LTC0003	PROVIDER NAME	Enter the provider 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	PERFORMING PROVIDER NUMBER	Enter the provider number. This is a ten byte field. Provider number examples: 1234567890 _ = blank This field is used to sort IDDD 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	FILLER	Enter 9 zeros in this field (000000000).
LTC0009	CLIENT MEDICAID NUMBER	Enter the recipient's 12 digit Medicaid number.

Field #	Name	Comments/Values
LTC0010	SUBMISSION REASON:	Enter one digit value code as follows: 1 = New Admission/Initial Assessment/Election 2 = Readmission 3 = WAIVER Redetermination 4 = WAIVER Early Redetermination 5 = WAIVER Reinstatement 6 = Transfer In 7 = Death/Discharge/Termination
LTC0011	ADMISSION SOURCE/ DISCHARGE REASON	When the Submission Reason is 1 – 6, an admission source is required, select one of the prompts from the Admission Source drop down box: 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  When the Submission Reason is "7" (Death/Discharge/Termination), select one of the prompts from the Discharge Reason drop down box: H – Recipient discharged home D – Recipient died T – Recipient was terminated from the program R – Recipient is Transferring/ Reassigned to another Facility or

Field #	Name	Comments/Values
		Program G – Recipient participating in Gateway to Community Living S – Short Term Hospital Stay M – Medicare Days N – Medicare Special Needs Plans O – Overstayed Therapeutic Leave  P – Spend Down V – Revoked
LTC0012	ADMIT OR DISCHARGE DATE	Enter date of admission or discharge. Date format = CCYYMMDD
LTC0013	WAIVER INCOME	Enter one digit value code as follows: Blank = 0 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: Blank = N Not blank = Y
LTC0017	HOSPICE PROVIDED IN NH	Not required. Valid values: Blank = N Not blank = Y
LTC0018	WAIVER REINSTATMENT BEGIN DATE	Enter begin date of WAIVER reinstatement. Date format = CCYYMMDD

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<b>Field #</b>	<b>Name</b>	<b>Comments/Values</b>
LTC0019	WAIVER REINSTATEMENT END DATE	Enter end date of WAIVER reinstatement. Date format = CCYYMMDD
LTC0020	SUBMISSION DATE	Date format = MMDDCCYY